

WorkCover SA

Evaluation Practice Manual

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Disclaimer

This publication is:

- for the use of management and staff within Self-insured Operations and Systems at WorkCover to guide the manner in which self-insurer evaluations are conducted.
- not intended as a substitute for the requirements of the *Workers Rehabilitation and Compensation Act, 1986*, the *Occupational Health Safety and Welfare Act 1986* or the *Code of conduct for self-insurers*.
- information produced by WorkCover Corporation of South Australia in this publication is correct at the time of printing and is provided as general information only. In utilising general information about workplace health and safety and injury management, the specific issues relevant to your workplace should always be considered.

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Introduction

The WorkCover Board recognises that self-insurance is an integral part of the South Australian Workers Compensation Scheme ('the Scheme') and that self-insured status should only be granted to employers that are able to demonstrate a level of performance commensurate with the Board's policies under the relevant sections of the *Workers Rehabilitation and Compensation Act, 1986*, as amended ('the Act').

The Act allows for a grant of self-insured employer status for a period not exceeding three years, and prior to the expiry of each grant, the self-insured employer must re-apply to WorkCover to renew its registration in accordance with the provisions of the Act.

Crown agencies or instrumentalities are deemed to be registered as exempt employers pursuant to section 61 of the Act.

In determining whether to grant a period of self-insurance, WorkCover has regard to the relevant criteria outlined in section 60 of the Act. An applicant is also required to demonstrate conformance with the *Self-insured performance standards ('the standards')* and benchmark performance against the natural consequences model.

The standards relate to the design, implementation and effectiveness of occupational health, safety and welfare (OHS&W) and injury management (IM) systems within a continuous improvement framework. It is the responsibility of the applicant to detail the manner in which conformance to the standards, elements, sub-elements and natural consequence benchmarks are achieved and to establish a point of verification between the applicant's business management system and WorkCover performance standards for self-insurers.

The WorkCover self-insured evaluator will undertake an assessment of the applicant's conformance with the standards. This Practice Manual which is referenced in the *Code of conduct for self-insurers* sets down the manner in which the evaluation will take place and defines the roles and responsibilities of each party.

During the evaluation the applicant must aid the WorkCover evaluator in providing access to system documentation, plus human and physical resources. The WorkCover evaluator must ensure practice rigour throughout the evaluation process while at the same time maintaining a balanced approach in determining if system design and implementation conforms to the elements and sub-elements. It must be recognised that the evaluation is a sample of an organisation's management system, and as a result cannot guarantee all aspects of an application's system are at any time legally compliant.

Assisting the applicant to achieve and maintain conformity is a natural outcome of the evaluation process and the positive relationship fostered between the parties. If opportunities to assist the applicant are identified the evaluator should do so, whenever possible. These principles are outlined in the partnership charter, which has been agreed between WorkCover and the Self-insurers of South Australia (SISA). The development of a partnership plan at the end of the evaluation will form the basis of the ongoing relationship and enable performance monitoring to occur on a regular basis, to contribute to positive future renewal terms.

The WorkCover evaluator does not replace or supplement an applicant's own resources.

The WorkCover evaluator will comment on the aspects related to the findings on conformance or non conformance to the standards, elements and sub-elements and the benchmarks achieved against each of the performance measures under the Natural Consequences Mode. The WorkCover evaluator will not

communicate with the applicant of the proposed renewal terms, as the evaluation findings are only one factor which determines the applicant's renewal period. WorkCover undertakes other investigations and enquiries relevant to section 60 of the Act prior to making a recommendation on renewal terms.

Initial applications for self-insurance are approved by the full WorkCover Board. The delegation to grant renewals of self-insurance rests with the WorkCover Board Self-insured Committee.

The Manager, Evaluations, Self-insured Operations (or their delegate) will communicate to the applicant their recommended renewal term prior to the Board Self-insured Committee's consideration of WorkCover's management recommendation.

Manager, Evaluations, Self-insured Operations

Evaluation methodology

The evaluation which applies to both new business, renewals and gap analysis (crown employers) will check the applicant's OHS&W and IM systems (and related management systems) for conformance to the elements and sub-elements of each of the five standards. Evidence will also be gathered to benchmark the applicant against the performance criteria in the natural consequences model. Sampling criteria will be determined at pre-scoping to ensure credible confidence levels are achieved.

The evaluator has four critical steps to follow:

Step 1 – Preparation

- 1.1 Pre-scoping meeting with applicant (includes renewal application process)
- 1.2 Review of Responsible Officer report
- 1.3 Preparation and distribution of scoping document

Step 2 – Conduct evaluation

- 2.1 Opening meeting
- 2.2 Gather evidence
- 2.3 Closing meeting
- 2.4 Draft partnership plan

Step 3 – Reporting and appeals

- 3.1 Draft evaluation report, and partnership plan prepared and distributed
- 3.2 Disputes on findings addressed
- 3.3 Evaluation report and partnership plan finalised
- 3.4 Board Self-insured Committee reporting

Step 4 – Monitoring and review

- 4.1 Implementation of partnership plan
- 4.2 Investigation of complaints

Interpretation of standards, elements and sub-elements

WorkCover is committed to achieving a consistent and transparent evaluation approach.

The application of the standards will however vary depending on the nature of the applicant's business, their risk profile and their position within the continuous improvement framework. Also, the broad nature of the elements and sub-elements within each standard may create differences in interpretation and meaning within the self-insurer community dependent upon business dynamics. Some basic principles to assist understanding are outlined as follows:

Principle 1: The OHS&W and IM system must be legally compliant.

Principle 2: Compliance with all of the standards, elements and sub-elements will assist a self-insurer to achieve superior performance in OHS&W and IM when compared to a registered employer. There is no reference within the standards to best practice being demanded, rather it is one of continuous improvement.

Principle 3: The introduction and scope for each standard defines its intent and purpose. The standard is achieved by conforming to each element and sub-element, which the WorkCover evaluators verify.

Principle 4: The 'plain' reading rule is to be used when considering the meaning of an element or sub-element within a standard.

Principle 5: Natural justice principles apply to the evaluation process. Opportunity must be afforded to the applicant during the course of the evaluation to prove conformance. Where disagreement in findings cannot be resolved during this process, the applicant has the right to have the findings relating to non conformances conciliated. If this fails and agreement cannot be reached, the applicant can request the element(s) and sub-element(s) in dispute be the subject of a peer review which will be undertaken by an experienced evaluator appointed by WorkCover.

Principle 6: The applicant may between the closing meeting of the evaluation and the recommendations to the Board Self-Insured Committee, take corrective action relating to non conformances against elements, which will be taken into consideration for the recommendations on renewal. Corrective action relating to natural consequences model benchmarks will not alter the renewal terms.

Sampling principles

The standards require all elements and sub-elements to be complied with and the applicant's implementation is expected to be effective. Systems relating to OHS&W and IM will be sampled. The sample size available will dictate confidence levels and acceptable error rates.

Whilst the evaluator is to make every effort to identify sampling, for the applicant, it is recognised that this needs to be fluid as the sample size may increase/vary during evaluation in an effort to clarify conformance issues.

Quality assurance

The evaluation process will be subject to both management review and audit against the practices described in this manual. This will give the WorkCover Board, the Self-Insured Board Committee, the applicant and other stakeholders confidence that the evaluation process followed is consistent, transparent, fair and equitable for all parties.

The scoping methodology, draft evaluation report and partnership plan together with final documentation will be reviewed by WorkCover management prior to distribution to the applicant. Rationale for findings will be internally reviewed to ensure consistency where there are non conformances.

Conflict of interest

The *Code of conduct for self-insurers* provides the full explanation as to whether one has a conflict of interest and the necessary action required.

A staff member must disclose a conflict of interest or potential conflict of interest immediately and in writing to the CEO. In the first instance, the declaration can be in any form and the appropriate conduit for such a declaration is to one's immediate supervisor who will bring it to the attention of the group's General Manager to resolve in conjunction with the CEO and the Fraud Prevention Manager (Manager Investigations).

Document control

Storage and retention of documents will conform to WorkCover and Government requirements and be compliant with *The State Records Act*.

Staff within WorkCover's Self-insured Operations Unit will ensure the following:

1. Documents will be stored in accordance with the location schedule contained in appendix 1. Hard copies of the documentation and all other working documents are stored in the applicant's hard copy folder and soft copies must be stored in Livelink. This will be very much dependent upon how we receive the evidence from the applicant. For example, a hard copy union response would be stored on the hard copy applicant folder.
2. The Livelink Board & Committee folder will only contain Board Self-inured Committee papers.

3. It is important that a consistent and basic naming convention is applied by all staff. This will allow staff to easily access information. The naming convention that must be applied is document name, discipline area (OHS or IM), applicant name, year. Examples of naming conventions is included in appendix 1..
4. All approved templates / letters can be located in Livelink under the precedent folder. All precedent documents will be read only and must be copied into the requisite applicant folder on Livelink. The name of the document should accurately reflect the nature of the document.
5. The applicant must provide written consent before an evaluator may photocopy any documentation while on site. (A.1.6)
6. Evidence collected in the course of the evaluation in the form of documents, policies, procedures, for example, are to be destroyed by using the confidential 'blue bins' or returned to the applicant after the evaluation results have been accepted (or appeal processes are exhausted), and the Board Self-insured Committee has made a determination. This does not include documentation required for ongoing monitoring such as the adequacy checklist, strategic plan, statistics and partnership plan.
7. Soft copy and hard copy documentation are not to be stored off-site by any Self-insured Operations staff after an evaluation has concluded.
8. If an applicant provides authority for WorkCover to share good practice documents with other applicants, then an authority is required and the document should be stored on Livelink.
9. Photographs are not viewed as an intrinsic part of the evidentiary process. However, if photographs are required, it is preferred photographs be taken by the applicant. The taking of photographs by evaluators can only occur with the written consent of the applicant (A.1.6). This consent can take place at any step in the process. In such circumstances the photos are to be principally used as a 'value add' service to assist the applicant in addressing hazard management issues.
 - Photography of documents is prohibited.
 - Photographs shall not contain peoples' faces or their distinguishing features.
 - All photographs will be provided to the employer at the earliest convenience following conclusion of the evaluation.
 - Employer reports will not contain photographs except in cases of the cover page, where a photograph depicting the organisation is considered acceptable.
 - Where photographs are used as part of the close out they must clearly articulate the system element/s to which the photographs pertain.
 - Any photographs used during the close out must be kept to the absolute minimum and only be used to support significant findings.
 - Photographs are not to be used elsewhere.

Immediate life threat

Should an evaluator identify an issue that poses, in their view, a significant threat to their wellbeing or that of an applicant's employees or other persons, then in the first instance the applicant's contact person is to be given the opportunity to address this within their system. Where a corrective action response is felt to be inappropriate, the evaluator is to escalate the issue to the applicant's Responsible Officer.

The evaluator is at liberty to withdraw until it is safe to resume the evaluation.

The WorkCover evaluator must report the event to their manager. Such events are to be detailed in the evaluation report.

Staff safety

Personal protective equipment (PPE)

PPE requirements must be identified at the pre-scope stage. Evaluators must have available a hard hat, eye protection, ear protection, safety boots and a high visibility vest.

PPE must be maintained and worn as required.

Safe travel

The WorkCover safe travel policy and procedure is to be followed when planning regional and remote travel. This includes completion of the safe travel checklist and travel request and approval form. Travel arrangements will be reviewed with the manager during the pre-scoping and scoping steps. During regional travel, evaluators are to contact their manager (telephone call or text message) when they arrive at the destination and again when they safely return home. Where travel to remote areas is to be undertaken in addition to the above, evaluators are to take with them adequate drinking water, the remote area first aid kit and the EPIRB. Additional information can be found in the WorkCover Safe Travel policy and procedure.

Safe driving

The WorkCover safe driving policy and procedure are to be followed. Vehicles, whether tool of trade or privately owned must be regularly inspected. Where remote travel occurs such as Oodnadatta suitability of vehicle, weather conditions, track conditions, emergency supplies need to be considered and discussed with manager or delegated advisor. Additional information can be found in the WorkCover Safe Driving policy and procedure.

Safe client interaction

The safe client interaction policy and procedure are to be considered when planning and visiting applicants. Where claimants are to be interviewed face-to-face in the course of an evaluation, meetings should always take place at the applicant's workplace. Additional information can be found in the WorkCover Safe client interaction procedure.

Adverse events and trends

The *Code of conduct for self-insurers* provides for instances where evaluations can take place in between renewal periods. Where this is required, the scope of the evaluations is to be agreed to by the Manager, Evaluations, Self-insured Operations.

Access and equity

WorkCover is committed to ensuring that the injury management system is responsive to the rights and needs of our diverse population. WorkCover established an access and equity strategy in July 1997. The strategy addresses the health, safety and injury management needs of several groups, including:

- people with disabilities
- people from culturally and linguistically diverse backgrounds
- women
- Aboriginal and Torres Strait Islanders.

WorkCover have prepared a checklist to assist managers, responsible officers, teamleaders/supervisors and case managers to tailor information and training, consultation and policies to meet the various OHS&W and injury management needs of workers in their workplace. It will help ensure that people are treated with respect regardless of disability, language, culture, religion age, gender or literacy.

Self-insurers are encouraged to use this checklist which can be found on the WorkCover website www.workcover.com. Evaluators will be more than happy to provide direction in terms of completing the Checklist, which may also assist employers in identifying gaps in current systems.

The evaluation process

Step 1 – Preparation

1.1 Pre-scoping with applicant

Purpose:

To enable a strong and comprehensive scoping document to be crafted, pre-scoping must involve the collection and analysis of information about the applicant's entities, operations, business structure and system design and of its application relevant to OHS&W and injury management.

It also provides the opportunity for the evaluator to:

- Discuss the renewal and evaluation process with the applicant
- Clarify roles and responsibilities of all parties

Information/explanation:

Private sector applicants will be contacted in writing (A.1.7.1) by the Manager, Evaluations, Self-insured Operations advising of the self-insurance expiry date and will be asked for written confirmation of intention to renew. The Responsible Officer report template (B.1.1) will be sent out with this letter (it should be noted that the Responsible Officer report is an annual event). The evaluation process commences on receipt of the applicant's renewal request.

Crown agencies will receive written notification (A.1.7.2) of their nominal renewal date together with the responsible officer template for completion.

To facilitate the above processes it is necessary for the evaluator to ensure their planned commencement dates are contained on the schedule so that information can be sent/received in the desired order.

Confirmation of dates will be requested at evaluator meetings.

An analysis of the applicant's activities and systems framework must occur in order to develop a tailored scoping document. The evaluation needs to be well planned in order to gather relevant evidence of conformance against each of the elements and sub-elements within the five standards.

To facilitate scoping, standard data reports can be obtained via a request to the administration assistant, alternatively evaluators with the "know how" can run their own reports. Details of the standard suite of reports are available from the SIOS Administration Assistant from July 2007.

WorkCover's goal is to assist the applicant to achieve and maintain conformity which in turn maximises their renewal terms. The applicant needs to know what is expected and to provide relevant evidence in support of their application. Good knowledge of the evaluation process and of the elements and sub-elements are important if this is to be achieved.

The amount of information exchanged will depend on the evaluator's familiarity with the applicant and information already to hand.

A formal meeting(s) with a focus on information gathering and setting ground rules is recommended as the preferred method.

The same procedure should be followed where a gap analysis is being undertaken for crown agencies.

Preparation:

The applicant's renewal application together with referenced templates must be used for this stage. Where regional or remote travel is involved the safe travel policy is to be followed.

The agenda and worksheet (A.1.1 and A.1.2) include:

- The evaluator's role and responsibility
- The Responsible Officer's role and responsibility
- Familiarisation with the business process and organisational structure
- Setting times and dates for the evaluation
- Identifying key personnel
- Review of past evaluation outcomes
- Review of past Responsible Officer reports
- Discussing the relevant systems
- Completion of the adequacy check
- NCM reporting benchmarks
- Responsible Officer report
- Discussing the potential scope of the evaluation
- PPE requirements.

The account manager or evaluator should lead discussions and introduce fellow evaluators and explain their respective roles. The evaluator will also outline the role of the WorkCover 4th Schedule officer and outline their involvement in the injury management evaluation. It is preferable if the Responsible Officer, together with key personnel of the applicant are present at this meeting

It is a mandatory requirement before the scoping document is prepared for the:

1. applicant to complete and submit the adequacy check to the evaluator, together with any other agreed documentation. This must also include a detailed statement against each of the natural consequences model (NCM) benchmarks, and the Responsible Officer report.
2. evaluator to complete the pre-scoping worksheet.
3. evaluator to identify with the Team Leader, Claims Data unit the requirements for evaluation against 4th Schedule reporting and to build this into the scoping document.

Union consultation

Responsibility:

- WorkCover is obligated to identify any industrial association(s) that have a proper interest in consultation with employers and stakeholders.
- The Manager, Evaluations will email SA Unions with a list of employer renewals (at least six (9) months before the Board Self-insured Committee) and advise them that their views will be considered as part of the evaluation. SA Unions will be provided with the account managers contact details so that they can provide their views on renewal.

- In the case of a new application the request for views will be sent at least six months prior to the close of papers to go before the Board committee regarding the application.
- The employer is responsible for obtaining the views of unions on WorkCover's behalf as required by the *Code of conduct for self-insurers* (see clause 3.5.9). A genuine attempt must be made to fulfil this requirement.
- As part of the evaluation process, the evaluator will ensure that such unions have been contacted by the employer and where views are received have regard for these views in the evaluation process and subsequent report.
- If no response has been received from any union contacted by the employer the evaluators will follow up the union.
- The evaluators will ensure that copies of all requests and responses are kept as part of the evaluation record. This can take the form of a hard or soft copy. Refer document control for filing locations.
- At the end of the evaluation process the Manager, Evaluations will ensure that the process and views of industrial associations are represented in the Board committee paper recommending action on the application. In addition, the evaluator will provide a summary of the evaluation findings to the industrial association, where they have raised particular issues or areas of concern.
- The evaluators, Manager Evaluation and Manager, Self-insured Operations share responsibility to ensure that Board committee papers reflect accurately the views of industrial associations with a proper interest.
- The Manager, Evaluation, will ensure that the views have been regarded and fairly represented in the Board committee paper.

References and Templates:

- A.1.1 Pre-scoping meeting checklist
 - A.1.2 Pre-scoping worksheet
 - A.1.3.1 Combined adequacy check
 - A.1.3.3 Adequacy check letter
 - A.1.4 NCM reporting template
 - A.1.5 Data validation procedure
 - A.1.6 Authority to take photographs and documents
 - A.1.7.1 Private self-insurer renewal letter
 - A.1.7.2 Crown self-insurer renewal letter
- WorkCover safe travel policy and WorkCover safe driving policy

1.2 Review of Responsible Officer report

Purpose:

The Responsible Officer report is the applicant's annual declaration summarising the key activities of the organisation and the current status of OHS&W and IM.

Information/explanation:

The Responsible Officer report allows the applicant to demonstrate that its systems have been reviewed as an indicator of conformance with standard 5. It also assists in scoping of the upcoming evaluation.

The items included in the Responsible Officer report should not be limited only to comments on the status of organisational action plans but should also provide a level of assurance to WorkCover that specific information is reviewed by the Responsible Officer.

The following documents provide an outline of the information and data required from the employer at various points during the registration period:

- *Code of conduct for self-insurers*
- Performance standards for self-insurers
- Natural consequences model and performance measures

Preparation:

Each evaluator is to discuss with the applicant the reporting timeframe for the submission of the Responsible Officer report. The Responsible Officer annual report is to be provided on the anniversary date of renewal.

References and templates:

B.1.1 Responsible Officer report

1.3 Preparation and distribution of scoping document

Purpose:

The scoping document confirms the evaluation methodology. It provides a reference for the applicant and the evaluator outlining what will be considered during the evaluation.

Information/explanation:

It is important that all scoping documents sent to an applicant display a consistent approach and clearly outline the evaluation process specific to the particular applicant.

The applicant must be advised formally that the evaluation will include:

- An adequacy audit (also known as a desk top audit) to check the applicant's documented system ie policies and procedures against each of the elements and sub-elements, within each of the five standards, using their completed checklist as a starting point.
- A compliance audit that will look at the systems in practice and how they are working.
- A check of benchmarks against the targets within the natural consequence model.

The scoping document must also include:

- Confidentiality (and reflect any agreed rules for photos, photocopying and handling of the applicant's documentation).
- Verification statement on performance against each of the natural consequences model benchmarks to be provided by the applicant prior to commencing the evaluation.
- Defined roles and responsibilities for the applicant and evaluator during the evaluation process including the involvement of senior executive(s) and the Responsible Officer.

Preparation:

The scope must come from an analysis by the evaluator during pre-scoping with the applicant.

The scoping template document must be used. It must include all mandatory fields - ie adequacy check and compliance check, confidentiality, details on the opening and closing meeting and defined roles and responsibilities.

The evaluator must meet in person to review with the Manager, Evaluations, or their delegate, the pre-scoping documentation and the draft scoping document prior to distribution.

Note: Where a gap analysis is to be undertaken for crown agencies the scoping document must be modified to reflect this difference. In addition, the opportunity for conciliation and peer review on page 3 is to be deleted.

References and templates:

- A.1.2 Pre-scoping worksheet
- A.1.3.1 Completed combined adequacy check document
- A.1.4 Completed natural consequences model template
- C.1.1 Blank scoping document – introductory letter

C.1.2 Scoping document template

Step 2 – Conduct evaluation

2.1 Opening meeting

Purpose:

To confirm the evaluation methodology and roles contained within the scoping document.

Information/explanation:

The opening meeting is a mandatory step. This is regarded as the start of the formal evaluation process. It is preferable that the Responsible Officer be present, or where this is not possible the Responsible Officer's delegated senior manager. The applicant's delegated senior manager(s) and their evaluation team members should also be present. It is important that the attendance not be limited to the nominated coordinators of OHS&W or IM.

The opening meeting agenda is to be used, and records kept about the meeting on the Employer file. Notes of the meeting are to be recorded in Livelink.

Preparation:

Time and date to be set.

Attendees confirmed.

Checklist to be used.

Format for the session can be either paper based or power point presentation.

Focus is to be on the scoping document and the evaluation process.

References and templates

C.1.2 Scoping document

D.1.1 Opening meeting agenda

2.2 Gather evidence

Purpose:

The evaluation is the central process which tests the applicant's systems against the elements and sub-elements of the self-insurer standards. An adequacy and compliance check will be undertaken to obtain objective evidence against each element and sub-element through the examination of system documentation, observation and interviewing key personnel.

Samples against the natural consequences model will be gathered to establish benchmark levels.

Information/explanation:

It is important that the items identified in the scoping document be followed and any variations in sampling that occur during the evaluation process be brought to the attention of the applicant.

Two critical checks must be undertaken by the evaluator in all instances:

The first being an adequacy check (referred to sometimes as a desktop audit). The applicant's system documentation on policies and procedures are examined for conformity against all elements and sub elements. The applicant's completed adequacy check is used in this step as a gateway to their system.

The second is a compliance check where the applicant's system is tested against practice (or vice versa). The evaluator must examine and objectively measure and record compliance against system and legislative requirements. Evidence is obtained by interview, examination of documentation and observation of work practices, and the work environment. Working documents such as checklists must be kept to record findings.

The manner in which elements and sub-elements will be tested in the compliance check, and the sampling methods used will be determined by the evaluator from the scope, the adequacy audit findings, (and from a walk through of work areas for OHS&W).

It is the responsibility of the applicant to provide/show evidence relating to the standards and the performance measures within the natural consequences model.

Feedback on any adverse findings must be regular to give the applicant opportunity to provide additional evidence where needed to address any non conformance. It is desirable that non conformance reports (NCR's) are provided to the applicant as early as possible during the evaluation to allow corrective action to be undertaken and verified (by the evaluator) before the draft report is written.

The applicant must be encouraged to fully participate in the process: guides must be allocated, with sufficient time allowed for interviews and access to work areas and documentation provided. The applicant must also provide suitable facilities to maintain confidentiality (where possible a private room with intranet facilities).

Preparation:

The checklists in the manual must be used by the evaluator and evidence clearly recorded for each item.

The applicant's completed adequacy pro-forma must be used for the test on site.

The compliance checklist is used for the test of the system against practice.

The bulk of the sampling techniques for this should flow from the scoping document, an assessment of workplace hazards and the adequacy audit.

References and templates:

- E.1.1 Adequacy check (evaluator version)
- E.1.2 Natural consequences model reporting template
- E.1.3 Compliance checklist
- E.1.4.1 Interview record sheet
- E.1.4.2 Interview record sheet
- E.1.4.3 Document review record sheet
- E.1.4.4 Issue for follow up sheet
- G.1.2 Non conformance report sheet

2.3 Closing meeting

Purpose:

To summarise for the applicant the evaluation findings and provide an opportunity for areas of disagreement to be discussed and additional evidence provided

To clarify the next steps in the process relating to the employer's draft evaluation report and partnership approach, recommendation on renewal to the Board Self-insured Committee and appeal mechanisms and partnership approach.

Information/explanation:

This is a mandatory step. This is the final step in the evaluation process prior to the submission of the reports to the applicant and the Board Self-insured Committee.

The findings shared with the applicant at this meeting should not be a surprise as regular communication (including provision on NCR's) along the way should have highlighted areas of concern.

It is preferable that the Responsible Officer be present as should the applicant's delegated senior manager/s and their evaluation team members. It is not to be undertaken only with the coordinators of OHS&W and IM.

The closing meeting checklist is to be used and a record maintained of issues raised and addressed. A summary report detailing (briefly) areas of conformance, observation and non conformance that are to be discussed should also be provided. A PowerPoint presentation can be used by evaluators, however, this is not compulsory.

Preparation:

Time and date to be set.

Attendees confirmed.

Meeting format can be paper based or PowerPoint presentation. PowerPoint presentations must conform to the WorkCover Style Guide.

References and templates:

F.1.1 Closing meeting agenda

F.1.2 Summary report for closing meeting

2.4 Draft partnership plan

Purpose:

To identify and document the ongoing contact between the evaluator and applicant after the evaluation has concluded for the life of the contract renewal period.

To endorse the direction and content of the applicant's strategic plan.

Information/explanation:

The partnership plan will detail service and performance monitoring requirements and indicate the frequency of contact between the parties. The agreed action plan and annual Responsible Officer report will be incorporated into the overall partnership plan framework.

The goal is to maximise knowledge and improvement opportunities to provide support with ensuring positive future renewal terms.

Where a 'zero' score is determined then additional consultancy work needs to be specified and the costs associated with this will be used in the setting of the remedial levy. This consultancy work should be most intense in the first six months of the renewal period. Details on costings related to the remedial levy for additional consultancy support and related resource requirements need to be provided to the Technical Advisor. Where a 'level 1' or 'level 2' the likely outcome, the partnering plan will define follow-up and consultancy work to be undertaken post evaluation.

A partnering plan should be considered for 'level 3' organisations to describe at the minimum requirements relating to responsible officer reporting and communication strategy during non renewal years.

Preparation:

Diagnosis of evaluation findings.

Consultation with applicant.

References and templates:

H.1.1 Partnership plan template

Step 3 – Reporting and appeals

3.1 Provision of the draft evaluation report and NCM benchmark report and partnership plan to the applicant

Purpose:

Provision of draft evaluation report will outline to the applicant, the findings of the evaluation.

Providing a draft evaluation report will enable the applicant to review and comment on the evaluation findings prior to consideration and determination by the Board Self-insured Committee.

A copy of the evaluation report must be forwarded to the Chief Executive Officer of the organisation.

The partnership plan sets the framework for ongoing contact between renewal periods. Where the applicant is non conforming to the performance standards a partnership plans should be developed to describe the ongoing interaction between both parties leading up to the final report and the BSIC meeting. The plan must be signed by WorkCover and the applicant.

Information/explanation:

The outcomes from the evaluation carried out in step 2 must now be committed to writing. The evaluation report summary template is to be used. This should reflect issues discussed at the closing meeting. If there is variation, a meeting with the applicant must take place prior to the draft report being reviewed by the manager.

The evaluator must also ensure that the Adequacy check (E.1.1) is completed and attached to the evaluation report, as this will need to be reviewed by management,

The non conformance report sheet is also to be used. The non conformance report sheet will contain the applicant identification number, the year and the NCR number that will need to be provided to the administration assistant in Self-insured Operations. A register of all non conformances issued will be kept to enable management to track and identify non conformances and trends across private and crown employers.

Providing the applicant with the opportunity to review the report or draft prior to finalisation is likely to reduce the possibility of an oversight or error in collecting or recording evidence. It may also reduce the likelihood of dispute and improve confidence in the process.

If there are persisting differences that the employer wishes to pursue a formal application for conciliation must be lodged by the employer as soon as possible in order that every opportunity is provided for this to be conciliated and if necessary peer reviewed prior to it proceeding to the Board Self-Insured Committee meeting for a decision. This is covered in step 3.2.

Preparation:

If there are different evaluators undertaking the OHS&W and IM evaluation, separate reports must be written.

The draft evaluation report may consist of five parts;

- Part 1 Executive summary and evaluation report (G.1.1): this is a mandatory requirement covering the scope and critical findings, including findings of conformance, observation and non-conformance to elements level against all 5 standards.

- Part 2 .Adequacy check (E.1.1): this is a mandatory requirement. The Adequacy check must be attached to the evaluation report (G.1.1).
- Part 3 NCM Benchmark report: is mandatory for injury management evaluations.
- Part 4 A separate non-conformance report sheet (G.1.2): must be completed for each non conformance.
- Part 5 Partnership plan (H.1.1): this is a mandatory requirement at this stage in non conforming cases.

Note: G.1.1, E.1.1, E.1.2 and G.1.2 have been combined into G.1.4 Consolidated report format

Non conformances will be each recorded separately on the non conformance report sheet, one sheet for each non conformance, attached to the report. Benchmarks against the natural consequences model will also be attached where applicable.

The content of the report must be clinical in language, factual and commentary should be specifically related to the standard, elements and sub-elements. It must detail in precise terms that all elements/sub-elements have been checked and if conformance has been achieved.

The draft report and adequacy check content and language will be reviewed by the Manager, Evaluations Self-insured Operations or their delegate. All reports will then be subject to an internal review facilitated by the manager, and involving at least one technical person together with the evaluator prior to distribution to the applicant. The applicant should be provided with the provisional findings in writing at least 50 calendar days before the renewal of the self-insured employer's registration is taken to the Board Self-insured Committee.

The draft report will allow the applicant sufficient time to formally raise any issues/areas of concern. The applicant in most instances, has a period of 30 calendar days from the receipt of notice to respond in writing. This will also allow the evaluator the opportunity to fine tune the report and if appropriate, resolve any differences or questions raised by the applicant.

The same procedure should be followed where a gap analysis is being undertaken for crown agencies.

References and templates:

G.1.1.1 Evaluation report template

G.1.1.2 Letter to accompany Evaluation report

G.1.2 Non-conformance report sheet

H.1.1 Partnership plan

3.2 Disputes

Purpose:

To provide a formal administrative process for resolving any disputes on findings in the evaluation report by the applicant prior to renewal terms being considered by the Board Self-insured Committee.

Information/explanation:

The applicant will have 30 days to consider the draft evaluation report. The applicant may seek to formally dispute any findings in the report within that time.

The first stage is reconsideration where the Manager, Evaluations, Self-insured Operations or their delegate will meet with the applicant and the evaluator to re-examine the findings, and review related evidence.

Where reconsideration fails to resolve differences the applicant can request the item/s in dispute be subject to a peer review.

Preparation:

The applicant must apply in writing requesting reconsideration. The request must detail the specific grounds for the dispute on each non conformance and information that would be relied on to substantiate conformance.

The Manager, Evaluation or their delegate will organise a meeting with the applicant and evaluator and discuss the areas of disagreement. The required outcomes envisaged by the elements, sub-element requirements in the standard or natural consequences model benchmarks will be considered against the evidence from the applicant and the evaluator. The purpose is to achieve consensus on the evaluation. Minutes will be kept of the issues raised and agreements reached and will be distributed to each party in draft form for feedback. On finalisation the minutes will be reviewed and will be made available to the Board Self-insured Committee upon request.

The reconsideration process and rules are referred to in part 4 of the *Code of conduct for self-insurers*:

- Any reconsideration must be limited to issues raised by the applicant in writing;
- The Manager, Evaluation or their delegate will be conversant with the standards and *Code of conduct for self-insurers*;
- The reconsideration will include the evaluator and representative of the employer;
- The process will be managed by the Manager, Evaluations, or their delegate;
- The behaviour code will apply;
- A record of the principle documents, issues in dispute, attendees and outcome will be kept with copies provided to parties and originals filed in line with WorkCover policy requirements.

Where reconsideration fails to resolve areas of disagreement, a peer review will take place. This is found in Section 4 part 4.10(g) of the *Code of conduct for self-insurers*. The peer review requires an alternative evaluator chosen by the Manager or Board Self-insured Committee to examine the element, sub-element or natural consequences model benchmark afresh.

It is a requirement for the new evaluator to prepare a scoping letter and scoping document outlining the scope and methodology of the peer review (C.1.1 and C.1.2).

The new evaluator should also interview the reporting evaluator, and the applicant. Sample methods will be chosen by the new evaluator. The evaluation methodology will generally follow the principles and approaches within this manual.

An addendum to the evaluation report will be produced and provided to the applicant.

The Board Self-insured Committee will make a determination using the information from the reconsideration and peer review as appropriate.

Where reconsideration and peer review fail, the applicant has right to appeal the findings of the evaluation to the Minister under Section 62A of the Act.

The applicant can apply for a review of any levy imposed in accordance with Section 72 of the Act.

WorkCover's view is that the applicant should not appeal using both Sections simultaneously, but rather use the one appeal process that best represents their reason for dispute. This approach would avoid needless expense for both parties.

References and templates:

- C.1.1 Blank scoping document – introductory letter
- C.1.2 Scoping document template
- G.1.3 Conciliation report template

3.3 Reports and partnership plan finalised

Purpose:

To have a final report sent to the applicant that reflects the evaluation findings of the applicants system against the standards, elements and sub-elements and against the performance benchmarks in the natural consequences model.

Reports include an agreed partnership plan and agreement (and sign off) on the relevant action plan to cover the renewal period. Where an initial partnership plan has been developed for non conforming applicants, it will be modified to cover the renewal period.

Information/explanation:

The final report is to be prepared after receiving a written response from the applicant. (The written response should cover acceptance on content/findings or details on areas of disagreement).

The final report for the applicant follows the framework set out in 3.1. The contents must reflect the draft report, and any findings agreed at conciliation and peer review where applicable. It should also acknowledge areas of disagreement as referenced in the applicant's response.

Where the applicant achieves a 'zero', 'level 1' or 'level 2' score, the partnership plan must include a detailed project plan, setting out the work required in the coming year by the evaluator.

As with the draft report, the final report must be reviewed and discussed with the Manager, Evaluations or their delegate.

The same procedure should be followed where a gap analysis is being undertaken for crown agencies.

Preparation:

Refer to comments under 3.1

Board reporting criteria

References and templates:

G.1.1 Evaluation report template

G.1.2 Non conformance report sheet

H.1.1 Partnership plan

3.4 Board Self-insured Committee reporting

Purpose:

To consolidate findings and make recommendations to the Board Self-insured Committee on conformance and renewal terms.

Information/explanation:

This step is the responsibility of the Manager, Evaluations. However, it should be noted that the Manager, Evaluations will expect to receive the evaluator's final evaluation report at least one month prior to the Board Self-insured Committee (BSIC) meeting. This will allow the Manager, Evaluations ample time to prepare the Board paper and review the proposed paper with the evaluator.

The departmental report for the BSIC addresses the requirement of section 60 of the Act. This will include an overview of the applicant's performance against the standards, elements and sub-elements and against the natural consequences model benchmarks. It will detail information from the relevant associations, WorkCover Section 58B/C and from SafeWork SA on prosecutions and actions. The Manager, Evaluations consolidates the information, together with their recommendations.

The Manager will contact the applicant to advise of the recommendations being made to the to the BSIC inclusive of any other legislative information under section 60 that will be presented to the Board. Legislative information under section 60 will in most cases already have been disclosed to the applicant via the evaluation report.

The same procedure should be followed where a gap analysis is being undertaken for crown agencies.

Preparation:

Refer Manager, Evaluations. A final copy of the relevant section of the BSIC paper is to be filed in the employer folder.

References and templates:

Step 4 – Monitoring and review

4.1 Implementation of partnership plan

Purpose:

To maintain communication and support in the period between evaluations; to maximise renewal success.

Information/explanation:

Shared authority and timelines are to be maintained and reported on to both the applicant's responsible officer or delegate and Manager, Evaluations.

Preparation:

Driven by the partnership plan this will include -

- phone calls
- meetings
- data analysis
- review of responsible office reports
- review of audit schedules

References and templates:

H.1.1 Partnership plan

4.2 Complaints resolution

Complaints received by WorkCover regarding the conduct of a self-insured employer:

Any complaints that are addressed to WorkCover Complaints Resolution Unit ('CRU') in relation to the conduct of a self-insured employer, will be dealt with by the allocated CRU officer. The CRU may, from time to time, liaise with Self-insured Operations to seek further information in relation to their investigation of the conduct of the self-insured employer.

The CRU will also generally keep Self-insured Operations apprised of complaints received against self-insured employers.

Complaints that are directed to evaluators within the Self-insured Operations must be dealt with by the allocated account manager who is responsible for the management of the employer. Where the account manager and the OHS&W/IM evaluator are different individuals, the account manager will be responsible for deciding who is best placed to investigate and respond to the complaint.

The following steps should be followed:

1. The complaints handling form has been introduced for use across WorkCover and it is essential that any complaints received are entered onto the complaints handling form. This task will be completed by the administration assistant in Self-insured Operations.
2. The complaint will then be handed to the account manager to undertake the necessary investigations to address or respond to the complaint.
3. Written complaints must be responded to in writing within 10 working days of receipt of the complaint.
4. If a complaint is made against an employer and has been brought to the evaluator's attention, the evaluator will liaise with the employer and provide the employer with information in relation to the complaint. This is a necessary step, as the employer will need to have input into the complaint, as it will not be able to be addressed without their input.
5. If it is determined that more investigation will be required, the account manager must respond in writing within 21 working days.
6. It is imperative that once a response has been issued that the account manager notify the administration officer, Self-insured Operations so that this can be noted on the complaints handling form.
7. The administration officer, Self-insured Operations will provide any necessary administration assistance required in responding to the complaint.

Complaints made by a self-insured employer:

If an applicant has concerns about the conduct of an evaluator or the manner in which an evaluation is being carried out, the following steps and principles will apply:

1. The employer should telephone the Manager, Evaluations to verbally advise of their concerns.
2. The employer should then detail their concerns in writing to the Manager, Evaluations.
3. The employer's concerns will be shared by the Manager, Evaluations with the evaluator and the account manager (if they are not one and the same person), who will be provided with the opportunity to respond to the Manager, Evaluations.

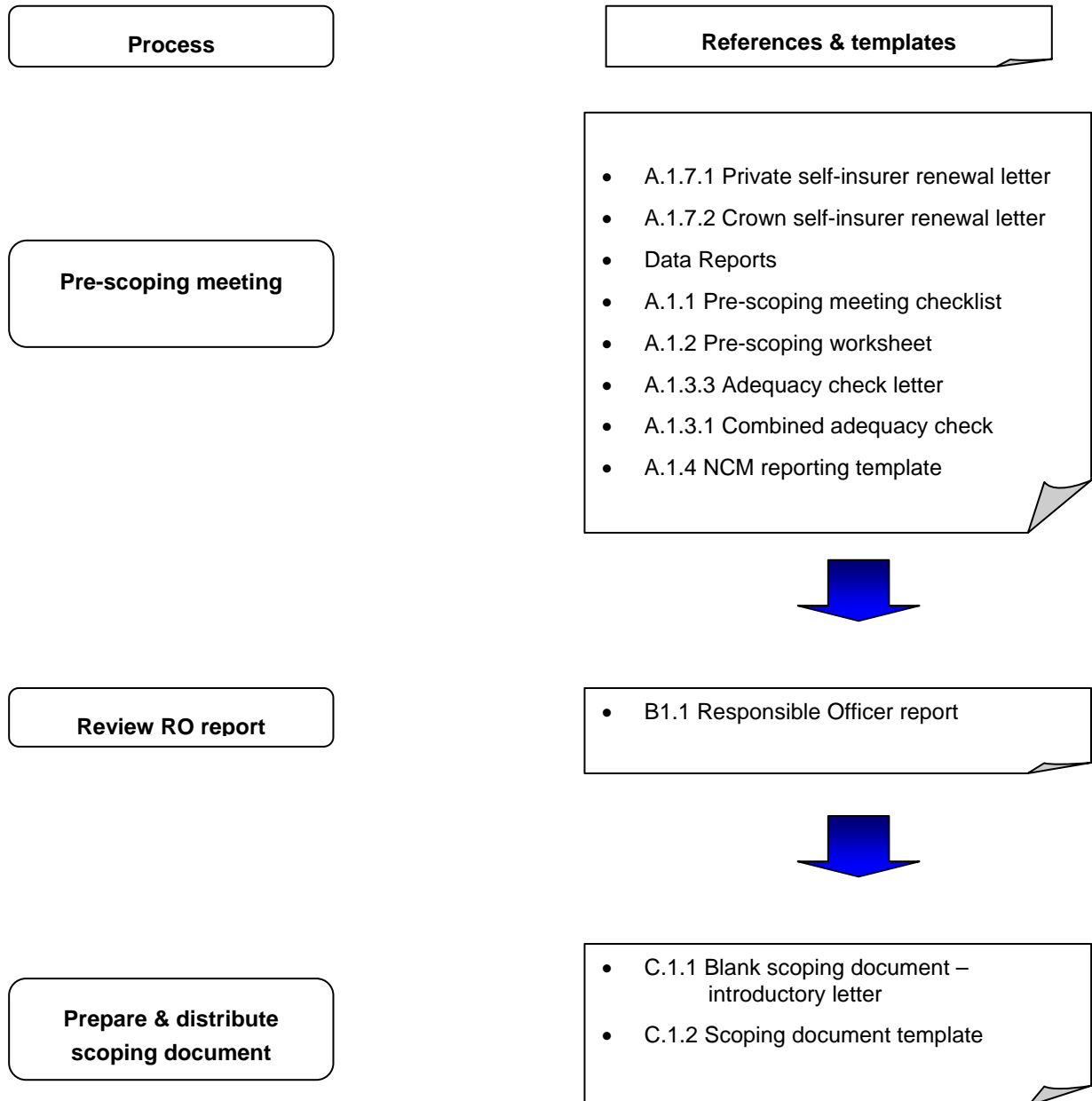
4. Manager, Evaluations will consider the matters put and then decide upon a course of action to resolve the issue. If appropriate, Manager, Evaluations will proceed to point five
5. Manager, Evaluations will organise a meeting to take place with the employer, the account manager and the evaluator (if they are not one and the same person) and attempt to facilitate resolution and agree a way forward.

It should be noted that relationships and personality conflict matters, are not always capable of resolution quite so clearly.

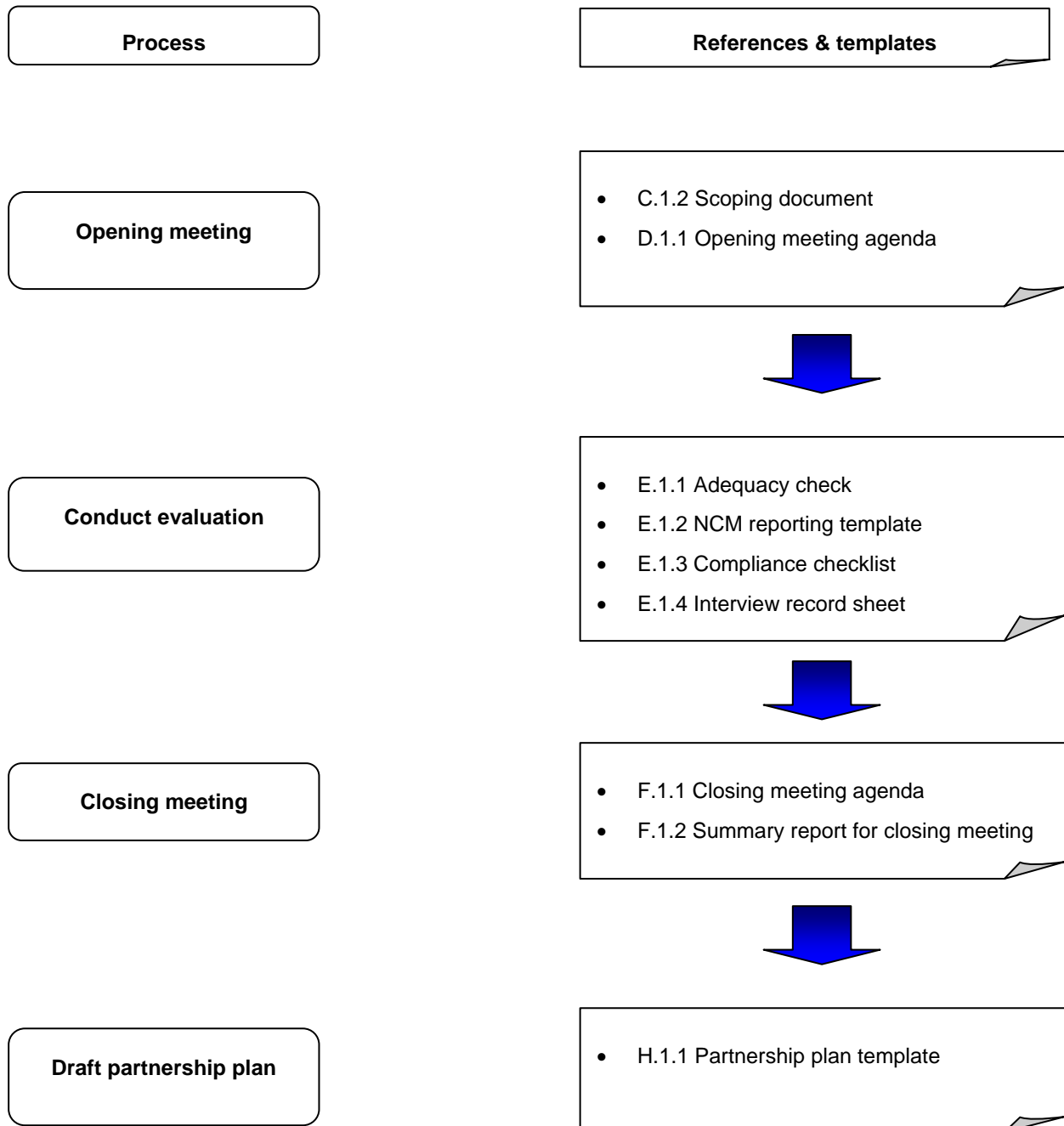
Where these form a part of any issue or dispute between an employer and an evaluator, the Manager, Evaluations will determine if they will be required to make a judgment call if they feel that the relationship matters cannot be resolved and then determine the matter as deemed appropriate.

Step 1 – Preparation flowchart

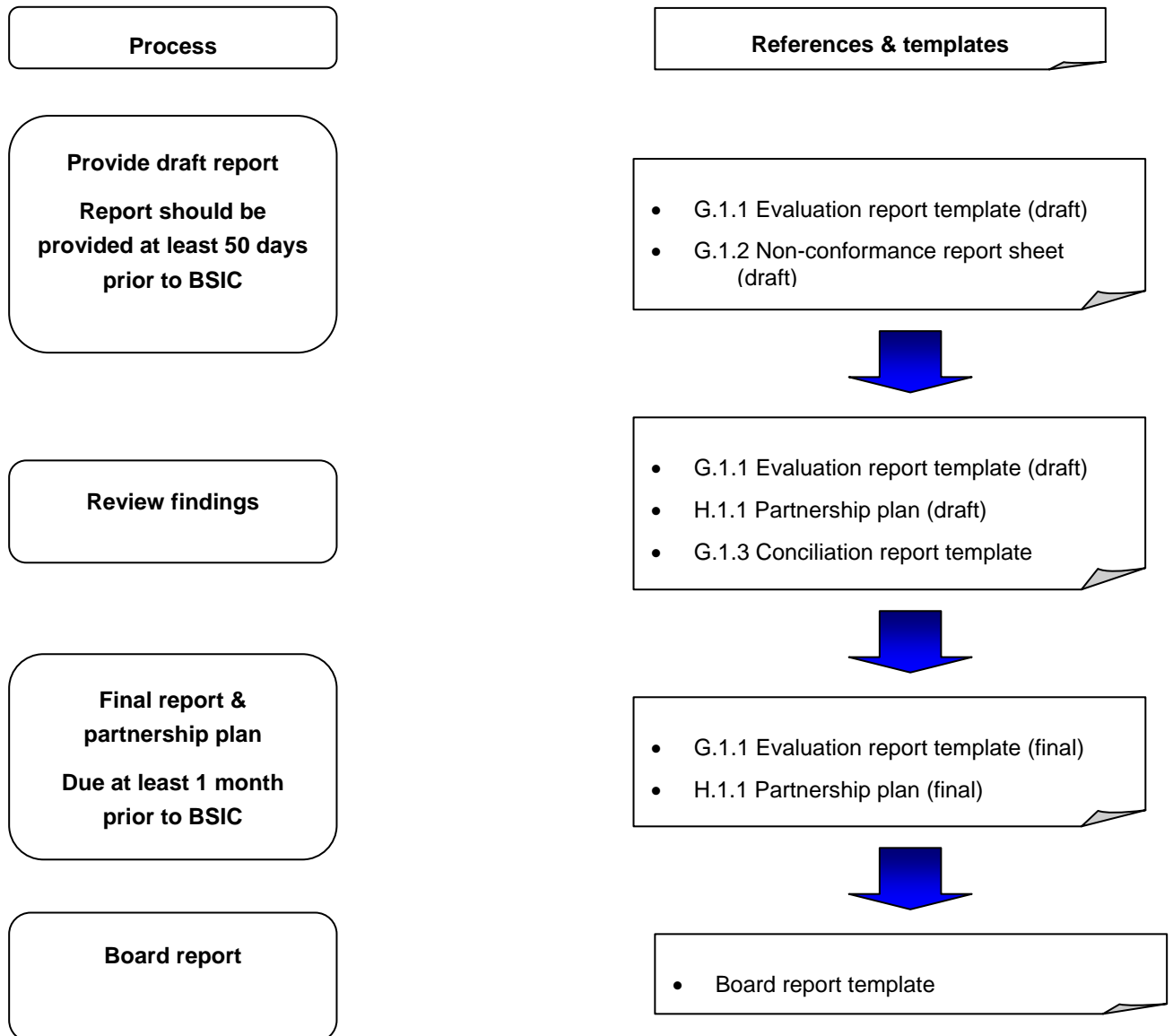
It is anticipated that the evaluation should commence at least six (6) months prior to the proposed renewal date and the notional registration date or in the instance of Crown employers.



Step 2- Conduct evaluation flowchart



Step 3- Reporting and appeals flowchart



Step 4- Monitoring and Review flowchart



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WorkCover SA

Evaluation Practice Manual References and templates

Version Number 3 (May 2007)

Review: August 2007

Author: Self-insured Operations Unit

References and templates

A.1.1 Pre-scoping meeting checklist

Applicant:

Date:

Evaluator:

Date of pre-scope activity:

	Details	✓
1.	Review applicant's renewal application	
2.	Obtain and review data report	
3.	Discuss the evaluator's role and responsibilities	
4.	Discuss the applicant's role and responsibility	
5.	Discuss the evaluation process	
6.	Discuss organisational profile – refer to worksheet	
7.	Discuss findings of data analysis	
8.	Discuss and distribute adequacy check and agree completion date (form A.1.3.1/A.1.3.2)	
9.	Discuss NCM process and benchmarks and data requirements and agree on the completion date of form A.1.4	
10.	Discuss partnership plan	
11.	Complete A.1.2 pre-scoping worksheet	
12.	Identify and document SafeWork SA visits / notices / prosecutions	
13.	Identify and document section 58B issues	
14.	Promote use of exempt reporting tool	
15.	Discuss 4 th Schedule evaluation	
16.	Discuss union consultation requirements/process	
17.	Identify/clarify documentation requirements (ie what you are likely to want to see and when)	
18.	Identify critical roles/responsibilities that may be required to participate in the evaluation	
19.	Identify PPE and transport/accommodation needs	
20.	Discuss evaluation times and dates	
21.	Identify any security or site induction required for evaluation	

A.1.2 Pre-Scoping worksheet

Applicant:

Date:

Evaluator:

1. Registration details for applicant

Registered name:

Registration number:

Self-insured renewal expiry date:

2. Organisational profile

Number of locations:

Core business activities:

Staffing numbers (including full and part time):

Occupations:

3. Organisational structure

4. Names / titles / location of key contacts / phone numbers

Responsible Officer:

Chief Executive Officer:

Responsible manager:

Injury management manager:

OHS & W manager:

Other:

SIOS database to be updated by evaluator or administration assistant.

Date information entered on SIOS:

5. All unions

(also who have been contacted and when)

6. Past evaluation findings and corrective actions

Who was the past evaluator?

What was the outcome of that evaluation?

7. SafeWork SA interventions (check website for prosecutions and employer should provide feedback in relation to potential prosecutions pending, prohibition notices etc..)

8. Injury and incident trends

File numbers:

Severity rate (from senior technical advisor):

Incident rate (from senior technical advisor) including tables:

Duration rates:

Nature of injury:

Benchmarks against Industry group (from senior technical advisor):

Trends from reports (specify with REQ reports were analysed):

Major hazards and risks from activities carried out:

9. Activity / changes / improvements since last evaluation

10. Applicants knowledge on self-insured standards and evaluation processes

11. Applicants view on system conformance and NCM benchmarks

12. Adequacy check template

13. NCM benchmarks

14. Review of strategic plan

15. Responsible Officer report review

16. Tribunal issues / claims disputes

17. Section 58B issues

18. NESB issues/requirements

19. Audit schedule and corrective action outcomes

20. Management review minutes

21. 4th Schedule data validation

22. PPE requirements

23. Project plan for scoping document (to be discussed with manager):

Outline of scoping:

Sites to be visited:

Sampling methodology:

Period on site required:

Programs to be tested:

24. Other issues:

A.1.3.1 OHS&W adequacy check

Applicant: **name**

Date: **date**

Person responsible for content: **name**

Evaluator: **name**

Performance Standards for Self-insurers

**This adequacy check relates specifically to the OHS&W and/or Injury management system
(to be completed by the applicant prior to the scoping document being completed)**

Completed document to be returned to (Evaluator Name**) by email (**name @workcover.com**)**

by (Date**)**

Information to applicant:

This document allows you to describe the activities undertaken to meet and maintain compliance to the Performance standards for self-insurers. Please ensure adequate detail is provided to fully describe your system. Where you are unsure of the level of detail required please contact your WorkCover evaluator for guidance.

Columns are provided for you to add text to describe:

- the manner in which your system complies to the requirement
- document reference to be provided to support your narrative
- your assessment of the level of conformance so far achieved.

Standard 1 Commitment and Policy
 An organisation should define its OHSW, rehabilitation and claims administration policy and commit adequate resources to ensure the success of its management systems. The policy needs to be relevant to the organisation's overall vision and objectives. It needs to set the framework for continuous improvement. It should ensure accountability and link OHSW, rehabilitation and claims administration to the overall organisational values, objectives and processes, and it should guide the setting of objectives. Supporting procedures should set into place the steps to be taken to achieve the organisation's policy goals.

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
1.1	ELEMENT 1 Endorsed and Distributed Policy Statement			
1.1.1	Recognise the requirement for legislative compliance.	Add commentary to describe how this is achieved in your business management	Add document references from your system	Add level of compliance refer to note
1.1.2	Recognise the requirement for continuous improvement.			
1.1.3	Be integral and relevant to the organisation's: Mission statement, vision, core values and beliefs.			
1.1.3.1	Overall management system structure and system.			
1.1.3.2	Activities, products, services and people.			
1.1.3.3	Identify responsibilities and accountabilities for all relevant employees.			
1.1.4	Recognise commitment that appropriate internal and/or external expertise will be utilised, when required in all related activities.			
1.1.5	Recognise other organisational policies and procedures when relevant			
1.1.6	Recognise a commitment to communication of relevant information to			
1.1.7				

Use of this document

Save this document to your computer before inserting text.

If you have problems using this document please contact your WorkCover evaluator.

Level of compliance:

Fully Compliant: Sub element can be validated through internal audit or similar as fully compliant

Partially Compliant: Sub element is operating and able to be verified through internal audit or similar but requires some improvement

Non Compliant: Insufficient level of compliance able to be verified

* **Note:** unless otherwise stated Element requirements (sub-elements) relate to all disciplines ie. OHSW, Rehabilitation and Claims.

Your organisation has the choice to complete one checklist covering all disciplines of two checklists one for OHSW and another for Injury Management (Rehabilitation and Claims) your evaluator will provide guidance.

Standard 1 Commitment and policy

An organisation should define its OHSW, rehabilitation and claims administration policy and commit adequate resources to ensure the success of its management systems. The policy needs to be relevant to the organisation's overall vision and objectives. It needs to set the framework for continuous improvement. It should ensure accountability and link OHSW, rehabilitation and claims administration to the overall organisational values, objectives and processes, and it should guide the setting of objectives. Supporting procedures should set into place the steps to be taken to achieve the organisation's policy goals.

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
1.1	ELEMENT 1 - Endorsed and Distributed Policy Statement			
1.1.1	Recognise the requirement for legislative compliance.			
1.1.2	Recognise the requirement for continuous improvement.			
1.1.3	Be integral and relevant to the organisation's:			
1.1.3.1	Mission statement, vision, core values and beliefs.			
1.1.3.2	Overall management system structure and system.			
1.1.3.3	Activities, products, services and people.			
1.1.4	Identify responsibilities and accountabilities for all relevant employees.			
1.1.5	Recognise commitment that appropriate internal and/or external expertise will be utilised, when required in all related activities.			
1.1.6	Recognise other organisational policies and procedures when relevant			
1.1.7	Recognise a commitment to communication of relevant information to all staff.			
1.1.8 OHS&W	Recognise the organisation's duty of care to all persons in the workplace			

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
	including labour hire, contractors and subcontractors, volunteers and other visitors.			
1.1.9 OHS&W	Recognise a hazard management approach to OHS&W.			
1.1.10 OHS&W	Incorporate commitment to consultation.			
1.1.11 Rehab	Incorporate commitment to consultation.			
1.1.12 Rehab	Recognise commitment to effective rehabilitation.			
1.1.13 Claims	Recognise commitment to equitable claims management.			
1.2	ELEMENT 2 - Supporting Policies and/or Procedure			
1.2.1	Evidence of policies and/or procedures to support the policy statement.			
1.2.2	Contingency arrangements are outlined for the organisation.			

Standard 2 Planning

The successful implementation and operation of Occupational Health Safety and Welfare, Rehabilitation and Claims Management systems requires an effective planning process with defined and measurable outcomes. The plan starts with the policy statement and its objectives and addresses the schedules, resources and responsibilities necessary for achieving them. Objectives, targets and performance indicators are identified, as they will be used to measure the effectiveness of the OHSW, rehabilitation and claims management systems and to identify areas requiring corrective action and improvement. In summary, the plans aim to fulfill the organisation's policy, objectives and targets.

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
2.1	ELEMENT 1 System Strategies			
2.1.1	Legislative compliance is addressed as part of the system, when appropriate.			
2.1.2 OHS&W	Employees or their representatives directly affected by the implementation of OHS&W plans are consulted when the plans are being formulated.			
2.1.3	Programs have objectives, targets and performance indicators when relevant.			
2.1.4	Action plans are in place to correct identified areas of non-conformance with documented procedures.			
2.1.5 OHS&W	Program(s) are in place to identify, evaluate and control hazards in the organisation.			
2.1.6 OHS&W	Action plans are in place for dealing with corrective action identified as part of any incident investigation process.			
2.1.7 Rehab & Claims	Programs are in place to identify the organisations core rehabilitation and claims management activities and to provide direction regarding performance outcomes.			
2.2	ELEMENT 2 - Setting of Systems Objectives			

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
2.2.1	The identification of appropriate objectives for the organisation.			
2.2.2	The identification of appropriate strategies to measure, monitor, evaluate and review the system's objectives.			
2.3 PLANNING - ELEMENT 3 Training				
2.3.1	Appropriate training requirements have been identified.			
2.3.2	Training plan(s) have been developed.			

Standard 3 Implementation

This principle focuses on ensuring that the capabilities and supports needed to achieve the organisation's policy objectives and targets are provided. It deals with adequate resources being available, integration with current management practices and systems, responsibilities being defined and understood, methods for holding all managers and employees accountable, arrangements for employee involvement, training being implemented, and supports such as verbal and written communications.

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
3.1	ELEMENT 1 - Resources			
3.1.1	Adequate human, physical and financial resources are being allocated to support the program(s).			
3.1.2	Specialist expertise is used as required.			
3.2	ELEMENT 2 - Training			
3.2.1	A relevant training program is being implemented.			
3.3	ELEMENT 3 - Responsibility and Accountability			
3.3.1	Defined responsibilities are communicated to relevant employees.			
3.3.2	Accountability mechanisms are being used when relevant.			
3.4	ELEMENT 4 - Integration			
3.4.1	System elements are aligned with, or integrated into, other corporate business functions, when relevant.			
3.5	ELEMENT 5 - Employee Involvement			
3.5.1 OHS&W & Rehab	Arrangements for employee consultation and involvement are known and integrated into the programs developed.			
3.6	ELEMENT 6 - Communication			

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
3.6.1	Communication arrangements for information dissemination and/or exchange are in place.			
3.7	ELEMENT 7 - Contingency Planning			
3.7.1	Contingency plans are periodically tested and/or evaluated to ensure an adequate response, if required.			
3.8	ELEMENT 8 - Hazard Identification, Evaluation and Control			
3.8.1 OHSW	A hazard management process that includes identification, evaluation and control is in place.			
3.8.2 OHSW	Employees or their representatives are consulted and participate in hazard management process.			
3.8.3 OHSW	Control measures are based on the hierarchical control process.			
3.8.4 OHSW	Program(s) are in place to ensure an appropriate OHS&W consideration is given to changes in the work place and work practices.			
3.8.5 OHSW	Program(s) are in place to ensure an appropriate OHS&W consideration is given to changes at the time of purchase, hire or lease of plant, equipment and substances.			
3.8.6 OHSW	Program(s) are in place to meet the organisation's duty of care for all persons in the workplace.			
3.8.7 OHSW	Program(s) are in place to ensure work related injury/illness and incidents are investigated and action taken when relevant.			

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
3.9	ELEMENT 9 - Workplace Monitoring			
3.9.1 OHS&W	That the implementation of relevant inspection and testing procedures are conducted by the relevant, competent person(s)			
3.9.2 OHS&W	That the corrective/preventive action is taken on non-conformance issues identified by inspection, and testing procedures.			
3.10	ELEMENT 10 - Process Delivery			
3.10.1	All other activities arising out of policies and/or procedures implemented.			
3.11	ELEMENT 11 - Reporting / Documentation			
3.11.1	The relevant level of reporting, records and/or documentation is maintained to support the system programs and legislative compliance.			
3.12	ELEMENT 12 - Document Control			
3.12.1	Program(s) of document control for identification and/or currency of essential documents are in place and being maintained.			

Standard 4 Measurement and evaluation

Occupational Health Safety and Welfare, rehabilitation and claims management performance is measured, monitored and evaluated using the performance indicators to ensure that the organisation is performing in accordance with its policy, objectives and targets. Importantly, areas of success and activities requiring corrective action and improvement will be identified.

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
4.1	ELEMENT 1 - Objectives, Targets & Performance Indicators			
4.1.1	Planned objectives, targets and performance indicators for key elements of program(s) are maintained and monitored.			
4.2	ELEMENT 2 - Internal Audits			
4.2.1	Programmed internal audits are performed objectively by competent personnel to ensure performance of systems and programs and employees directly affected by the results, or their representatives are consulted.			
4.3	ELEMENT 3 - Corrective Action			
4.3.1	Outcomes of the audits are documented and the necessary corrective action(s) identified, prioritised and implemented.			

Standard 5 Management systems review and improvement

The organization should regularly review and continually improve its systems. This leads to the development of continuous improvement strategies within the organisation.

Standard	Element / sub-element description	Our system complies with this through?	Evidence for this is found in (document reference)?	Our level of compliance is:
5.1	ELEMENT 1 - Policy			
5.1.1	It reviews the scope and content of the policy statement and supporting policies/procedures in consultation with employees or their reps ensure continued suitability and effectiveness.			
5.2	ELEMENT 2 - Objectives, Targets & Performance Indicators			
5.2.1	The level of achievement of documented objectives, targets and performance indicators is analysed and utilised to promote continuous improvement strategies.			
5.2.2	Results are analysed and used to determine areas of success and areas requiring corrective and preventative action.			
5.3	ELEMENT 3 - System Review			
5.3.1	The system is reviewed and revised, if required, in line with current legislation, the workplace and work practices.			
5.3.2	The system's measurement outcomes are used as a basis for future system development.			

A.1.3.3 Adequacy check letter

Attn: **Name**

Position

Applicant

Street Address

SUBURB STATE postcode

Dear **(name)**

WorkCover self-insurance - Adequacy checklist

Please find attached the adequacy checklist. Please detail in the adequacy checklist how your organisation's (OHS&W or Injury Management) system conforms to the elements/sub-elements against each standard, and where the evidence is to be found.

This needs to be completed by **(date)** as it will be used to prepare the scoping document. Please email the completed document to me at **(email address)**.

Yours sincerely

Evaluator Name

WorkCover Evaluator

Self-insured Operations

(Date)

A.1.4 Natural consequences model reporting template

Applicant:	Date: ___ / ___ / ___
------------	-----------------------

Performance Measures	How Measured <i>(including sample size)</i>	Achievement for		Evaluation	Compliance	Notes
		Level one	Level two	Score	Yes / No	
1	Claims determination times and rates – The initial claim determination (accept or reject), is made within 10 working days of the claim receipt – excluding psychological and hearing loss claims.	85%	90%			
2	Where a ‘time lost’ claim determination has been delayed, the employer will (in all cases), consider the offer of interim payments to the injured worker, (in accordance with the employer’s policy on interim benefits). Should interim benefits not be offered to an injured worker, then the reasons for the decision should be documented, (claim file notes). In the case of an offer being accepted, the worker will be informed of the employer’s right to recover the interim payments at a later time should the claim be rejected. This will apply in appropriate cases where other forms of payment are not available to the worker or it is not contrary to the terms and conditions of a workplace Enterprise Bargaining Agreement, (should one exist).	90%	100%			
3	Active time lost claims files (with time loss greater than 5 days) have comprehensive and up to date file notes.	85%	90%			
4	In all cases where a determination is made under the Act, ensure that the determinations are consistent with the relevant law, are in accordance with the self-insurer’s instructions, policy, procedures and guidelines and are documented so as to allow for later scrutiny/substantiation.	100%	100%			
5	In cases where the worker’s preferred language is not English (including deaf sign), ensure that professional interpreting and	90%	90%			

Performance Measures		How Measured (including sample size)	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
	translating services are offered during the injury management and rehabilitation processes.						
6	<p>Once a determination of a claim is made, the employer is to inform the worker within 2 working days of the decision by letter to the workers home address or place of residence, including details of their relevant rights and responsibilities. If contact is unable to be made, a follow up letter is to be sent within 5 days.</p> <p>All workers are provided with details of their rights and responsibilities when the initial determination of that claim is made, including details on how the worker may dispute the determination at the Workers' Compensation Tribunal.</p>		90%	90%			
7	<p>Maintain the case files in such a way that all decisions and determinations are identifiable (including the name of the decision-maker and the date of the decision) and relevant supporting documents and notes can be located.</p> <p><i>Note: Any decision made must be made by an employee of the self-insured employer and cannot be sub delegated to a third party. Files notes and/or letter of claim determination need to record the date of the decision and the name of the decision maker. In terms of relevant supporting documentation, it needs to be to the degree considered necessary to support the decision made and be included as part of the relevant claim file.</i></p>		90%	100%			
8(A)	Ensure that workers or their representatives are informed of proposed major decisions on claims and are allowed an opportunity to discuss them and have their views recorded on file before the decision is finalised wherever possible.		85%	90%			
8(B)	<p>Exceptions are noted through the inclusion of appropriate claim file notes:</p> <p><i>Note: Major decision would include the following: A rejection of the claim. A reduction under Section 35 (2) (c)</i></p>		90%	100%			

Performance Measures		How Measured (including sample size)	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
	<p><i>A Section 36 discontinuance or reduction in income maintenance (excluding consent and RTW)</i></p> <p><i>NWE determination in respect of overtime, where overtime has been worked by the employee</i></p> <p><i>Section 38 (7) determination where the worker's determined entitlement does not reflect the worker's current work capacity.</i></p> <p><i>Section 38(6) determination to suspend income maintenance payments</i></p> <p><i>Redemption payment</i></p> <p><i>Lump sum payment</i></p> <p><i>Hearing loss determination</i></p>						
9	Ensure that suitable appointees are available at the required times to carry out reconsiderations within the time allowed under section 91 of the WRCA		100%	100%			
10	<p>Where the self-insurer becomes aware that a worker disputes a decision, initiate contact in an attempt to resolve the issue before the dispute is formalised in accordance with the agreed dispute resolution process, and or other agreement that may be in place.</p> <p><i>Note: Compliance with the measure would be satisfied through an inclusion in the case file of a file note that records the chronology of notification of dispute, contact with the worker and attempted or successful resolution.</i></p> <p><i>Where the first notification of a formal dispute is made to the self-insurer by a solicitor or union, the legislative reconsideration process would then apply.</i></p>		80% within 2 working days	90% within 2 working days			
11	<p>In relation to injury management, employees are:</p> <ul style="list-style-type: none"> • Provided at their induction, information/training on the employer's injury management policies, including advice on where incidents/injuries are reported and to whom, and details of where information can be obtained, and • Once a claim is lodged, provided with details of their rights and responsibilities. 		100%	100%			

Performance Measures		How Measured (including sample size)	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
12	Workers are supported as a result of participation in an approved rehabilitation and return to work plan/program <i>Note: 'Supported' includes action such as: time off work to attend medical appointments, regular communication from their supervisor/manager, access to interim benefits, availability of current and up to date return to work plans.</i>						
13	Workers have access to and are provided early intervention rehabilitation services (in accordance with s26 (4) of the WRCA), where a claim determination has been delayed (i.e. after 10 working days of claim receipt), in accordance with the employer's delegation as an exempt employer						
14	The employer can demonstrate a consultative working relationship with employees and/or their representatives and unions.						
15	Review of accident, incident data and remedial action (where applicable) taken as a result – To be supplied via the RO report as a minimum. <i>Note: The reference to remedial action taken does not relate to specific incidents or occurrences. It relates to the remedial action taken by the employer in respect of responding to emerging issues as a result of data and trend analysis.</i>						
16	Quality and frequency of electronic data transmissions in accordance with the 4 th schedule of the Act – To be reviewed as part of the evaluation process.						
17	Instances of under-reporting of claims – where known. Examination of worker complaints lodged with WorkCover <i>Note: The under-reporting of claims will not be condoned and must be eliminated when known to have taken place.</i>		zero	zero			
18	Failure to meet an order of the Workers Compensation Tribunal		zero	zero			

Performance Measures		How Measured <i>(including sample size)</i>	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
19	58B/C activity – no outstanding non compliance with 58B and or the level of activity within the last period of registration as an employer in terms of 58B/C matters. It is acknowledged that non compliance with s58B can be a contentious issue and may be under review at the time of evaluation. WorkCover will review the pattern of behaviour and compliance of the employer in relation to s58B/C where it is appropriate. Where a matter is currently under investigation it will be reported to the Board Committee but not materially affect the recommendation of WorkCover management in relation to ongoing registration as a self-insurer.						

Level 3 Measures

Performance Measures		How Measured	Evaluation	Compliance	Notes
			Score	Yes / No	
20	Injured workers are surveyed on an annual basis with the results communicated to the employees and included as part of the annual RO report to WorkCover.				
21	A senior officer of the employer (with the appropriate delegations and authority), is appointed to monitor injury management activities and outcomes. The person appointed has received sufficient information and or training in the area of IM (related to SA legislation), to allow them to properly carry out their responsibilities				
22	The OHS&W committee members have sufficient information and or training in injury management requirements to allow for active monitoring of injury management issues and outcomes.				
23	The self-insured employer has developed an appropriate mechanism for the assessment and identification of alternative duties, (one example would be a job dictionary).				
24	<p>The employer contributes to the industry and the State in demonstrable activity and exercise of influence, through activities such as:</p> <ul style="list-style-type: none"> • Exercising supply chain pressure and influence to encourage those employers who provide goods and services to improve their performance in OHS&W • Participation in Safe Community Leadership or similar • Safe design initiatives (e.g. equipment design) • Mentoring in SAFER Industries, SISA, industry groups or with other employers • Working with labour hire employers to improve return to work outcomes 				
25	The senior officer responsible for injury management, regularly review any complaints regarding injury management, decisions				

Performance Measures	How Measured	Evaluation	Compliance	Notes	
		Score	Yes / No		
	that are made regarding the management of a claim and monitor any remedial action and associated timeframes and where there are issues that cannot be resolved, refer them to the RO (if not the same person).				

A.1.5 Data validation procedure

Procedures applicable to Self-insurer registration	
Procedure	Procedure file name
Registration process Validation of SI employers claims data	
Applicable policy(s)	
Policy	Policy file name
	<<file name>>

Version	Date approved	Review date	Person responsible	Change details
1.0			L Kearney	Initial procedure documentation
2.0			L Kearney	Feedback Incorp
3.0			L Kearney	Include open/closed report procedure
4.0			L Kearney	Include run off claims for revoke employers

Signature:	Signature:
Prepared by: Lee Anne Kearney Team Leader, Claims Data Unit Date:	Approved by: Manager, Evaluations Date:

Data validation procedure

Background

Schedule 4, clause 7 of the regulation requires that the self-insured employer ('SI') provide specific claims data to WorkCover which is transmitted to us cyclically, not exceeding 14 days.

Purpose

At each self-insurer renewal the 4th Schedule Reporting Officers' (4SRO) are to determine whether data that is transmitted by a self-insurer is complete, accurate, timely, and authorised. A self-insurer renewal is reviewed by the Self-insured Board Committee (BSIC) according to their meeting schedules. Where a data validation has been conducted in the past two years or less prior to the current renewal, then a further data validation would not be required unless there were significant and unresolved data issues.

Self-insurers who have had their registration cancelled and are undertaking to run off their claims over a three year period require a data validation at least once within the three year run off cycle. The data validation for cancelled self-insurer should coincide with their projected renewal date.

Major Risks

Areas of underreporting by a self-insurer may not be highlighted

A self-insurer would be in breach of the regulation if underreporting or lack in timeliness was found. WorkCover and their statistical reporting body the Australian Safety and Compensation Council would hold inaccurate claims details.

Responsibility

4SRO

- To liaise with the relevant injury management evaluator to ensure data validations are conducted before the IM evaluation. Completing the data validation before the IM evaluation process gives leverage and allows the IM evaluator to ensure the issues are resolved or at the least being actioned by the employer.
- Schedule a time with the self-insurer to conduct the data validation prior to the IM evaluation.
- Discuss with the Statistical Coders the self-insurer response times on coding queries.
- To provide approximately six (6) months prior to the BSIC the data report for performance measure 1 for the nominated employer.

IM Evaluator

- To advise the relevant 4SRO of an approaching IM evaluation before the scoping document is sent.
- To introduce the 4SRO officer in the scoping document.
- To incorporate any recommendation for improvement by the 4SRO into the final report to the Board Self-insured Committee or Board paper.
- To make accessible to the 4SRO their final report and Board Self-insured Committee or Board paper.
- Confirm and validate the self-insurer regular reconciliation system on data bases where only statistical claim payment data is held (ie a system that does not produce payments).

Team Leader

- Incorporate findings into the final report to the Board Self-insured Committee or Board paper

Procedures

- Where ever possible visit the self-insurer site at which the workers compensation claims files are held.
- In advance forward the self-insurer a list of current open claims with payment totals against those on WorkCover's database and have the SI reconcile at the visit and/or select a sample of claims and agree key details. For creating this report, use the ERN reload function in the first instance and if inadequate create REQ7848 and supply self-insurer claim totals only.
- Select a sample of claims for performing the data validation (refer to 'claim sample methodology for data validations').
- Check key data items and claims costs against each selected claim file and database (refer to 'claim data items for data validation')
- Check key data items under the natural consequences model, performance measure one, namely the date claim reported to the workers compensation department and the date the claim was determined and the determination status.
- Discuss with self-insurer any irregularities on data items
- Discuss with self-insurer the timeliness of transmissions, rate of errors along with error and coding query response times
- Enquire if the self-insurer has a regular reconciliation system where the data base is only used for claim payment data (ie a system that does not produce payments)
- Discuss with self-insurer the response times for Coding queries
- Feedback to the self-insurer the findings of the data validation and if applicable any recommendations for improvement with specific timeframes for remedial action
- Document the findings with the closing paragraph highlighting the overall (and main) issues and any remedial action outstanding by the self-insurer and e-mail copies to the team leader, CDU, IM evaluator and Manager, Evaluations within five days of the visit or at least two working days prior to the IM evaluation (which ever is the greater)
- Procedures for crown self-insured undergoing gap analysis prior to their full evaluation are to be addressed as referred to in the 'data validation crown' document
- In cases of a self-insurer renewal of less than two years were there are no significant and unresolved data issues, the 4SRO will provide the IM evaluator a brief report of the self-insurer current transmission status, detailing at least the timeliness.

Appendix

Refer to data validation staff on issues relating to these tools.

A.1.6 Authority to take photographs and photocopies

I, _____, on behalf of _____
authorise _____, evaluator for WorkCover to take photographs or
copies of documents.

This is to be done for the purpose of _____,
and with the following conditions:

1. _____
2. _____
3. _____
4. _____

This authority covers the period ___ / ___ / ___ to ___ / ___ / ___

Signed: _____

A.1.7.1 Private self-insurer renewal letter

Attn: **Name**

Position

Applicant

Street Address

SUBURB STATE postcode

Dear **(name)**

Self-insurance renewal

Registration number: **number**

The renewal date for **(name)** self-insured registration is **(date)**. The terms of renewal for a self-insurer are found in Section 60 of the Workers Rehabilitation and Compensation Act, 1986 (the Act) and the Code of conduct for self-insurers (the Code). A copy of the Code is available on the WorkCover website.

The Code of conduct for self-insures requires you to formally apply to WorkCover for renewal of your self-insured registration. Could you please confirm that this is your intention.

The WorkCover Board Self-insured Committee (BSIC) will review the application for renewal by **(name)** at its **(date)** meeting. The BSIC will consider all matters relevant to Section 60 of the Act and the outcome of the evaluation of **(name)** OHS&W and injury management systems against the WorkCover self-insured performance standards.

You are also responsible for contacting in writing all unions that have a proper interest in this matter. You must satisfy WorkCover that all such unions have been identified and have been consulted in writing. This is required by the Code (see clause 3.5.9). A genuine attempt must be made to fulfil this requirement.

(Evaluator), one of my team has been appointed as Account Manager to manage the evaluation process. **(name)** will undertake the evaluation of your OHS&W systems, whilst the evaluation of injury management will be conducted by **(name)**. **(name)** will organise the evaluation through your designated contacts.

The evaluation methodology will be described in a scoping document developed in consultation with your staff. This will be sent to your staff before the opening meeting. The evaluation will cover an adequacy check of your system design against the performance standards, together with a compliance check to evaluate the extent and effectiveness of your system in its application. Performance measure benchmarks against the natural consequences model will also be tested.

Any non-conformances against the standards will be reported to your staff as they are identified and prior to the provision of your draft evaluation report, which will also assist us resolve any matters as they arise. It will also ensure that there are no 'surprises' at the closing meeting.

A draft evaluation report will be provided to your staff prior to (date), to provide you at least 50 days prior to the Committee considering the renewal of self-insured registration, to allow you sufficient time (30 days) to respond or for us to resolve any issues of disagreement that may arise.

The evaluation is scheduled to commence on (date).

If you or your staff have any queries, please do not hesitate to contact myself on (details).

Yours sincerely

(Manager name)
Self-insured Operations and Systems
WorkCover South Australia

(Date)

A.1.7.2 Crown self-insurer renewal letter

Attn: **Name**

Position

Applicant

Street Address

SUBURB STATE postcode

Dear **(name)**

WorkCover self-insurance Registration number:

The nominal renewal date for **(name)** self-insurance licence is the **(period)**. The terms of renewal are found in the Code of conduct for self-insurers.

The WorkCover Board Self-insured Committee (BSIC) will review the renewal terms at its **(date)** meeting. The Committee will consider all matters relevant to the Workers Rehabilitation and Compensation Act and the Code of conduct for self-insurers. This consideration includes the outcome from an evaluation of your OHS&W and injury management systems.

(Evaluator), one of my team has been appointed as Account Manager to manage the evaluation process. **(name)** will undertake the evaluation of your OHS&W systems, whilst the evaluation of injury management will be conducted by **(name)**. **(name)** will organise the evaluation through your designated contacts.

You are also responsible for contacting in writing all unions that have a proper interest in this matter. You must satisfy WorkCover that all such unions have been identified and have been consulted in writing. This is required by the Code (see clause 3.5.9). A genuine attempt must be made to fulfil this requirement.

The evaluation methodology will be described in a scoping document developed in consultation with your staff. This will be sent to your staff before the opening meeting. The evaluation will cover an adequacy check of your system design against the performance standards, together with a compliance check to evaluate the extent and effectiveness of your system in its application. Performance measure benchmarks against the Natural Consequences Model will also be tested.

Any non-conformances against the standards will be reported to your staff as they are identified and prior to the provision of your draft evaluation report, which will also assist us resolve any matters as they arise. It will also ensure that there are no 'surprises' at the closing meeting.

A draft evaluation report will be provided to your staff prior to **(date)**, to provide you at least 50 days prior to the Committee considering the renewal of self-insured registration, to allow you sufficient time (30 days) to respond or for us to resolve any issues of disagreement that may arise.

The evaluation is scheduled to commence on **(date)**.

If you or your staff have any queries, please do not hesitate to contact myself on **(details)**.

Yours sincerely

(Manager name)

Self-insured Operations and Systems
WorkCover South Australia

(Date)

B.1.1 Information for Responsible Officers – Annual Responsible Officer Report

The Responsible Officer report is a mechanism to maintain focus on OHS&W and injury management specifically summarising the key activities of the organisation and the current status of OHS&W and injury management outcomes.

The following documents provide an outline of the information and data required from the employer at various points during the registration period:

- Code for the Conduct of Exempt Employers – (*Code of conduct for self-insurers*)
- Performance standards for Self-insurers
- Natural consequences model & performance measures

Chapter 3 (<i>Code of conduct for self-insurers</i>) 3.5 Assessment criteria	Assessment criteria to become self-insured including: <ul style="list-style-type: none"> • Financial viability • Claims administration resources • Incidence and severity of injuries • Effect of working conditions • Rehabilitation • Provision of suitable employment • Views of registered associations
Chapter 8 (<i>Code of conduct for self-insurers</i>) 8.4.1 Grant or Registration or renewal. 8.4.2 Ongoing evaluation	Reference to the Act S60 (6) and standards References Chapter 3 of <i>Code</i> (as above) <ul style="list-style-type: none"> • SafeWork SA • Section 58B/C
Performance standards for self-insurers	Responsible Officer to report against standard 5 <ul style="list-style-type: none"> • Policy • Objectives targets and performance indicators • System review
Previous evaluation outcomes / Partnership plan	Including: <ul style="list-style-type: none"> • Summary of non conformances and dates of corrective actions • Policies procedures and continuous improvement plan
Natural Consequences Model Measure 15	Review of accident, incident data and remedial action (where applicable) taken as a result – To be supplied via the RO report as a minimum
Natural Consequences Model Measure 20	Injured worker survey conducted on an annual basis with the results communicated to the employer’s workers and included as part of the annual RO report to WorkCover

The items included in the Responsible Officer report should not be limited only to comments on the status of organisational action plans but should also provide a level of assurance to WorkCover that specific information is reaching the Responsible Officer, thus providing an introduction into that area of discussion during an evaluation.

Particular reference should be made to requirements of standard 5 “Management Systems Review and Improvement” within the Performance standards for self-insurers

For the majority of self-insured employers the process of reporting will be relatively straightforward. However there are instances where special consideration will need to be given. These include:

- Where the self-insurer has appointed more than one Responsible Officer,
- There is more than one business that makes up the registered self-insured entity,
- The structure of the self-insured entity is such that they are evaluated and report on a regional basis as part of a larger portfolio of employers, and
- The allocation of responsibility and the authority of individuals across a self-insured entity are such that it requires separate reporting.

A self-insurer should consider:

- The manner in which recommendations for renewal of self-insurance will be reported by WorkCover to the delegated Board Committee in terms of the organisational structure of the self-insurer,
- Their individual and corporate reporting requirements,
- The optimum manner of reporting to best demonstrate compliance with that part of the performance standards dealing with Responsible Officer reporting, and
- Consulting with their WorkCover account manager in relation to presentation of the report and associated considerations.

Self-insurers are required to supply WorkCover a Responsible Officer report on an annual basis. The timing of the report has implications for the reporting of action plans outcomes and other information to WorkCover as part of the evaluation process. Whilst consistency of reporting is desirable, it needs to be recognised that some employers' business plans, OHS&W plans and other reporting time cycles do not coincide with WorkCover evaluation timeframes. Where this is the case the self-insurer may need to produce a one off report to meet the requirements of the performance standards.

Self-insurers should consult with their WorkCover account manager in the first instance if further clarification is required.

Responsible Officer report template

COMPANY NAME: Name

PERIOD: year

REGISTRATION EXPIRES: month year

1. Corporate strategic plan

There is an expectation that OHS&W and IM is integrated into the all aspects of the business. Therefore information regarding corporate direction and the integration with OHS&W and IM is required.

Suggested references could include due diligence/risk management activities, corporate governance and specific reviews and improvement activities.

Detail here

2. OHS&W and IM action plan outcomes

The Responsible Officer has carriage of the overall implementation of OHS&W/IM plans by virtue of the position and the requirement to provide adequate resourcing. It is expected therefore, that Responsible Officers are advised of the progress and success of activities within the plan/s.

Information is required as to the manner in which the Responsible Officer reviews progress of the plan/s, including the view of the Responsible Officer as to the impediments to success, the timeliness of the completion of actions and the achievement of outcomes. Particular reference should be made to the manner in which key performance indicators are monitored and the application of any remedial actions.

Detail here

Additional information (for example) can be provided via:

- *last two progress review summaries of the action plan/s*
- *minutes of meetings where the OHS&W/IM plan/s were reviewed by executive/senior management*
- *summary of audit programme findings and corrective actions*

3. Consultative arrangements

It is expected that internal (OHS&W Committees or similar) and external (registered associations) forums exist to discuss OHS&W/IM. Information regarding the effectiveness of consultative arrangements is required and could include the frequency of such forums, key areas of focus and outcomes achieved.

4. Claims resources

Please provide details of the persons responsible for the administration of claims including, name, qualification/s and experience.

Detail here

Additional requirement:

- *copy of the position description for each position*

5. SafeWork SA

Information may include notification of fatalities, immediately notifiable workplace injuries (as defined by Division 6.6.2(1)(a) of the OHS&W Regulations, 1995), status of prosecutions or improvement/prohibition notices and default notices under the *OHS&W Act, 1986* where applicable.

[Detail here](#)

6. Potential or alleged s58B/C breaches

Information regarding breaches of the provision of suitable duties to injured workers.

[Detail here](#)

7. Review of accident, incident data and applicable remedial action

A summary regarding significant accidents and incidents and predominant themes including the actions taken to correct and prevent similar occurrences.

[Detail here](#)

Additional information (for example) can be provided via:

- *statistical analysis reports*
- *minutes of meetings where the discussion has occurred regarding action strategies*

8. Compensable disabilities/Rehabilitation initiatives

A summary regarding the number and severity of compensable disabilities including the effectiveness of the rehabilitation processes in returning employees to work. Detail should include finding from the annual employee survey.

[Detail here](#)

Additional information (for example) can be provided via:

- *statistical analysis reports*
- *minutes of meetings where the discussion has occurred regarding action strategies*
- *copy of communication to workers regarding survey results.*

9. Effects of working conditions on employees

A summary of significant workplace changes or working conditions (relating to a maximum three year period of registration) and the manner in which employee safety and wellbeing has been addressed.

A summary of significant changes planned within the next period of registration.

[Detail here](#)

10. Views of Registered Associations

Section 3.5.9 of the Code of conduct for self-insurers requires that registered associations views are sought in regard to renewal applications. Whilst there is no requirement to seek their views in non renewal years it is expected consultative arrangements are maintained. Please provide details of the regular consultative arrangement and the names of the relevant registered associations.

Detail here

11. Previous evaluation findings and Partnership plan

Please provide information regarding sign off against actions and feedback regarding the partnering arrangements..

Detail here

12. Other relevant information

Please provide other relevant information which may have bearing on the organisations OHS&W and IM systems.

Detail here

C.1.1 Blank scoping document – Introductory letter

Attn: **Name**

Position

Applicant

Street Address

SUBURB STATE postcode

Dear **(name)**

Self-insured OHS&W / Injury management evaluation

Registration Number: number

Further to our discussions attached is the scoping document for the evaluation of 'applicant'. The evaluation process is governed by the WorkCover *Code of conduct for self-insurers (the Code)*, which incorporates the performance standards for self-insurers and the natural consequences model.

Your current self-insured registration expires on **(date)**, and the Self-insured Operations unit are required to report at the **(date)** Board Self-insured Committee on your level of conformance with the Code of conduct for self-insurers and standards, in order for the Board to consider your terms of renewal.

The **OHS&W and/or injury management** evaluation will commence on the **(date)** with an opening meeting. It is desirable that the responsible officer and relevant senior managers together with **(names/roles)** attend. The adequacy and compliance checks will commence on **(date)** and conclude no later than **(date)**. This will involve an examination of documentation, interviews and an examination of work practices and worksites. A closing meeting is scheduled for **(date)**.

The evaluation process sets requirements on both, yourself and on myself. The attached scoping document clearly sets out the process, roles and responsibilities. These were also discussed previously at our pre-scope meeting.

Please liaise with me regarding a proposed schedule for site visits and interviews with a view to this and any other outstanding issues being finalised by us by the **(date)**.

Please contact me on (phone number) or by email at (email address) if you have any questions in regard to the attached document.

Yours sincerely

Evaluator name

WorkCover Evaluator
Self-insured Operations & Systems

(Date)

encl scoping document

C.1.2 Scoping document template

Scoping document for self-insurer evaluation

(Applicants name and date)

This scoping document has been developed in consultation with (name), and with reference to the following documents:

- *Code of conduct for self-insurers*
- Performance standards for self-insurers
- *Workers Rehabilitation and Compensation Act 1986* and associated Regulations
- *Occupational Health Safety and Welfare Act 1986* and associated Regulations
- Other relevant information

Evaluation process

The OHS system will be evaluated by (name), and the IM evaluation will be undertaken by (name). Please ensure that your relevant personnel for OHS and IM are available to act as guides, as well as to assist with access to people and documents.

The evaluation will commence with an opening meeting with the Responsible Officer and other senior management personnel scheduled for (date). This meeting will review the scoping document and answer any questions. It will clarify roles, and communication pathways to enable an effective examination of your system.

There are two key stages in the collection of evidence:

1. An adequacy check - also known as a desktop/document review where your system elements are checked against the requirements of each element and sub-element for each of the five standards covering OHS, claims and rehabilitation.

The adequacy checklist (completed earlier by you) will be used as the basis for the first stage. Could you please make available as a minimum the following supporting documentation:

Note: evaluator please specify what/when you want to see documentation for example.

1. *Please make available all referenced documents from your adequacy check on day 1 of the evaluation.*
2. *Please make available to me one week prior to the evaluation, the following documentation. On day one of the evaluation I will then want to see*

2. Compliance check – this will include site visits, interviews and examination to verify your system is in place and working effectively. This will include, but not limited to:

Note: evaluator please specify evaluation criteria such as sites and departments to be visited, who will be interviewed eg. Responsible Officer, managers, employees. With hazard management detail the programs and hazards that as a minimum will be examined. With injury management detail the sampling for files.

Managers and employees should anticipate questions that explore aspects related to their roles and responsibilities, as contained within your system elements. Where interviews identify records of evidence to confirm process delivery, these will be examined.

There should be evidence to support answers. The interviews will explore also the accountability and competency requirements for the differing positions.

As a result of reviewing the documentation, the following matters may be addressed in greater detail at the time of the compliance part of the evaluation:

- Review the results of assessments/internal audits including the scope and measurement criteria considered as part of the assessments.
- Individual knowledge, scope and acceptance of roles and responsibilities.
- Measurement of individual accountability and the criteria used.
- Consultation in terms of planning design, change in process and layout.
- Schedules.
- Records for staff and contractor induction.
- Performance indicators beyond incident rate, claims frequency rate and LTIFR.
- Performance outcomes or indicators to measure the effectiveness of systems and programs whilst demonstrating continuous improvement.
- Risk assessments relating to.
- Training records for.
- Employee consultation during the drafting of action plans.
- Training needs analysis applied to determine the extent and detail of training programs.

A secure office area made available at the various locations is required as a base for document review and for interviews.

On conclusion of the evaluation, a **closing meeting** will be conducted to report on the findings of the evaluation. There will be opportunity for discussion regarding any non conformances, with the intention that there will be no surprises in the draft report. A draft partnership plan will also be developed to detail the nature of our ongoing relationship covering the future renewal period.

The draft evaluation report and partnership plan will be forwarded to you for consideration by the (date). Following a review of the draft report a written response is required no later than (date). Once your feedback is received and any issues raised are resolved either by discussion, conciliation or peer review, a final report and partnership plan will be provided.

D.1.1 Opening meeting agenda

Applicant:	name	Date:	date
Evaluator:	name		
Attendees present:			
Name		Position	

1. Introduction
2. Discuss purpose of meeting
3. Confirm applicant has read scoping document
4. Discuss in detail the natural consequences model and levels
5. Review scoping document contents
 - confirm adequacy audit supplied
 - confirm performance data against Natural consequences model supplied
 - confirm evaluation approach - adequacy and compliance checks
 - confirm roles and responsibilities
 - confirm timelines
 - confirm communication expectations
 - confirm closing meeting and reporting times
 - confirm confidentiality issues
 - discuss evaluation outcome language – conformance/observation/non conformance
 - discuss partnership plan and sign off on strategic plan
6. Notes

E.1.1 Adequacy check (for use by the evaluator to record evaluation findings)

Applicant: **name**

Date: **date**

Evaluator: **name**

Performance Standards for Self-insurers



Standard 1 Commitment and Policy

An organisation should define its OHSW, rehabilitation and claims administration policy and commit adequate resources to ensure the success of its management systems. The policy needs to be relevant to the organisation's overall vision and objectives. It needs to set the framework for continuous improvement. It should ensure accountability and link OHSW, rehabilitation and claims administration to the overall organisational values, objectives and processes, and it should guide the setting of objectives. Supporting procedures should set into place the steps to be taken to achieve the organisation's policy goals.

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
1.1	ELEMENT 1 - Endorsed and Distributed Policy Statement			
1.1.1	Recognise the requirement for legislative compliance.			
1.1.2	Recognise the requirement for continuous improvement.			
1.1.3	Be integral and relevant to the organisation's:			
1.1.3.1	Mission statement, vision, core values and beliefs.			
1.1.3.2	Overall management system structure and system.			
1.1.3.3	Activities, products, services and people.			
1.1.4	Identify responsibilities and accountabilities for all relevant employees.			
1.1.5	Recognise commitment that appropriate internal and/or external expertise will be utilised, when required in all related activities.			
1.1.6	Recognise other organisational policies and procedures when relevant			
1.1.7	Recognise a commitment to communication of relevant information to all staff.			
1.1.8 OHS&W	Recognise the organisation's duty of care to all persons in the workplace including labour hire, contractors and subcontractors, volunteers and other visitors.			
1.1.9 OHS&W	Recognise a hazard management approach to OHS&W .			
1.1.10 OHS&W	Incorporate commitment to consultation.			

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
1.1.11 Rehab	Rehabilitation to incorporate a commitment to consultation.			
1.1.12 Rehab	Recognise a commitment to effective rehabilitation.			
1.1.13 Claims	Recognise a commitment to equitable claims management.			
1.2	ELEMENT 2 – Supporting Policies and/or procedures			
1.2.1	Evidence of policies and/or procedures to support the policy statement.			
1.2.2	Contingency arrangements are outlined for the organisation.			

Standard 2 Planning

The successful implementation and operation of Occupational Health Safety and Welfare, Rehabilitation and Claims Management systems requires an effective planning process with defined and measurable outcomes. The plan starts with the policy statement and its objectives and addresses the schedules, resources and responsibilities necessary for achieving them. Objectives, targets and performance indicators are identified, as they will be used to measure the effectiveness of the OHSW, rehabilitation and claims management systems and to identify areas requiring corrective action and improvement. In summary, the plans aim to fulfill the organisation's policy, objectives and targets.

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
2.1	ELEMENT 1 - System Strategies			
2.1.1	Legislative compliance is addressed as part of the system, when appropriate.			
2.1.2 OHS&W	Employees or their representatives directly affected by the implementation of OHS&W plans are consulted when the plans are being formulated.			
2.1.3	Programs have objectives, targets and performance indicators when relevant.			
2.1.4	Action plans are in place to correct identified areas of non-conformance with documented procedures.			
2.1.5 OHS&W	Program(s) are in place to identify, evaluate and control hazards in the organisation.			

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
2.1.6 OHS&W	Action plans are in place for dealing with corrective action identified as part of any incident investigation process.			
2.1.7 Rehab & Claims	Programs are in place to identify the organisations core rehabilitation and claims management activities and to provide direction regarding performance outcomes.			
2.2	ELEMENT 2 - Setting of Systems Objectives			
2.2.1	The identification of appropriate objectives for the organisation.			
2.2.2	The identification of appropriate strategies to measure, monitor, evaluate and review the System's objectives.			
2.3	ELEMENT 3 - Training			
2.3.1	Appropriate training requirements have been identified.			
2.3.2	Training plan(s) have been developed.			

Standard 3 Implementation

This principle focuses on ensuring that the capabilities and supports needed to achieve the organisation's policy objectives and targets are provided. It deals with adequate resources being available, integration with current management practices and systems, responsibilities being defined and understood, methods for holding all managers and employees accountable, arrangements for employee involvement, training being implemented, and supports such as verbal and written communications.

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
3.1	ELEMENT 1 - Resources			
3.1.1	Adequate human, physical and financial resources are being allocated to support the program(s).			
3.1.2	Specialist expertise is used as required.			
3.2	ELEMENT 2 - Training			
3.2.1	A relevant training program is being implemented.			
3.3	ELEMENT 3 - Responsibility and Accountability			
3.3.1	Defined responsibilities are communicated to relevant employees.			
3.3.2	Accountability mechanisms are being used when relevant.			
3.4	ELEMENT 4 - Integration			
3.4.1	System elements are aligned with, or integrated into, other corporate business functions, when relevant.			
3.5	ELEMENT 5 - Employee Involvement			

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
3.5.1 OHS&W & REHAB	Arrangements for employee consultation and involvement are known and integrated into the programs developed.			
3.6	ELEMENT 6 - Communication			
3.6.1	Communication arrangements for information dissemination and/or exchange are in place.			
3.7	ELEMENT 7 - Contingency Planning			
3.7.1 OHS&W	Contingency plans are periodically tested and/or evaluated to ensure an adequate response, if required.			
3.8	ELEMENT 8 - Hazard Identification, Evaluation and Control			
3.8.1 OHS&W	A hazard management process that includes identification, evaluation and control is in place.			
3.8.2 OHS&W	Employees or their representatives are consulted and participate in hazard management process.			
3.8.3 OHS&W	Control measures are based on the hierarchical control process.			
3.8.4 OHS&W	Program(s) are in place to ensure an appropriate OHS&W consideration is given to changes in the work place and work practices.			

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
3.8.5 OHS&W	Program(s) are in place to ensure an appropriate OHS&W consideration is given to changes at the time of purchase, hire or lease of plant, equipment and substances.			
3.8.6 OHS&W	Program(s) are in place to meet the organisation's duty of care for all persons in the workplace.			
3.8.7 OHS&W	Program(s) are in place to ensure work related injury/illness and incidents are investigated and action taken when relevant.			
3.9	ELEMENT 9 - Workplace Monitoring			
3.9.1 OHWS	That the implementation of relevant inspection and testing procedures are conducted by the relevant, competent person(s)			
3.9.2 OHS&W	That the corrective/preventive action is taken on non-conformance issues identified by inspection, and testing procedures.			
3.10	ELEMENT 10 - Process Delivery			
3.10.1	All other activities arising out of policies and/or procedures implemented.			
3.11	ELEMENT 11 - Reporting / Documentation			
3.11.1	The relevant level of reporting, records and/or documentation is maintained to support the system programs and legislative compliance.			

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
3.12	ELEMENT 12 - Document Control			
3.12.1	Program(s) of document control for identification and/or currency of essential documents are in place and being maintained.			

Standard 4 Measurement and evaluation

Occupational Health Safety and Welfare, rehabilitation and claims management performance is measured, monitored and evaluated using the performance indicators to ensure that the organisation is performing in accordance with its policy, objectives and targets. Importantly, areas of success and activities requiring corrective action and improvement will be identified.

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
4.1	ELEMENT 1 - Objectives, Targets & Performance Indicators			
4.1.1	Planned objectives, targets and performance indicators for key elements of program(s) are maintained and monitored.			
4.2	ELEMENT 2 - Internal Audits			
4.2.1	Programmed internal audits are performed objectively by competent personnel to ensure performance of systems and programs and employees directly affected by the results, or their representatives are consulted.			
4.3	ELEMENT 3 - Corrective Action			
4.3.1	Outcomes of the audits are documented and the necessary corrective action(s) identified, prioritised and implemented.			

Standard 5 Management systems review and improvement

The organisation should regularly review and continually improve its systems. This leads to the development of continuous improvement strategies within the organisation.

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
5.1	ELEMENT 1 - Policy			
5.1.1	It reviews the scope and content of the policy statement and supporting policies/procedures in consultation with employees or their reps ensure continued suitability and effectiveness.			
5.2	ELEMENT 2 - Objectives, Targets & Performance Indicators			
5.2.1	The level of achievement of documented objectives, targets and performance indicators is analysed and utilised to promote continuous improvement strategies.			
5.2.2	Results are analysed and used to determine areas of success and areas requiring corrective and preventative action.			
5.3	ELEMENT 3 - System Review			
5.3.1	The system is reviewed and revised, if required, in line with current legislation, the workplace and work practices.			

Standard	Element / sub-element description	Applicant's system references	Comments on adequacy and currency of documentation against each element and sub-element	Conformance level C, O, or NC no.
5.3.2	The system's measurement outcomes are used as a basis for future system development.			

E.1.2 Natural Consequences Model reporting template (use in conjunction with applicant's responses in A.1.4)

Applicant::	Date:
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Performance Measures	How Measured <i>(including sample size)</i>	Achievement for		Evaluation	Compliance	Notes
		Level one	Level two	Score	Yes / No	
1	Claims determination times and rates – The initial claim determination (accept or reject), is made within 10 working days of the claim receipt – excluding psychological and hearing loss claims.	85%	90%			
2	Where a 'time lost' claim determination has been delayed, the employer will (in all cases), consider the offer of interim payments to the injured worker, (in accordance with the employer's policy on interim benefits). Should interim benefits not be offered to an injured worker, then the reasons for the decision should be documented, (claim file notes). In the case of an offer being accepted, the worker will be informed of the employer's right to recover the interim payments at a later time should the claim be rejected. This will apply in appropriate cases where other forms of payment are not available to the worker or it is not contrary to the terms and conditions of a workplace Enterprise Bargaining Agreement, (should one exist).	90%	100%			
3	Active time lost claims files (with time loss greater than 5 days) have comprehensive and up to date file notes.	85%	90%			
4	In all cases where a determination is made under the Act, ensure that the determinations are consistent with the relevant law, are in accordance with the self-insurer's instructions, policy, procedures and guidelines and are documented so as to allow for later scrutiny/substantiation.	100%	100%			

Performance Measures		How Measured (including sample size)	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
5	In cases where the worker's preferred language is not English (including deaf sign), ensure that professional interpreting and translating services are offered during the injury management and rehabilitation processes.		90%	90%			
6	Once a determination of a claim is made, the employer is to inform the worker within 2 working days of the decision by letter to the workers home address or place of residence, including details of their relevant rights and responsibilities. If contact is unable to be made, a follow up letter is to be sent within 5 days. All workers are provided with details of their rights and responsibilities when the initial determination of that claim is made, including details on how the worker may dispute the determination at the Workers' Compensation Tribunal.		90%	90%			
7	Maintain the case files in such a way that all decisions and determinations are identifiable (including the name of the decision-maker and the date of the decision) and relevant supporting documents and notes can be located. <i>Note: Any decision made must be made by an employee of the self-insured employer and cannot be sub delegated to a third party. Files notes and/or letter of claim determination need to record the date of the decision and the name of the decision maker. In terms of relevant supporting documentation, it needs to be to the degree considered necessary to support the decision made and be included as part of the relevant claim file.</i>		90%	100%			
8(A)	Ensure that workers or their representatives are informed of proposed major decisions on claims and are allowed an opportunity to discuss them and have their views recorded on file before the decision is finalised wherever possible.		85%	90%			
8(B)	Exceptions are noted through the inclusion of appropriate claim file notes: <i>Note: Major decision would include the following: A rejection of the claim.</i>		90%	100%			

Performance Measures		How Measured (including sample size)	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
	<p><i>A reduction under Section 35 (2) (c)</i> <i>A Section 36 discontinuance or reduction in income maintenance (excluding consent and RTW)</i> <i>NWE determination in respect of overtime, where overtime has been worked by the employee</i> <i>Section 38 (7) determination where the worker's determined entitlement does not reflect the worker's current work capacity.</i> <i>Section 38(6) determination to suspend income maintenance payments</i> <i>Redemption payment</i> <i>Lump sum payment</i> <i>Hearing loss determination</i></p>						
9	<p>Ensure that suitable appointees are available at the required times to carry out reconsiderations within the time allowed under section 91 of the WRCA</p>		100%	100%			
10	<p>Where the self-insurer becomes aware that a worker disputes a decision, initiate contact in an attempt to resolve the issue before the dispute is formalised in accordance with the agreed dispute resolution process, and or other agreement that may be in place.</p> <p><i>Note: Compliance with the measure would be satisfied through an inclusion in the case file of a file note that records the chronology of notification of dispute, contact with the worker and attempted or successful resolution.</i> <i>Where the first notification of a formal dispute is made to the self-insurer by a solicitor or union, the legislative reconsideration process would then apply.</i></p>		80% within 2 working days	90% within 2 working days			
11	<p>In relation to injury management, employees are:</p> <ul style="list-style-type: none"> • Provided at their induction, information/training on the employer's injury management policies, including advice on where incidents/injuries are reported and to whom, and details of where information can be obtained, and • Once a claim is lodged, provided with details of their rights and responsibilities. 		100%	100%			

Performance Measures		How Measured (including sample size)	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
12	Workers are supported as a result of participation in an approved rehabilitation and return to work plan/program <i>Note: 'Supported' includes action such as: time off work to attend medical appointments, regular communication from their supervisor/manager, access to interim benefits, availability of current and up to date return to work plans.</i>						
13	Workers have access to and are provided early intervention rehabilitation services (in accordance with s26 (4) of the WRCA), where a claim determination has been delayed (i.e. after 10 working days of claim receipt), in accordance with the employer's delegation as an exempt employer						
14	The employer can demonstrate a consultative working relationship with employees and/or their representatives and unions.						
15	Review of accident, incident data and remedial action (where applicable) taken as a result – To be supplied via the RO report as a minimum. <i>Note: The reference to remedial action taken does not relate to specific incidents or occurrences. It relates to the remedial action taken by the employer in respect of responding to emerging issues as a result of data and trend analysis.</i>						
16	Quality and frequency of electronic data transmissions in accordance with the 4 th schedule of the Act – To be reviewed as part of the evaluation process.						
17	Instances of under-reporting of claims – where known. Examination of worker complaints lodged with WorkCover <i>Note: The under-reporting of claims will not be condoned and must be eliminated when known to have taken place.</i>		zero	zero			
18	Failure to meet an order of the Workers Compensation Tribunal		zero	zero			

Performance Measures		How Measured (including sample size)	Achievement for		Evaluation	Compliance	Notes
			Level one	Level two	Score	Yes / No	
19	58B/C activity – no outstanding non compliance with 58B and or the level of activity within the last period of registration as an employer in terms of 58B/C matters. It is acknowledged that non compliance with s58B can be a contentious issue and may be under review at the time of evaluation. WorkCover will review the pattern of behaviour and compliance of the employer in relation to s58B/C where it is appropriate. Where a matter is currently under investigation it will be reported to the Board Committee but not materially affect the recommendation of WorkCover management in relation to ongoing registration as a self-insurer.						

Level 3 Measures

Performance Measures		How Measured	Evaluation	Compliance	Notes
			Score	Yes / No	
20	Injured workers are surveyed on an annual basis with the results communicated to the employees and included as part of the annual RO report to WorkCover.				
21	A senior officer of the employer (with the appropriate delegations and authority), is appointed to monitor injury management activities and outcomes. The person appointed has received sufficient information and or training in the area of IM (related to SA legislation), to allow them to properly carry out their responsibilities				
22	The OHS&W committee members have sufficient information and or training in injury management requirements to allow for active monitoring of injury management issues and outcomes.				
23	The self-insured employer has developed an appropriate mechanism for the assessment and identification of alternative duties, (one example would be a job dictionary).				
24	<p>The employer contributes to the industry and the State in demonstrable activity and exercise of influence, through activities such as:</p> <ul style="list-style-type: none"> • Exercising supply chain pressure and influence to encourage those employers who provide goods and services to improve their performance in OHS&W • Participation in Safe Community Leadership or similar • Safe design initiatives (e.g. equipment design) • Mentoring in SAFER Industries, SISA, industry groups or with other employers • Working with labour hire employers to improve return to work outcomes 				
25	The senior officer responsible for injury management, regularly review any complaints regarding injury management, decisions that are made regarding the management of a claim and				

Performance Measures	How Measured	Evaluation	Compliance	Notes	
		Score	Yes / No		
	monitor any remedial action and associated timeframes and where there are issues that cannot be resolved, refer them to the RO (if not the same person).				

E.1.3 Compliance checklist – working document for notes

Applicant:

Date:

Evaluator:

Element:

Standard:

Sub-element description:

System requirements to check	Conformance		References and comments on evidence
	Yes	No	

E.1.4.2 Interview record sheet

Applicant:

Date:

Interviewee:

Job title:

F.1.1 Closing meeting agenda

Applicant:		Date:
Evaluator:		
Attendees present:		
Name	Position	

1. Introduction
2. Discuss purpose of meeting
3. Confirm evaluation has been completed, and objectives of scoping document met
4. Distribute closing meeting report
5. Confirm evaluation findings from closing meeting report of conformance/non conformance etc,
6. Results from natural consequences model
7. Identify areas of disagreement that cannot be resolved and clarify the conciliation and peer review process
8. Advise time frames for Board report
9. Agree next steps for any remedial action
10. Discuss partnership plan content
11. Notes

F.1.2 Closing meeting summary report

Applicant::

Date:

Evaluator:

1. Scope
2. Summary of process
3. Findings
 - Number of non-conformances
 - Number of observations
 - Performance to natural consequences model benchmarks
 - System issues requiring urgent attention
4. Summary comments
5. Out of scope comments

Signed:

Date:

G.1.1.1 Evaluation report template

SELF-INSURANCE EVALUATION

DRAFT REPORT

Applicant: Name

Registration Number: Number

Evaluator: Name

Date of Evaluation: date

Report issued to:

Name(s)



OHS&W / INJURY MANAGEMENT

EXECUTIVE SUMMARY

1. Scope

The WorkCover evaluation of (name) took place between (date) and (date). The purpose of evaluation was to check:

- conformance of the design and implementation of the OHS/IM system against each of the elements and sub-elements for the five WorkCover standards for self-insurers.
- benchmark levels achieved against the elements of the natural consequences model.
- that relevant requirements related to the *Code of conduct for self-insurers* have been complied with.
- legislative compliance issues are addressed as part of the management system and practices.

2. Evaluation Methodology

Note: evaluator to make comment here.

3. Findings

Note: evaluator to make comment here.

4. System issues requiring urgent attention

Note: evaluator to make comment here.

5. Previous evaluation issues

Note: evaluator to make comment here.

6. Outcomes from closing meeting

Note: evaluator to make comment here – Did applicant agree or disagree on findings, did they raise any additional issues relating to evidence?

7. Definitions

- (C)** Conformance - Activities undertaken and results achieved fulfil the specified requirements of the elements.
- (O)** Observation – Activities undertaken and results achieved fulfil the specified requirements of the elements however an opportunity for improvement exists due to minor deficiencies identified.
- (NC)** Non-conformance – Activities undertaken and the results achieved do not fulfil the specified requirements of the elements. This may be due to the absence or inadequate implementation of a system or documented systems or procedures not being followed.

8. Acknowledgements

Note: evaluator to make comment here.

9. Out of scope

Note: evaluator to make comment here – issues identified that need the applicants' attention but are unrelated to the evaluation.

EVALUATION REPORT

STANDARD 1 Commitment and Policy

An organisation should define its OHS&W, rehabilitation and claims administration policy and commit adequate resources to ensure the success of its management systems.

The policy needs to be relevant to the organisation's overall vision and objectives. It needs to set the framework for continuous improvement. It should ensure accountability and link OHS&W, rehabilitation and claims administration to the overall organisational values, objectives and processes. It should guide the setting of objectives. Supporting procedures should set into place the steps to be taken to achieve the organisation's policy goals.

SCOPE: *This standard requires the organisation to define its Occupational Health Safety and Welfare, rehabilitation and claims management policy and supporting procedures in consultation with employees or their representatives.*

Element 1: Endorsed and Distributed Policy Statement

Note: evaluator to comment on conformance, observations and non-conformances

Element 2: Supporting policies and/or procedures

Note: evaluator to comment on conformance, observations and non-conformances

Where a non conformance has been identified G.1.2 is to be completed. (If an adequacy check is attached then sub-element level can be dealt with in that document

STANDARD 2 Planning

The successful implementation and operation of OHS&W, rehabilitation and claims management systems requires an effective planning process with defined and measurable outcomes. The plan starts with the policy statement and its objectives and addresses the schedules, resources and responsibilities necessary for achieving them.

Objectives, targets and performance indicators are identified as they will be used to measure the effectiveness of the OHS&W, rehabilitation and claims management systems and to identify areas requiring corrective action and improvement.

In summary, the plans aim to fulfil the organisation's policy, objectives and targets.

SCOPE: *This Standard requires the organisation to plan in order to fulfil its policy, objectives and targets in consultation with employees or their representatives.*

Element 1: System Strategies

Note: evaluator to comment on conformance, observations and non-conformances

Element 2: Setting of system objectives

Note: evaluator to comment on conformance, observations and non-conformances

Element 3: Training

Note: evaluator to comment on conformance, observations and non-conformances

Where a non conformance has been identified G.1.2 is to be completed. (If an adequacy check is attached then sub-element level can be dealt with in that document

STANDARD 3 Implementation

This principle focuses on ensuring that the resources and supporting mechanisms needed to achieve the organisation's policy objectives and targets are provided.

It deals with adequate resources being made available, integration with current management practices and systems, responsibilities being defined and understood, methods for holding all managers and employees accountable, arrangements for employee involvement, training being implemented, and supporting mechanisms such as verbal and written communications.

SCOPE: *This standard requires the organisation to demonstrate the capabilities and support mechanisms that are necessary to achieve its policy objectives and targets, in consultation with employees or their representatives.*

Element 1: Resource

Note: evaluator to comment on conformance, observations and non-conformances

Element 2: Training

Note: evaluator to comment on conformance, observations and non-conformances

Element 3: Responsibility and Accountability

Note: evaluator to comment on conformance, observations and non-conformances

Element 4: Integration

Note: evaluator to comment on conformance, observations and non-conformances

Element 5: Employee Involvement

Note: evaluator to comment on conformance, observations and non-conformances

Element 6: Communication

Note: evaluator to comment on conformance, observations and non-conformances

Element 7: Contingency planning

Note: evaluator to comment on conformance, observations and non-conformances

Element 8: Hazard identification, evaluation and control

Note: evaluator to comment on conformance, observations and non-conformances

Element 9: Workplace monitoring

Note: evaluator to comment on conformance, observations and non-conformances

Element 10: Process delivery

Note: evaluator to comment on conformance, observations and non-conformances

Element 11: Reporting and Documentation

Note: evaluator to comment on conformance, observations and non-conformances

Element 12: Documentation control

Note: evaluator to comment on conformance, observations and non-conformances

Where a non conformance has been identified G.1.2 is to be completed. (If an adequacy check is attached then sub-element level can be dealt with in that document

STANDARD 4 Measurement & Evaluation

OHS&W, rehabilitation and claims management performance is measured, monitored and evaluated using performance indicators, to ensure that the organisation is performing in accordance with its policy, objectives and targets. Importantly, areas of success and activities requiring corrective action and improvement will be identified.

SCOPE: *The organisation measures, monitors and evaluates its performance in consultation with its employees or their representatives, and takes corrective action when necessary.*

Element 1: Objectives, Targets and Performance indicators

Note: evaluator to comment on conformance, observations and non-conformances

Element 2: Internal audits

Note: evaluator to comment on conformance, observations and non-conformances

Element 3: Corrective Action

Note: evaluator to comment on conformance, observations and non-conformances

Where a non conformance has been identified G.1.2 is to be completed. (If an adequacy check is attached then sub-element level can be dealt with in that document

STANDARD 5 Management Systems Review and Improvement

The organisation should regularly review and continually improve its systems, This leads to the development of continuous improvement strategies within the organisation.

SCOPE: *The organisation regularly reviews its Occupational Health Safety and Welfare, rehabilitation and claims management systems, in consultation with its employees or their representatives, with the objective of improving overall performance.*

Element 1: Policy

Note: evaluator to comment on conformance, observations and non-conformances

Element 2: Objectives, targets and performance indicators

Note: evaluator to comment on conformance, observations and non-conformances

Element 3: Systems review

Note: evaluator to comment on conformance, observations and non-conformances

Where a non conformance has been identified G.1.2 is to be completed. (If an adequacy check is attached then sub-element level can be dealt with in that document

LEGISLATIVE AND CODE OF CONDUCT REQUIREMENTS – SECTION 60(6)

The following is a summary of relevant matters to *OHS/injury management* that will be considered by the Board Self-insured Committee when it meets in *Date*.

Union Consultation:

Comments

Provision of suitable duties:

Comments

SafeWork SA:

Comments

Natural consequences model (NCM)

Comments

Number of employees

Comments

G.1.1.2 Letter to accompany draft evaluation report

Attn: **Name**
Position
Applicant
Street Address
SUBURB STATE postcode

Dear **(name)**

Self-insured evaluation
Registration number: number
Renewal date: date

Please find attached the draft OHS&W/injury management evaluation report.

It is important that you consider the content and findings before the documents are finalised. This needs to be reported back to me no later than **(date)**. If there are any issues of concern that we don't resolve, we would ask you that you detail these in writing so that we can consider it.

Once I have your feedback (and any issues reconsidered or peer reviewed), I will finalise the report and partnership plan. The renewal is to be considered by the Board Self-insured Committee at the **(date)** meeting. Our Manager, Evaluation will contact you by phone prior to that meeting to advise of the recommendations being made.

Please do not hesitate to contact me on **(number)** or by email at **(email address)** with any queries.

Yours faithfully

(name)
WorkCover Evaluator
Self-insured Operations & Systems

date

G.1.2 Non conformance report sheet

WorkCover Self-Insurer evaluation

Applicant: **name**

Date: **date**

Evaluator: **name**

This form is to accompany the draft report tendered to the applicant .A separate form is to be completed for each non-conformance.

NCR No: <i>(regno-yyyy-00n-OHS/IM)</i>			
Standard	no	Element:	no
		Sub – Element:	no
:			
This element/sub element requires: comment			
Evidence examined to determine conformance: details			
Why it is a non-conformance: comment			
Corrective Action <i>(Details to be completed by Applicant):</i> Applicant to complete			
Responsible person:	Applicant reference	Scheduled Completion Date	date
Follow-up Verification/Close Out <i>(to be completed by WorkCover Evaluator):</i> details			
Follow-up By:	name	Date:	date

G.1.3 Reconsideration Report template

Minutes of conciliation meeting –

Purpose: To review the

1. Findings contained in the draft WorkCover evaluation report relating to non-conformances numbered.
2. To identified unresolved issues for any subsequent peer review and agree on the scope for peer review.

Attendees:

Background:

Summary:

Discussion and outcomes:

1. Reconsideration findings:

Non-conformance	COMMENTARY

Non-conformance	COMMENTARY

H.1.1 Partnership plan

Applicant: **name**

Date: **date**

Evaluator: **name**

The partnership plan incorporates an agreement between the parties covering the renewal period.

This is an addendum to the WorkCover final evaluation report and forms the basis on which both parties will maintain communication and conduct ongoing performance reviews for the period **date** to **date**, being the life of the self-insurance contract. The action plan has been agreed and signed off by both parties.

It is agreed:

Who	What	When
Responsible Officer	Annual RO report submitted	//
	Review of performance to plan	//
	Examination of trends	//
	Close out of correction actions	//

Jointly signed progress reports detailing progress to plans and performance to KPIs and NCM benchmarks will be provided to the Manager, Evaluations and the Responsible Officer on the following dates:

Signed on behalf of the applicant

Signed on behalf of WorkCover

WorkCover SA
100 Waymouth Street, Adelaide South Australia 5000
General enquiries: 13 18 55
Fax: (08) 8233 2211
Email: info@workcover.com
Website: www.workcover.com

Free information support services: TTY (deaf or have hearing/speech impairments): (08) 8233 2574. Languages other than English: call the Interpreting and Translating Centre - (08) 8226 1990 and ask for an interpreter to call WorkCover on 13 18 55. Braille, audio, or e-text: call 13 18 55 and ask for help in an alternative format.

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The information produced by WorkCover Corporation of South Australia in this publication is correct at the time of printing and is provided as general information only. WorkCover is a statutory authority funded by employers to rehabilitate and compensate South Australians injured at work.

