

Self-insured evaluation practice guidelines

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Disclaimer

This publication is:

- For the use of management and staff of Self-insured Regulation at ReturnToWorkSA
- A guide to the manner in which Self-insured Employer evaluations are conducted.
- Not intended as a substitute for the requirements of the Return to Work Act 2014, the Work Health and Safety Act 2012(SA) or the Code of conduct for self-insured employers; and.
- Information produced by ReturntoWorkSA 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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1. Introduction

The ReturnToWorkSA Board recognise that self-insurance is an integral part of the South Australian Return to Work 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 relevant sections of the Return to Work Act 2014, as amended ('the Act').

The Act allows for a grant of Self-insured Employer status for a period not exceeding three years for an initial grant of registration as a self-insured employer and five years for a period the renewal of a registration. Prior to the expiry of each period of registration, the Self-insured Employer must apply to ReturnToWorkSA to renew its registration.

Note: Crown agencies or instrumentalities of the Crown are deemed to be registered as Self-insured Employers (section 130 of the Act). ReturnToWorkSA does not undertake evaluations of Crown agencies. From September 2013, this responsibility rests with Public Sector Workforce Relations.

In determining whether to grant a period of self-insurance, ReturnToWorkSA has regard to the relevant criteria outlined in section 129 of the Act. A Self-insured Employer is also required to demonstrate conformance with the WHS and injury management Performance standards for self-insured employers (standards).

The Self-insured Evaluator will undertake an assessment of the Self-insured Employer's conformance with the standards. This Practice Manual which is referenced in the Code of conduct for self-insured employers ('the Code') sets down the manner in which the evaluation will take place and defines the roles and responsibilities of each party.

The Practice Manual is supported by precedent documents which have been developed to promote consistency in scoping, evaluation, reporting and partnership activity. Additional detail on administrative processes (e.g. maintenance of Salesforce) can be found in the Self-insured Administration Officer Manual and Salesforce Self-insured User Guide.

During the evaluation, the Evaluator must ensure practice rigor throughout the evaluation process while at the same time maintain a balanced approach in determining if system design and implementation conforms to the elements of the standards. It must be recognised that the evaluation is a sample of an organisation's management system and or activities, and as a result cannot guarantee all aspects of an application's system are at any time fully legally compliant.

Assisting the Self-insured Employer to achieve and maintain conformity is an outcome of the evaluation process and the positive relationship fostered between the parties. If opportunities to assist the Self-insured Employer are identified the Evaluator should do so, whenever possible. Where agreed, the development of a partnership plan 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 Evaluator does not replace or supplement a Self-insured Employer's own resources or processes to confirm the suitability or effectiveness of its Business Management Systems.

Manager, Self-insured

2. Evaluation Methodology

Evaluation (new and existing Self-insured Employers), will check the Self-insured Employer's WHS and IM systems (and related management systems) for conformance to the scoped elements of the WHS and injury management performance standards.

Four key processes form an evaluation. The manner in which these processes are to be implemented is detailed within this practice manual.

Section 1 – Preparation

- 1.1 Notification of Evaluation process for Renewal/Review
- 1.2 Self-Assessment
- 1.3 Preparation and distribution of scoping document

Section 2 – Conduct evaluation

- 2.1 Opening meeting
- 2.2 Gather evidence
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Section 3 – Reporting and Management Review

- 3.1 Reporting and Management Review
- 3.2 Finalise Evaluation
- 3.3 Review Process
- 3.4 ReturnToWorkSA CEO reporting
- 3.5 New Applicants

Section 4 – Monitoring and review

- 4.1 Implementation of partnership plan
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Section 5 – Salesforce

- 5.1 Salesforce

Section 6 – Non-conformance

- 6.1 Decision Tool

3. Interpretation of standards, elements and sub-elements

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

The application of the standards will however vary depending on the nature of the Self-insured Employer's business, its risk profile, and performance. The broad nature of the elements and sub-elements within the WHS and injury management standards may create differences in interpretation and meaning within the Self-insured Employer community dependent upon business dynamics.

Basic principles to assist understanding are as follows:

- Principle 1:** The WHS and IM system must demonstrate legal compliance in design and application.
- Principle 2:** Compliance with all of the standards, elements, and sub-elements will assist a Self-insured Employer to achieve and maintain better performance in WHS and Injury management when compared to a registered employer.
- Principle 3:** The 'plain' reading rule is to be used when considering the meaning of an element or sub-element within a standard.
- Principle 4:** Natural justice principles apply to the evaluation process. Opportunity must be afforded to the Self-insured Employer during the course of the evaluation to prove conformance. Where disagreement in findings cannot be resolved during this process, the Self-insured Employer has the right to have the findings relating to non-conformances conciliated. If agreement cannot be reached, the Self-insured Employer can request the element(s) in dispute be subject to a peer review which will be undertaken by an experienced Evaluator appointed by ReturnToWorkSA.
- Principle 5:** Between the evaluation and a date nominated by ReturnToWorkSA, the Self-insured Employer may take corrective action relating to non-conformances issued against sub elements of the standards. Where there is time for verifying results, be taken into consideration for the recommendations on renewal.

3.1 Sampling principles

To achieve compliance with the *standards*, the Self-insured Employer's WHS & IM systems are expected to comply with all elements and sub-elements of the *standards*. The Self-insured Employer's system implementation is expected to be effective.

When evaluating a Self-insured Employer's WHS, selected elements will be sampled and tested.

Whilst the Evaluator is to make every effort to identify the scope and sample prior to commencement of the evaluation, it is recognised that the evaluation scope and sample needs to be fluid and may increase/vary during evaluation in an effort to clarify conformance issues.

3.2 Management review

The evaluation process will be subject to both management review and audit against the practices described within this manual. This will provide a level of confidence that the evaluation process is consistent, transparent, fair and equitable.

The scoping methodology and Evaluation Report will be reviewed by ReturnToWorkSA's management prior to distribution to the Self-insured Employer.

Outcomes of evaluation will be presented to the General Manager, Scheme Improvement and Regulation, Manager Self-insured or delegate prior to the evaluation close out meeting and provision of Evaluation Report(s).

3.3 Conflict of interest

An employee of ReturnToWorkSA must under the Code of Conduct for South Australian Public Sector Employees and relevant ReturnToWorkSA policies avoid all conflicts of interest in carrying out their duties, and disclose any potential conflict of interest if they emerge in the course of their duties.

3.4 Immediate life threat

Should an Evaluator identify an issue that poses, in their view, a significant threat to his/her wellbeing or that of a Self-insured Employer's, employees or other persons, then in the first instance the Self-insured Employer'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 Self-insured Employer's Senior Management.

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

The Evaluator must report any event that results in the withdrawal of the evaluator from an evaluation to the Manager, Self-Insured.

4. Staff safety

4.1 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.

Prior approval for the purchase of PPE is to be obtained from the Manager, Self-insured.

PPE must be maintained and worn as required.

4.2 Safe travel

The ReturnToWorkSA Safe Travel policy and procedure is to be followed when planning regional and remote travel. This includes completion of the safe travel checklist, travel request and approval form. Travel arrangements will be reviewed with the Manager, Self-insured (or delegate) during the pre-scoping and scoping steps.

During regional travel, Evaluators are to contact the Manager, Self-insured (telephone call or text message) when they arrive at the destination and when they safely return home. Where travel to remote areas is to be undertaken a risk assessment must be completed prior to travel.

The Evaluator(s) are to enter their itinerary into their outlook calendar. This must include a reminder (with alarm) for the Evaluator and Manager, Self-insured of the expected arrival to the destination and return home.

Travel requests will not be approved unless the evaluator has entered all travel and contact details within their outlook calendar.

4.3 Safe driving

The ReturnToWorkSA 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, suitability of vehicle, weather conditions, track conditions, emergency supplies need to be considered, documented within the travel risk assessment and discussed with Manager, Self-insured (or delegate). Additional information can be found in the ReturnToWorkSA Safe Driving policy and procedure.

4.4 Safe client interaction

The Safe Client Interaction policy and procedure are to be considered when planning and visiting Self-insured Employers. Where claimants are to be interviewed face-to-face in the course of an evaluation, meetings should always take place at the Self-insured Employer's workplace.

Where an evaluator is required to meet with a person outside of a non-workplace setting the Evaluator must complete an Interacting with others safely checklist available on Nexus (Form 21).

4.5 Inability to commence evaluation

An evaluation may be impacted by a number of unforeseen issues. These may include illness, significant incident, or insufficient preparation.

Where an evaluation is unable to commence on the agreed date the Evaluator must notify the Manager, Self-insured of the reasons for not being able to commence the evaluation.

The Evaluator will, in the first instance, determine whether the delay will have an adverse impact on the completion of the evaluation and discuss alternative arrangements with the Self-insured Employer.

Where the evaluation is unable to be completed, the Evaluator and Manager, Self-insured will meet to discuss the impact of the inability to complete the evaluation.

5. The Evaluation Process

Section 1 – Preparation

1.1 Notification of Evaluation process for Renewal

Purpose:

Section 9.5 of the Code states:

‘Subject to the particular circumstances of the employer and the nature of the evaluation, evaluations will usually only be carried out after ReturnToWorkSA has notified the employer of the nature of the evaluation and ReturnToWorkSA and the employer have agreed to a time during which ReturnToWorkSA may conduct its evaluation’.

Information/explanation:

The process described below details how ReturnToWorkSA will initiate the evaluation process and ensure all parties are aware of the requirements for application, consultation, and evaluation.

Process: Notification of Evaluation

Step 1 Advice of renewal	<p>The Evaluator will contact the Self-insured Employers in writing (A001) advising of the self-insurance expiry date and requesting a confirmation of intention to renew. The letter will include a reminder for a Self-insured Employer to seek the views of industrial associations that have an interest in the application of registration (including renewal) as a self-insured employer. This activity will be undertaken nine months from the renewal date.</p> <p>To facilitate the above processes it is necessary for the Evaluator to ensure Salesforce is regularly updated to confirm information is sent and received in the desired order.</p>
Step 2 Views of Industrial Associations	<p>The Manager, Self-insured will email SA Unions and non-affiliated Unions with a list of employer renewals (at the end of each financial and calendar year) and advise them that their views will be considered as part of the evaluation. Unions will be provided with the Account Managers contact details to enable the provision of their views on an application for renewal.</p>
Step 3 Application	<p>In the case of a new application, the request for views of industrial associations will be sent by the applicant at least six months prior to nominated date the application is to be presented to the ReturnToWorkSA Board.</p>
Step 4 Follow up	<p>Prior to the commencement of the evaluation the Evaluator will confirm the provision of the application for renewal and communication with industrial associations.</p> <p>Where the either of the above have not been submitted to RTWSA the evaluator will remind the self-insured employer that submission of these documents is a condition of registration.</p> <p>Where these documents have not been provided the evaluator will notify the employer that non-provision may result in a recommendation for non-renewal, reduced term or a conditional registration. The evaluation report will detail the non-compliance with a condition of registration.</p>
Step 5 Management Review	<p>The Evaluator will verify receipt and retention of these documents during the management review of evaluation reports. Evaluators are responsible for ensuring all documents are stored in HPRM prior to submitting an evaluation report for management review.</p>

1.2 Self-Assessment

Purpose:

The provision of a Self-Assessment is a requirement of clause 9.5 of the Code, which states:

“An employer must make all reasonable efforts to assist ReturnToWorkSA with its evaluation process. This includes the Self-insured Employer’s Self-insurer preparing any report requested by ReturnToWorkSA to be completed pursuant to its evaluation process”.

Information/explanation:

ReturnToWorkSA performs a number of statutory functions in respect of an employer that is registered as a self-insured employer. These include supervision of self-insured employers to ensure compliance with the Code and the Act, and in doing so ensuring employees are treated in a manner that complies with the objectives and requirements of the Act.

To fulfill this regulatory function RTWSA will implement a range of activities designed to maintain its knowledge of the performance of a self-insured employer. These activities will include the monitoring of performance through submission and review of self-assessment reports.

The Self-Assessment Report shall be authorised by the most senior employee responsible for operations in South Australia, or where agreed by ReturnToWorkSA another person, with the delegated authorities to significantly affect the Self-insured Employers business.

Process: Self-Assessment Report

Step 1 Provision of Self-Assessment	<p>The <i>Self-assessment Report</i> is to be provided by the employer during the period of registration. The frequency of provision is defined within the self-assessment report and will be communicated (using A022) at the beginning of each new period of registration</p> <p>Inclusion of details on how A copy of the <i>Self-assessment Report</i> will be maintained on the ReturnToWorkSA website.</p>
Step 2 Acknowledge the SIER	<p>On receipt of a <i>Self-assessment Report</i>, the Account Manager must review the content of the report to determine whether the report contains all information requested in the template <i>Self-assessment Report</i> (Ref A009).</p> <p>The Account Manager or Evaluator must on receipt of the <i>Self-assessment Report</i> ensure the evaluation screen in Salesforce has been updated to reflect receipt of the report.</p> <p>Self-assessment reports are to be stored in the relevant employer container in HPRM.</p>
Step 3 Timeframe for response	<p>The Account Manager must provide feedback on the <i>Self-assessment Report</i> (A032) within four weeks of receipt from the Self-insured Employer. Feedback must be in writing and address the contents of the report.</p>
Step 4 Document Retention	<p>The Self-Assessment and response to the reports are to be stored in HPRM.</p>
Step 5 Monitoring	<p>Where a Self-insured Employer has not provided a Self-assessment Report, the Account Manager will write to the Self-insured Employer and request the provision of the Report.</p>

1.4 Preparation and distribution of scoping document

Purpose:

Section 9.5 of the Code states:

- (a) *'Subject to the particular circumstances of the employer and the nature of the evaluation, evaluations will usually only be carried out after ReturnToWorkSA has notified the employer of the nature of the evaluation and ReturnToWorkSA and the employer have agreed to a time during which ReturnToWorkSA may conduct its evaluation' and*
- (b) *'Where appropriate, ReturnToWorkSA will also notify the employer of the scope and the process of evaluation to be used in the particular circumstances prior to conducting the evaluation'.*

This section of the Practice Manual describes the pre-scoping and scoping activities to be undertaken prior to the commencement of an evaluation or mid-term review. The outcomes of these activities form the basis from which ReturnToWorkSA will demonstrate it has met its obligations under the Section 9.5 of the Code.

Information/explanation:

It is important that all scoping documents sent to the Self-insured Employer display a consistent approach and clearly outline the evaluation process specific to the particular Self-insured Employer.

The Self-insured Employer must be advised that the evaluation will include (refer *Scoping document template A011*):

- An adequacy audit (also known as a desk top audit) to check the Self-insured Employer's documented system i.e. policies and procedures against the elements, within each of the five *standards* that have been scoped, using their completed checklist as a starting point.
- A compliance audit that will focus on system application in practice and how they are working.

Note: The Evaluator has the discretion to include, (should non-conformance in other elements become apparent) any other element, not included within the scope, the expectation is that these non-conformances will be issued and must be addressed by the Self-insured Employer in accordance with standard evaluation practice, i.e. through the provision of a completed non-conformance report.

Process: Scoping

<p>Step 1 Pre-scoping process</p>	<p>The Evaluator(s) will access and review the following report/ data for input into the scoping worksheet:</p> <ul style="list-style-type: none"> • Self-Assessment Report • Data reports (Tableau\WIRE 0125 and or Tableau\WIRE0533) • Incident / Severity data via a request to the Technical Advisor • Outcomes of partnership activities undertaken throughout the renewal period • WCT Dispute and redemption data report • Consideration of outcomes from the previous two evaluations, including NCRs where relevant • Performance against performance indicators • Hazard and incident data provided by the Self-insured Employer • Relevant to WHS regulatory notices / activities (SafeWorkSA) • Complaints received through the ReturnToWorkSA Service Improvement Unit
<p>Step 2 Scope and Sample Development</p>	<p>Using Scoping Worksheet (A004), the Evaluator(s) will document the analysis of all available sources of information. From this analysis an evaluation scope and sample will be developed.</p> <p>One Scoping Worksheet (A004) and Scoping Document (A011) may be completed for both disciplines.</p> <p>WHS elements are to be selected using the following considerations:</p> <ul style="list-style-type: none"> • WHS elements that were either non-conforming or initially non-conforming at the last evaluation but closed out prior to renewal • Elements that have not being examined during the current renewal period through partnership activity or partnership activity indicate system changes have occurred or issues have been identified. • Elements that have not being tested in the last two evaluations (all elements must be tested at least every three evaluation cycles). • Previous terms and conditions of renewal • Operational / risk profile of the Self-insured Employer • Analysis of the Self-insured Employer operations and its performance (e.g. Self-assessment Report, Tableau/WIRE Reports, WCT Data, complaints) • Regulatory activity <p>WHS Scoping documents must detail based on analysis of the above) the program areas to be tested (e.g. maintenance, manual handling, chemicals, working in isolation etc.). These program areas should then be used as the basis for evaluation activity from completion of the employers adequacy check, sampling of records, interviews etc.</p> <p>Elements from all five Standards are to be tested at each WHS evaluation. All elements are to be tested over a cycle of three evaluations.</p> <p>Element 3.8 must be included in all evaluation scopes.</p>

	<p>All injury management standards will be tested at each evaluation. The level of evaluation for each element will be dependent on the claims experience of the self-insured employer (e.g. where no serious injury claims are evident the evaluation will be limited to the adequacy of system design).</p> <p>Injury management evaluations must include the evaluation of claim files selected using the following principles.</p> <ul style="list-style-type: none"> • The number of claims selected for evaluation will be determined by the evaluator taking into account: <ul style="list-style-type: none"> ○ The period of registration ○ Activities undertaken with the self-insured employer during the period of registration ○ The number of claims active during the period of registration • All serious injury and fatality claims are to be selected. • All claims where a workers entitlement to income support has ceased due to the expiry of the two year entitlement period are to be selected. • All other claims selected are selected on the basis of being able to test a range of responsibilities and delegations. This will ordinarily include: <ul style="list-style-type: none"> ○ Determination (rejection and acceptance) of a claim ○ Lump-sum payments ○ Discontinuance of claims ○ Interim payments ○ Disputed decisions ○ Economic adjustments ○ Entitlement periods ○ Capacity for work ○ Change in return to work goals • When selecting claim files consideration should also be given to: <ul style="list-style-type: none"> ○ The cost profile of claims ○ Number of days lost reported ○ Locations to be evaluated <p>The evaluator will document the claim file selection methodology within the Scoping Worksheet (A004).</p>
<p>Step 3 Consultation</p>	<p>The Scoping Worksheet (AO11) must be used to provide a basis for scoping discussions with the Self-insured Employer.</p> <p>When discussing the scope of the evaluation the Evaluator should discuss with the Self-insured Employer the options for onsite and offsite evaluation activity. Where feasible an Evaluator may conduct the desktop review of policies and procedures off-site.</p> <p>The Evaluator can negotiate with the Self-insured Employer on the manner in which evidence is provided, however as a general rule the Self-insured Employer should:</p> <ul style="list-style-type: none"> • Provide the adequacy check to the Evaluator at an agreed time but prior to the commencement of the evaluation • Deliver materials in the agreed format to the Evaluator.

	<ul style="list-style-type: none"> • Reviews of claim and return to work files must be conducted at the offices of the Self-insured Employer (or claims administration provider). Claim files must not be sent to ReturnToWorkSA for review. <p>Where claim files are stored interstate the self-insured employer must provide access to the claim and return to work files in an office located in South Australia.</p> <p>Where agreed otherwise (for claims and return to work files located outside of South Australia) the self-insured employer will be responsible for the cost of all travel and accommodation of the evaluator for the purposes of undertaking a review of the claim files. The Manager, self-insured must authorise all interstate travel prior to agreement with the self-insured employer. This authorisation is in addition to RTWSA’s normal travel authorisation procedures.</p>
<p>Step 4 Developing a Draft Scope</p>	<p>The Evaluator(s) will develop a draft Scoping Document (A011) that reflects the outcomes of the analysis of the information obtained and agreements reached between the Evaluator(s) and Self-insured Employer via the scoping process.</p> <p>The scoping template document(A011) must be used and include all mandatory fields - i.e. adequacy check and compliance check, confidentiality, details on the opening and closing meeting and defined roles and responsibilities.</p> <p>Where possible the Evaluator should program the evaluation in one block of activity. Evaluation activities should where ever possible be programmed for commencement approximately six months out from the Self-insured Employer’s registration expiry date.</p> <p>Evaluations scopes will not be approved with an end date that is less than 90 days from renewal.</p>
<p>Step 5 Draft Scope Approval</p>	<p>On completion of Steps 1-3 above, the Evaluator(s) must provide the following to the Manager Self-insured or delegate:</p> <ul style="list-style-type: none"> • The pre-scoping worksheet(s) (A004) • the proposed Scope (A011) <p>The Manager Self-insured or delegate will review and where appropriate approve the evaluation scope. This approval will be documented in an email to the Evaluator(s).</p> <p>Where the scope has not been approved, the Manager Self-insured or delegate will provide the reasons for non-approval and actions required for approval to the Evaluator(s).</p> <p>The evaluator must record the date the scope was approved in Salesforce.</p>
<p>Step 6 Confirmation and retention of scope</p>	<p>On completion of step 5, the Evaluator(s) must confirm with the Self-insured Employer the evaluation scope and sample.</p> <p>On confirmation of the Scoping Document with the Self-insured Employer, the Evaluator(s) will provide the Self-insured Employer with the Scoping Document and covering letter (Ref A011)</p> <p>The Evaluator will update the relevant Salesforce evaluation screen to reflect the activities described within the scope.</p> <p>Scoping documents and pre-scoping materials are to be stored in HPRM (Via Salesforce).</p>

<p>Step 7 Itinerary</p>	<p>On conformation of the Scope with the employer and Manager, self-insured (or delegate) the evaluator will (where required),</p> <ul style="list-style-type: none"> • Complete and submit a travel request and risk assessment • Enter into outlook (via a meeting request) any travel arrangements including journey start times and end times. • An outlook reminder must be set for both the Evaluator and the Manager Self-insured advising of both the commencement of the Journey and the anticipated end of the Journey. • The meeting request must contain the employers contact details and the location and contact details of the accommodation. • Travel requests that do not have the above completed will not be approved.
<p>Step 8 Adequacy Check</p>	<p>The Evaluator may request completion of a guidance Self-insured Employer Adequacy Check (Ref A005 & A006) against those elements that have been scoped as part of the evaluation.</p> <p>An evaluator may dispose of the requirement for the self-insured employer to complete an adequacy check where there is an agreement for the self-insured employer to provide this guidance in another for e.g. an indexed evidence folders</p> <p>These documents are to be completed and provided at a time agreed between the Evaluator and Self-insured Employer.</p>
<p>Step 9 Plan for presentation of findings</p>	<p>On confirmation of the evaluation scope (A011) the Evaluator will commence planning for the management review of evaluation outcomes and reports.</p> <p>The evaluator will email the Executive Officer to the GM Scheme Improvement & Regulation (SIR) requesting a meeting with the General Manager SIR and Manager, Self-insured.</p> <p>This meeting is to take place between the final day on site and the close out meeting with the self-insured employer. Where possible findings from both WHS and injury management evaluations should be presented at the same meeting.</p> <p>The evaluator will email the General Manager, SIR and Manager Self-insured copies of the Tableau report and close out meeting presentation at least 24 hours prior to the meeting.</p> <p>The Evaluator will present the scope and findings of the evaluation using the closing meeting template (A015). The presentation will detail the outcomes of the evaluation focusing on the self-insured employers performance against section 129 (11) requirements of the Act and the outcomes of the evaluation against the WHS and injury management standards.</p> <p>The Evaluator will recommend a term and condition of registration.</p> <p>At the end of the presentation to RTWSA management the evaluator will email the General Manager and Manager, self-insured with an overview of the discussion and the recommended terms and conditions and registrations.</p> <p>Where relevant this will include including any corrective actions required and the effect of these actions on the terms and conditions of registration.</p>

Section 2 – Conduct Evaluations

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 and regarded as the start of the formal evaluation process. It is preferable that Senior Management be present. It is important that the attendance not be limited to the WHS or IM practitioners.

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

Process: Opening Meeting

<p>Step 1 Plan opening meeting</p>	<p>Agree an opening meeting time and date with the Self-insured Employer. Opening meeting date, time, and attendees should be documented in the Scoping Document (A011).</p> <p>All efforts should be made to hold the opening meeting in the first two days of the evaluation.</p>
<p>Step 2 Conduct opening meeting</p>	<p>Evaluator(s) conduct the opening meeting.</p> <p>The Evaluator will utilise the Opening Meeting PowerPoint Template (A023), however the Presentation(s) can be modified by the Evaluator to suite the audience.</p> <p>The focus is to be on the content of the Scoping Document (A011) and the evaluation process.</p>
<p>Step 3 Record opening meeting</p>	<p>Evaluator(s) are to record attendees at the opening meeting. The method for recording attendees at the opening meeting is at the discretion of the Evaluator and may include minutes of the meeting, Evaluation Reports, list of attendees etc.</p> <p>An Opening meeting Agenda and Attendees template (Ref A012) is available for use.</p>
<p>Step 4 Retain a record of opening meeting</p>	<p>The Evaluator is to retain a record of what was discussed and who attended the opening meeting must be retained by the Evaluator and saved into Salesforce.</p>

2.2 Gather evidence

Purpose:

The evaluation is the central process which tests the Self-insured Employer's systems against the elements of the standards. An adequacy and compliance check will be undertaken to obtain objective evidence against the scoped elements through the examination of system documentation, records, observation, and interviewing key personnel.

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 Self-insured Employer.

Process: Evidence Gathering

Step 1 Review of adequacy check	<p>The Evaluator will review the adequacy check (A006 (WHS) and A006b (IM)) (or other agreed guidance material) completed by the Self-insured Employer to confirm its suitability as a reference to the Self-insured Employer's business management system(s).</p>
Step 2 Desktop	<p>The Evaluator will undertake an examination of the Self-insured Employer's system documentation (e.g. policies and procedures) for conformance against the elements and sub elements scoped for evaluation.</p> <p>The Evaluator will comment on the adequacy, or otherwise of the systems framework against each scoped element.</p> <p>Step 2 can be completed onsite (preferred option) or offsite at the offices of ReturnToWorkSA.</p>
Step 3 Compliance Check	<p>The Evaluator will undertake a compliance check. The Evaluator must examine, objectively test, and record compliance against system and legislative requirements.</p> <p>Evidence is obtained by interview, examination of documentation, observation of work practices, and the work environment.</p> <p>It is the responsibility of the Self-insured Employer to provide/show evidence relating to the design and implementation of its business management systems against the requirements of the standards.</p> <p>The Evaluator(s) must record evidence gathered through the compliance check in the Adequacy Check section of the Evaluation Report (Ref A013 Part 2). This must include content on what evidence was considered to confirm the level of conformance against the elements of the standards consistent with the Self-insured Employer's policies and procedures etc.</p>
Step 4 Providing Regular Feedback	<p>During the course of the evaluation, the Evaluator(s) must provide feedback on any adverse findings. The feedback must be regular and provide the Self-insured Employer opportunity to provide additional evidence where needed to address any potential non-conformances.</p> <p>It is desirable that non-conformance identified be provided to the Self-insured Employer 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.</p> <p>During the evaluation, feedback will be provided to the Self-insured Employer on a regular basis. Evaluator feedback can be provided through regular discussions with the Self-insured Employer or this may include periodic provision of the working Adequacy Check (A013 Part 2).</p>

<p>Step 5 Provision of interim Findings</p>	<p>During the last onsite day of the evaluation, the Evaluator must communicate to the Self-insured Employer the findings from the evaluation to date, areas identified as non-conforming, evidence yet to be considered or that remains outstanding (including the effect of non-provision), dates by which all outstanding evidence is to be provided.</p> <p>The Evaluator should allow no more than two weeks for the provision of additional information. The Self-insured Employer must be notified that completion of the Evaluation Report will not be delayed pending provision of this additional evidence.</p>
<p>Step 6 Expansion of Scope</p>	<p>As detailed in 1.3 Preparation and distribution of scoping document the WHS and injury management evaluations will be based on a sample of scoped elements. Where an evaluator identifies systemic error in the design and application of system elements not included within scope the evaluator may on written advice to the self-insured employer expand the scope of the WHS and or injury management evaluation.</p>

2.3 Closing meeting

Purpose:

To summarise the evaluation findings and provide an opportunity for areas of disagreement to be discussed and additional evidence provided by the self-insured employer.

To clarify the next steps in the process relating to the employer’s draft Evaluation Report, recommendation on renewal to the CEO of ReturnToWorkSA 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 Self-insured Employer and the ReturnToWorkSA CEO.

The findings shared with the Self-insured Employer at this meeting should not be a surprise as regular communication (including notification of any non-conformances) along the way should have highlighted any areas of concern.

Process: Closing Meeting

<p>Step 1 Plan for closing meeting</p>	<p>Agree a close-out meeting time and date with the Self-insured Employer. Where possible the meeting date, time, and attendees should be documented in the scoping document (A011). The closing meeting should be conducted within one week of the last scoped day of site activity.</p> <p>Note: As detailed in 1.3 Preparation and distribution of scoping document (A011), step 8, Evaluators are required to present findings from evaluation to the SIR management team prior to the close out meeting.</p>
<p>Step 2 Record attendees</p>	<p>Evaluator(s) to record attendees at the closing meeting. The method for recording attendees at the closing meeting is at the discretion of the Evaluator.</p> <p>A Closing Meeting Agenda and Attendees template (Ref A015) is available for use by the Evaluator.</p>
<p>Step 3 Communicate evaluation outcomes</p>	<p>Evaluator(s) are to record the content of the closing meeting using the Closing Meeting PowerPoint template (Ref A026). Closing meetings can be conducted in a presentation or meeting format.</p> <p>Closing Meeting PowerPoint (A026) presentations template can be modified by the Evaluator, however it must include comment on the outcomes of the evaluation and include where applicable discussion on non-conformance, key observations and examples of positive practice.</p> <p>In addition, the Evaluator must present findings the additional considerations that form part of a recommendation for renewal e.g. Section 129 criteria.</p> <p>Where additional evidence has been requested and is yet to be provided, the Evaluator must detail what evidence has been requested, and what effect non-provision of the information will have on the evaluation outcomes.</p> <p>The Evaluator must also provide the Self-insured Employer with a timeframe for provision of this evidence. This period is to be no longer, than 2 weeks post the last date of site activity.</p> <p>The Evaluator will present the scope and findings of the evaluation using the Closing Meeting PowerPoint (A026). The presentation will detail the outcomes of the evaluation focusing on the self-insured employers performance against section 129 (11) requirements of the Act and the outcomes of the evaluation against the WHS and injury management standards.</p>

	<p>Injury Management performance will include commentary on performance against:</p> <ul style="list-style-type: none"> • Claims frequencies (claims per million in remuneration, lost time claims per million in remuneration) • Number of claims received, active in renewal period • Number of employees in receipt of weekly payments • Number of rejections, • Determination timeframes, • Redemption activities, • Complaints received, • Number of disputes, • Views of industrial associations • Return to work outcomes • Commentary on claims performance indicators will be in the context of the reasonable exercise of the powers and discretions delegated to the self-insured employer. <p><u>Safety performance:</u></p> <p>improvement notices, prohibition notices, non-disturbance notices, notifiable incidents, serious injury or illness, dangerous incidents, notifiable incidents, enforceable undertakings, successful and pending prosecutions,</p> <p>The evaluator will advise the self-insured employer of the recommended terms and conditions of renewal, including details on any corrective actions and the impact of these actions on the recommended terms and condition of renewal.</p>
<p>Step 4 Record the closing meeting</p>	<p>Closing meeting presentations/notes and a list of attendees are to be stored in HPRM through Salesforce.</p>

Section 3 – Reporting and appeals

3.1 Reporting and management review

Purpose:

Whilst much communication between the Evaluator and the Self-insured Employer takes place during the evaluation, it is important that ReturnToWorkSA’s evaluation findings are formally communicated to the Self-insured Employer in writing.

This is particularly important, where there is a material chance that the recommendation for Self-insurance is less than the maximum three year period.

ReturnToWorkSA is committed to providing the Self-insured Employer with written notice of the Evaluator’s provisional findings and the factual basis for those findings.

ReturnToWorkSA must provide the Self-insured Employer written notice of the Evaluator’s provisional findings and the factual basis for those findings at least 60 calendar days before the expiry of the Self-insured Employer’s registration.

Information/explanation:

Provision of draft Evaluation Report will outline to the Self-insured Employer, the provisional findings of the evaluation, and the factual basis for those findings.

Providing a draft Evaluation Report will enable the Self-insured Employer to review and comment on the evaluation findings prior to consideration and determination of the self-insurance registration by the CEO of ReturnToWorkSA.

Process: Draft Evaluation Report and Management Review

<p>Step 1 Complete draft report</p>	<p>Post completion of the last scoped day of the evaluation, the Evaluator will prepare a report on the evaluation findings within 21 calendar days.</p> <p>The outcomes from the evaluation carried out in Section 2 must now be committed to writing using the Evaluation Report template (Ref A013). This should reflect all issues discussed during the evaluation and at the closing meeting. If there is variation, a meeting with the Self-insured Employer must take place prior to the draft report being reviewed by the Manager, Self-insured or delegate.</p> <p>The draft Evaluation Report (A013) should be completed within 21 calendar days of the last day of site activity (not the date of the close-out meeting). The format and content of the report will be consistent with the requirements of the Evaluation Report template (A013).</p> <p>The content of the report must be clinical in language, factual and commentary should be specifically related to the standard, elements that have been scoped for the evaluation.</p> <p>To ensure clarity in the communication of evaluation findings the evaluator may elect to report at an element or sub-element level.</p> <p>The Adequacy Check (A013 Part 2) section of the report must contain commentary as to how conformance of the Self-insured Employer’s system has been demonstrated against each scoped element.</p> <p>Commentary must address the design, implementation, and effectiveness of application of the system.</p> <p>The supporting evidence section of the adequacy must list the actual documents (including versions/dates) that were examined to confirm the adequacy of design and implementation.</p>
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	<p>Within the commentary section of the <i>Adequacy Check</i> the Evaluator must write sufficient detail against the design and implementation of the management system to allow for the Self-insured Employer and ReturnToWorkSA to identify what evidence was examined, and whether the evidence was seen to be sufficient to meet the requirements of the element(s) or otherwise.</p> <p>An Evaluator may use evidence from partnership activity to inform evaluation outcomes. Where this occurs, the Adequacy Check needs to reflect findings are based on partnership activity outcomes.</p> <p>Documents are not to be embedded within the report. Extracts of system policies and procedures may be contained within the Evaluation Reports; however extracts should be limited to salient points.</p> <p>Where the 21 calendar day timeframe for completion of the report cannot be achieved, the Evaluator must seek approval for an extension of the reporting timeframe from the Manager, Self-insured or delegate. The request for extension must be in writing and detail the specific reasons for seeking an extension.</p> <p>The draft Evaluation Report is to reflect findings at the time of evaluation. Reports must not be delayed to allow for provision of additional evidence or corrective actions (beyond the 21 calendar day period to submit the report).</p> <p>If Evaluation of the WHS and injury management standards does not occur at the same time, separate reports must be written unless approved otherwise with the Manager, Self-insured or delegate.</p> <p>Where the WHS and injury management evaluations are conducted at the same time a combined Evaluation Report may be provided.</p>
<p>Step 2 Record non-conformance</p>	<p>Where the evaluation has identified non-conformance(s), the Evaluator must record) each non-conformance within Salesforce.</p> <p>In addition to the standard Non-Conformance Report information (e.g. element, date, close out date, etc.) the Evaluator must ensure that the report clearly details the following:</p> <ul style="list-style-type: none"> • The reason why a non-conformance has been recorded. • Reference to the evidence examined against the non-conforming element. • The actions required to be undertaken by the Self-insured Employer to demonstrate corrective action and close out of the non-conformance. <p>Non-conformances are to be issued to the employer from Salesforce web page. Prior to submitting the WHS or injury management non-conformance the evaluator must nominate in the evaluation screen a responsible person and timeframe for the non-conformance report to be completed and submitted by the self-insured employer.</p> <p>The evaluator should provide a non-conformance to the self-insured employer at the earliest possible opportunity. This may require the provision of non-conformance report(s) prior to completion and submission of the evaluation report.</p>
<p>Step 3 Submit report</p>	<p>Once completed, the Evaluator submits the draft Evaluation Report for management review. The report must be submitted electronically (via email).</p> <p>The evaluation report will be submitted with a Management Review Feedback Form (AO28). Prior to submission the evaluator will complete section 1 of the Management review Feedback form confirming all Salesforce information and vital records have been recorded and or retained.</p>

<p>Step 4 Management review of reports</p>	<p>The Manager Self-insured or delegate will undertake a review of the draft Evaluation Report (A013 Part 1 and 2) to assess the following:</p> <ul style="list-style-type: none"> • Completion of the report consistent with template/guidance documents • Readability of the Evaluation Report content • The quality and level of detail provided to support evaluation findings <p>The management review process should be completed within 7 business days of receipt of the Evaluation Report. Where the 7 day deadline is not likely to be achieved, the Manager Self-insured or delegate will be required to notify the Evaluator and provide a timeframe for completion.</p> <p>The management review process is not intended as a method for adjusting evaluation findings. The process is undertaken to ensure report contents are on topic and support the evaluation outcome. Where management review identifies areas where evaluation findings are not clearly articulated or supported, the Manager, Self-insured or delegate will provide written feedback to the Evaluator(s) and detail what corrective actions will be implemented.</p> <p>The Manager Self-insured or delegate may limit the review of Evaluation Reports (A013 Part 1 and 2) to specific sections of the report or elements of the standards.</p>
<p>Step 5 Management Review feedback</p>	<ul style="list-style-type: none"> • Upon completion of the management-review activity, the Manager Self-insured or delegate will provide written feedback to the Evaluator on the <i>Evaluation Report</i>. • Feedback from the management review will be recorded on the <i>Management Feedback Form (Ref A028)</i> and stored within the Quality Assurance folder in HPRM. • Evaluators will be required to address any areas for corrective action or system maintenance prior to submitting the report to the Self-insured Employer.
<p>Step 6 Corrective actions</p>	<p>On receipt of the reviewed draft Evaluation Report (A013), the Evaluator will make any necessary corrections to the draft Evaluation Report (A013) and where appropriate send the report together with an Evaluation Report Cover Letter (Ref A017 or A018) to the nominated Senior Manager of the Self-insured Employer.</p>
<p>Step 7 Retention of evaluation records</p>	<p>Copies of the evaluation documentation must be retained as soft copy in HPRM. Evaluation documentation will include the following:</p> <ul style="list-style-type: none"> • A copy of the application for renewal • Evaluation Reports inclusive of completed adequacy checklist • Self-insured Employers Letter of Application • Evaluation Report cover Letter • Correspondence to industrial associations from the Self-insured Employer • Correspondence from industrial associations to the Self-insured Employer • Correspondence between ReturnToWorkSA and industrial associations • Scoping documents • Opening and closing presentations • Opening and closing meeting attendance records

Step 8 Finalising the evaluation	<p>Upon provision of the Evaluation Report (A013) to the Self-insured Employer, the Evaluator should:</p> <ul style="list-style-type: none">• Diarise the date on which the Self-insured Employer is required to provide acknowledgement of the reports receipt i.e. 30 days.• Where the Self-insured Employer is required or intends to submit additional evidence or evidence of corrective actions, arrange an appropriate time to review this evidence. <p>The draft report will allow the Self-insured Employer sufficient time to raise any issues/areas of concern. The Self-insured Employer 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 Self-insured Employer.</p> <p>Where the Self-insured Employer is non-conforming to the standards a Partnership Plan may be developed to describe the ongoing interaction between both parties leading up to the final report and the consideration of the Self-insured Employers renewal by the CEO of ReturnToWorkSA. These activities are to be recorded in Salesforce as a partnership task.</p> <p>The Partnership Plan must contain the non-conformance reports from the evaluation and be used as a basis for recording all activity between the Self-insured Employer and Evaluator up to the date of renewal.</p> <p>All evaluation reports are to be provided to a Self-insured Employer at least 60 days before the expiry of the registration period.</p>
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3.2 Finalise evaluation

Purpose:

After the provision of the *Evaluation Report* the Evaluator should ensure that all corrective actions, monitoring activities and other relevant actions are recorded to ensure current information is available for use in the completion of renewal papers or new applicant papers for the Board/CEO of ReturnToWorkSA.

Information/explanation:

The Evaluator is to ensure that an up to date record of the final evaluation outcome is maintained. This includes ensuring records of employer responses to *Evaluation Reports* (A013), corrective actions, and non-conformance reports are updated to reflect actions undertaken by the Self-insured Employer post reporting of an evaluation.

Process: Final Reports

Step 1 Respond to self-insured Employer feedback	<p>The Evaluator will upon receipt of the Self-insured Employer’s response to the draft Evaluation Report (A013), consider the reasonableness of the response and where appropriate make the necessary changes to the Evaluation Report. Changes are only to be made to the Evaluation Report where the Self-insured Employer, has clarified evidence provided during the evaluation and is able to support an alternative finding.</p> <p>Versions of Evaluation Reports (A013) must be retained and identified with a version number.</p>
Step 2 Amending Evaluation Reports	<p>Where changes are made to the Evaluation Report (based on clarification of evidence considered during evaluation), the Evaluator will amend the report and provide the report to the Self-insured Employer.</p> <p>Version of the report must be retained in within HPRM.</p>
Step 3 Record corrective actions	<p>Where the Self-insured Employer provides evidence of corrective actions, the Evaluator must use the non-conformance sheets as the record of what evidence was provided and whether this evidence was sufficient to close-out the area of non-conformance. Salesforce must be updated, where applicable to reflect close out of the non-conformance.</p>
Step 4 Prepare final evaluation outcome	<p>Prior to the expiry of each renewal expiry period the Manager, Self-insured will email Evaluators requesting an update on evaluation outcomes for the quarter.</p> <p>A table of evaluation outcomes will be stored in the Self-insured>Working Documents folder in HPRM for evaluators to record the final evaluation outcome.</p> <p>On finalisation of the evaluation and where applicable, corrective actions, the Evaluator is to provide the Manager, Self-insured or delegate with an update on the status of the Self-insured Employer’s evaluation outcomes. The Evaluator must provide the Manager, Self-insured with information on:</p> <ul style="list-style-type: none"> • The status of non-conformances, including what elements remain as non-conforming • Any further contact with industrial associations or known activity with SafeWorkSA. <p>The Evaluator must ensure that all fields have been entered into the Salesforce evaluation, partnership tasks, and non-conformance screens to reflect the status/completion of all activities.</p> <p>The Evaluator must also ensure that all records associated with the evaluation are stored in HPRM.</p>

3.3 Review process

Purpose:

Where a Self-insured Employer disagrees with an assessment made by ReturnToWorkSA in respect of any of the criteria contained in section 129 of the Act as part of a renewal or application process, a review process is available.

Information/explanation:

A requirement of the Code is that the Self-insured Employer will be provided with the written findings of the evaluation before the Board or its delegate is due to consider the employer's renewal, or review period or application for self-insured registration.

Whilst the Code provides the minimum timeframe for provision of the evaluation findings, an Evaluator must undertake all reasonable efforts to ensure the scoping, evaluation and reporting timeframes described within this manual are met.

The Self-insured Employer must be given an opportunity to respond to the findings and to address any issues raised directly with the responsible ReturnToWorkSA Officer/Evaluator within 30 calendar days on receiving the written findings.

Process: Dispute Resolution

Step 1 Provide report to self-insured Employer	<p>As described in step 3.1 the Evaluator is to provide the Self-insured Employer with an Evaluation Report (A013) which contains an executive summary. In addition and (where the Self-insured Employer is non-conforming), non-conformance sheets are to be submitted to the self-insured Employer via Salesforce.</p> <p>The draft Evaluation Report (A013) will be supported by a covering letter which must provide the Self-insured Employer an opportunity to respond to the evaluation findings and to address any issues raised directly with the Evaluator within 30 calendar days of receiving the written findings.</p>
Step 2 Consider and respond to Self-insured Employer submission	<p>Upon receipt of the Self-insured Employer's response and on confirmation of outstanding areas of dispute, the Evaluator will review the evaluation findings and the Self-insured Employer submission.</p> <p>Should ReturnToWorkSA's initial review result in a change to the assessment of the application of the relevant criteria then the findings shall be altered accordingly and the Self-insured Employer advised accordingly.</p> <p>Where the review has not resolved all areas of dispute the Evaluator must notify the Self-insured Employer in writing of the outcome and its options to pursue conciliation and or peer review.</p>
Step 3 Notification of grounds for dispute	<p>Where the Evaluators initial review of the evaluation findings and the Self-insured Employer's submission is unable to resolve the areas of dispute, the Self-insured Employer must apply in writing to the Manager, Self-insured requesting conciliation.</p> <p>The request must detail the specific grounds for the dispute on each non-conformance and information that would be relied on to substantiate conformance</p> <p>At this time, the Evaluator will prepare a conciliation brief for the Manager, Self-insured, or delegate containing,</p> <ul style="list-style-type: none"> • The relevant Evaluation Report(s) • All non-conformance reports including updated commentary on the Self-insured Employers corrective actions • Submissions and additional documented evidence provided by the Self-insured Employer.

<p>Step 4 Conciliation of evaluation findings</p>	<p>The Manager Self-insured or delegate will determine whether to progress the dispute to conciliation.</p> <p>Conciliation will involve a meeting between the Self-insured Employer, the Evaluator(s), and a person delegated by the Manager, Self-insured.</p> <p>The outcomes of the conciliation will be documented and communicated by the delegated person to the Evaluator and Self-insured Employer.</p> <p>The Manager Self-insured will notify the Self-insured Employer in writing of the ReturnToWorkSA’s decision.</p> <p>Should conciliation result in a change to the assessment of the application of the relevant criteria the Evaluation Report shall be updated to reflect the outcome of conciliation.</p>
<p>Step 5 Develop Peer review scope and issue instructions</p>	<p>If the matter is not resolved, the Self-insured Employer may request that ReturnToWorkSA undertake a peer review.</p> <p>Where the matter is referred for peer review, the Manager, Self-insured will issue instructions to the relevant Evaluator. These instructions will detail the scope of the review and the methodologies required to undertake the review.</p>
<p>Step 6 Undertake Peer review</p>	<p>On receipt of peer review instructions from the Manager, Self-insured, the peer reviewer will conduct a peer review consistent with the scope and methodology.</p> <p>Peer reviews will be undertaken in a manner consistent with evaluations and include:</p> <ul style="list-style-type: none"> • Opening meeting • Desktop review of the adequacy of system design of system elements in dispute • Compliance check to determine effective application of the system elements in dispute • Closing meeting • Reporting
<p>Step 7 Report Peer review findings</p>	<p>Upon completion of the peer review, the reviewer will prepare and submit a Peer Review Report to the Manager, Self-insured or delegate.</p> <p>Peer review reports are to be limited to an executive summary and the relevant non-conformance sheets.</p> <p>The reviewer will meet with the Manager, Self-insured, or delegate to discuss their findings and the nature and basis of any areas remaining in dispute.</p>
<p>Step 8 Advice of Peer review outcome</p>	<p>The Manager, Self-insured will provide the Self-insured Employer with the final assessment and recommendation to the CEO of ReturnToWorkSA when making a decision on that Self-insured Employer's renewal or an employer's application for self-insured registration.</p>
<p>Step 9 Appeals</p>	<p>The CEO of ReturnToWorkSA will make a determination using the information from the reconsideration and peer review as appropriate.</p> <p>Where reconsideration and peer review fails, the Self-insured Employer may have the right to appeal the findings of the evaluation to the Minister under section 133 of the RTW Act. The Self-insured Employer can apply for a review of any fee imposed in accordance with section 157 of the RTW Act.</p> <p>ReturnToWorkSA’s view is that the Self-insured Employer should not appeal using both sections simultaneously, but rather use the one appeal process that best represents its reason for dispute. This approach would avoid needless expense for both parties.</p>

3.4 ReturnToWorkSA CEO reporting

Purpose:

ReturnToWorkSA recognise that self-insurance status should only be made available to employers that are able to achieve and maintain the required level of performance against the *standards* and to comply with the requirements of the Act to a standard determined by ReturnToWorkSA from time to time.

ReturnToWorkSA also recognise that self-insurance status should only be made available to employers who can satisfy the Board as to their ability to continue to meet all obligations of registration as a Self-insured Employer.

Information/explanation:

The CEO reporting process is implemented to ensure the Board, through its delegate, is appropriately informed as to the Self-insured Employer's conformance to its obligations of registration as a Self-insured Employer.

Prior to the expiry of a self-insurance registration or consideration of an application for Self-insurance a paper will be developed detailing the outcome of the evaluation of the Self-insured Employers or new applicants application.

Process: CEO Reporting

<p>Step 1 Complete recommendation to CEO</p>	<p>The Evaluator, will utilise the content of the Evaluation Report(s) and any submission provided by the Self-insured Employer to complete the CEO renewal paper (A033) and CEO Renewal Sign off Sheet (A034).</p> <p>The evaluator will ensure all CEO renewal or Board application papers have been completed and submitted to the Manager, self-insured by the 1st day of the renewal month.</p> <p>The evaluator must ensure the CEO renewal report contains current information on the self-inured employer, e.g. SafeWorkSA, corrective actions, close out of NC.</p> <p>Submission of the CEO renewal paper (A033) (A034) will be via an email containing the details of the final outcome of renewal activity and a file hyperlink to the document stored in HPRM.</p> <p>The Evaluators and Manager, Self-Insured share responsibility to ensure that the CEO renewal papers reflect accurately the views of industrial associations with a proper interest.</p>
<p>Step 2 Approval</p>	<p>On submission of a CEO renewal paper (A033) the Manager Self-insured will conduct a review of the papers. The review will be conducted to ensure,</p> <ul style="list-style-type: none"> • All relevant information has been contained detailed within the paper. • All views have been regarded and fairly represented in the CEO renewal paper. • The recommended terms and condition of renewal are consistent with those agreed at the evaluation outcome review stage and communicated to the employer. <p>CEO papers once complete will be printed single page and together with a cover sheet, provided to the General Manager, Scheme Improvement and Regulation for review and approval.</p>
<p>Step 3 Notify Self- insured Employer</p>	<p>The Manager, Self-insured or delegate will contact the Self-insured Employer in writing to advise of the recommendations being made to the to the CEO.</p> <p>At this time a survey will be provided to the Self-insured Employer to provide an opportunity for the Self-insured Employer to provide its views on the activities undertaken with ReturnToWorkSA during the renewal period.</p>

<p>Step 4 General Manager Approval</p>	<p>The Manager, Self-insured will upon their approval will provide the CEO renewal paper to the General Manager, Scheme Improvement and Regulation for approval.</p> <p>On approval by the General Manager Scheme Improvement and Regulation, the CEO renewal papers will be provided to the CEO for review and approval.</p>
<p>Step 5 CEO Approval</p>	<p>Upon approval by the CEO, the Administration Officer ensures a hard copy of the renewal paper will be stored in the renewal paper folder and in the CEO renewals folder in HPRM.</p>
<p>Step 6 Notification of application outcome</p>	<p>The Administration Officer will prepare a letter to the Self-insured Employer advising of the registration period, terms and conditions of renewal. (Refer to the Self-insured Administration Officer Manual)</p> <p>Signed copies of the notification letter will be scanned and saved in HPRM.</p>
<p>Step 8 Update Salesforce</p>	<p>On approval of the renewal/review period by the CEO, the Administration Officer will update the Salesforce evaluation screen including:</p> <ul style="list-style-type: none"> • Ensuring entry of all relevant milestones • Adding in a new entry for the Self-insured Employers next evaluation and where applicable mid-term review activity <p>The terms and conditions of renewal and level of renewal reflected within the CEO renewal paper.</p>
<p>Step 9 Update the forward Plan</p>	<p>The Administration Officer will update the forward plan based on the Self-insured Employer’s renewal outcome.</p> <p>The Administration Officer bound together with an updated forward plan and provided to the Manager Self-insured on completion of all renewals for the quarter.</p>

3.5 New applicants

Purpose:

This section provides information and a structured approach for the management of an application for self-insurance registration.

Information/explanation:

ReturnToWorkSA recognise that Self-insured Employer status should only be made available to employers who can satisfy ReturnToWorkSA that it has met and has the ability to continue to meet all obligations of registration as a Self-insured Employer.

The evaluation of the applicant's WHS and injury management system is one mechanism for determining whether the applicant meets and can maintain the requirements of self-insurance.

Process: New Applicant Procedure (Evaluations)

<p>Step 1 Initial discussions and meetings</p>	<p>The Technical Advisor will arrange a meeting between the Employer and ReturnToWorkSA to discuss the requirements of self-insurance in South Australia.</p> <p>At this meeting the Manager, Self-insured or delegate will outline to the applicant the requirements to be met prior to the commencement of any application evaluation activity.</p> <p>The Technical Advisor will assess the applicant's ability to meet the required financial criteria and determine group/business structure. New Applicant Preliminary Assessment (A024) will then be completed and provided to the applicant. The assessment provides an applicant with an assessment of the risks associated with its application.</p> <p>At this time the Technical Advisor, will enter the employer details in Salesforce.</p> <p>The Technical Advisor will on registering the employer in Salesforce as an expression of interest complete a New Applicant Preliminary Assessment (A024).</p> <p>Subsequent to these meetings, the applicant will then be required to confirm whether it wishes to pursue its self-insurance application. At this meeting the applicant will be requested to provide (as part of its application process a Declaration of due diligence activities (A024)</p> <p>Step 2 of this procedure occurs on receipt of the information detailed above and the payment of the employer's application fee.</p>
<p>Step 2 Self-insured Employer pre-evaluation activity</p>	<p>The Manager, Self-insured will complete a New Applicant Initial Letter (A029) to the applicant, notifying them of the next steps in the evaluation of its management systems.</p> <p>At this time, the Manager, Self-insured will allocate an Account Manager to the applicant.</p> <p>The Technical Advisor will change the employer from an expression of interest to New Applicant within Salesforce.</p> <p>The Account Manager will contact the applicant to arrange a meeting with key personnel of the organisation.</p> <p>During this meeting the Account Manager will look to:</p> <ul style="list-style-type: none"> • Gain an understanding of the business, location of operations; and organisational structure; • Determine the features of the WHS management systems including any accreditations, corporate and localised systems, information accessibility; • Verify arrangements being proposed for claims administrations and recovery and return to work process; • Provide information to the applicant on the completion of the adequacy check, Self- Assessment Report, and provision of the systems policies and procedures.

<p>Step 3 Scoping and desk top evaluation</p>	<p>Upon receipt of the information required under step 2, the Account Manager will, using the information contained in the Self-Assessment Report and WHS and IM adequacy checks to undertake an assessment of the design of the applicant’s systems against standards 1, 2 and 3.</p> <p>Evaluators may conduct their own enquiry of the business, preliminary risk profiling of the business through Industry forum and other relevant reference sources, discussions with the applicant, Curam data etc. to determine what specific programs should be addressed within the management system.</p> <p>During this stage, the applicant will not be required to provide evidence of policies and procedures which describe the application of its delegated powers, e.g. claim administration procedures; however, agreement should be made with the applicant as to the timing of provision of this information.</p> <p>Evidence of IM system design against all additional elements of the standards for Self-insured Employers is required to be provided.</p> <p>Where the adequacy of the systems supporting policies and procedures is seen to be appropriate the Account Manager will progress to step 4.</p> <p>Where the design of the applicant system is not seen to be adequate, the Account Manager will write to the applicant identifying the gaps in its system design and request that these gaps be addressed.</p>
<p>Step 4 Scoping for site evaluation</p>	<p>Upon completion of step three, the Account Manager will contact the applicant to discuss the timing of the on-site evaluation.</p> <p>Dates for the evaluation should be agreed and a scoping letter presented to the applicant to acknowledge such arrangements. The scoping process described in Section 1.3 Preparation and distribution of scoping document should be followed.</p> <p>Evaluators will be required to ensure the number of days allocated to the evaluation do not exceed the maximum estimated effort recorded in Salesforce.</p> <p>ReturnToWorkSA needs a high level of assurance that effective WHS and injury management systems are being applied by new Self-insured Employers. This will involve the selection of a sample of businesses and sites that reflect the organisations WHS and injury management risk profile.</p> <p>Therefore, a sample of a small percentage of selective systems would not be appropriate. Low risk businesses may be omitted; all high risk businesses need to be considered for inclusion in to the evaluation of the application.</p> <p>The use of claims, hazard, and incident data as well as the content of the Self-Assessment Report will assist the Evaluator in determining the level of risk associated with the applicants operations.</p> <p>Where it is not possible to conduct evaluation for all chosen business units by one Evaluator, the Manager, Self-insured may allocate support Evaluators to assist. Where this arises, the Account Manager will be the principal contact and communicate all evaluation findings. Support Evaluators will report to the Account Manager through this process and provide written adequacy checks for each business unit evaluated. The general rule of practice will be to complete an adequacy check for each distinguishable business unit.</p> <p>The formal evaluation should be arranged and conducted in accordance with the evaluation practice manual (the evaluation process – steps 1 to 4) and account for work undertaken is managed by the Account Manager.</p>

<p>Step 5 Evaluation</p>	<p>An evaluation should be conducted as outlined in the evaluation practice manual (step 2 - Conduct Evaluation).</p> <p>Templates contained in the evaluation practice manual should be used to conduct the evaluation of the applicants WHS and injury management systems.</p> <p>Some injury management practices of the applicant as a normally registered employer should be considered as it can provide guidance on the suitability of the plan of arrangements to administer claims as a Self-insured Employer. Activities such as claim reporting, provision of wage information, assistance, and participation in recovery and return to work initiatives for injured workers, support to supervisors in fulfilling their role are existing practices that should be incorporated into the evaluation.</p> <p>Evidence obtained during the evaluation should be sufficient to either support, expand upon, or dispute the commentary and references stated in the adequacy checklists completed by the applicant. Protocols for conducting this evaluation should be adhered to including regularly reporting progress to and exploring queries with the appropriate key personnel within the organisation.</p> <p>A closing meeting must be conducted with key personnel of the applicant at the conclusion of the evaluation. This meeting can be used to clarify any of the following next steps:</p> <ul style="list-style-type: none"> • Determine the extent of any corrective actions required to be demonstrated (including the provision of documents identified in step 5 above) by the applicant in order to progress its application. • Identify a date at which all corrective actions and supporting documentation are to be finalised / provided. • Agree findings to date and discuss whether the application should not proceed at this time. • Progression to the consideration of the application by the Board of ReturnToWorkSA.
<p>Step 6 Reporting of findings</p>	<p>An Evaluation Report (A013) and adequacy check will be provided to the applicant. The Evaluation Report must include, amongst standard reporting detail, commentary on and confirmation of the provision and or adequacy of:</p> <ul style="list-style-type: none"> • an application submitted for evaluation and consideration • a written confirmation by the applicant that they have received a copy of the Code, have understood and are prepared to be bound by the Code as a term and condition of registration as a Self-insured Employer • The agreed target date for the application to be considered by the ReturnToWorkSA Board. • the detailed plan of the arrangements that the applicant would implement to administer claims under the Act, which include details of the: <ul style="list-style-type: none"> • job specifications of the officers who would be responsible for administering the claims; • lines of accountability and control that would apply to those officers; • policies that would be adopted for the recovery and return to work of injured workers; • arrangements that would be implemented for the making of claims under the Act; and • forms that the applicant would require a claimant to complete: <ul style="list-style-type: none"> in respect of safety policies:

	<ul style="list-style-type: none"> ○ the safety policy that has been adopted by the applicant;
	<ul style="list-style-type: none"> ○ programs that the applicant has implemented, or proposes to implement, to train workers in safe working procedures; ○ facilities and arrangements that the applicant has for providing first aid to workers; and ○ Safety committees that have been established by the applicant, and the minutes kept from meetings held by those committees over the period of 6 months immediately preceding the application. ○ The name of any registered association of which any worker employed by the applicant is a member. <p>Where one or more of the documents described above have not been submitted the Evaluator must clearly identify within the Evaluation Report the failure to provide the documentation and indicate that the application cannot proceed until the documents have been provided and verified.</p>
<p>Step 7 Monitoring and Review of NCRs</p>	<p>Once evaluation findings are issued, the applicant will be required to develop a monitoring plan to address areas of non-conformance and detail of corrective action/document that need to be provided in support of the application.</p> <p>The applicant will be requested to respond within 30 days and provide an action plan with sufficient detail to enable ReturnToWorkSA to verify implementation of corrective action and provision of any required documentation.</p> <p>The action plan should be acceptable to ReturnToWorkSA in terms of extent of activities and appropriate time frames to accomplish such activities.</p> <p>Depending on the length of timing agreed to, quarterly progress meetings should be scheduled in order to track progress and manage reporting of corrective actions.</p> <p>The Evaluator will develop a partnership plan with the applicant which describes the monitoring activities to be undertaken.</p>
<p>Step 8 Finalising Outcome</p>	<p>Prior to the consideration of the application by the Board of ReturnToWorkSA, the Evaluator will prepare an addendum report for the Self-insured Management team.</p> <p>Where the applicant has not reached a standard that must be achieved before conferral of self-insured status can be considered, the addendum report will detail areas on non-compliance against the:</p> <ul style="list-style-type: none"> ● SA Return to Work Act 2014 ● SA Return to Work Regulations 2015 ● Code of Conduct for Self-insured Employers and its annexures ● Board policy ● Comments must include references to the specific requirements of these documents and the basis for ReturnToWorkSA’s view that these requirements have not been met. <p>Where the applicant or the employers constituting the group have reached a standard that must be achieved before conferral of self-insured status can be considered, the addendum report will contain (if not already detailed in the evaluation report) commentary confirming:</p> <ul style="list-style-type: none"> ● A receipt of an application submitted for evaluation and consideration ● Receipt of written confirmation by the applicant that they have received a copy of the Code, have understood and are prepared to be bound by the Code as a term and condition of registration as a Self-insured Employer

	<ul style="list-style-type: none"> • The agreed target date for commencement of Self-insured Employer registration if the application is successful. • Conformance to the standards (minimum Standards 1,2 and 3) • Adequacy of the applicant’s detailed plan of the arrangements that is to be implemented to administer claims under the Act, which include details of: <ul style="list-style-type: none"> ○ the documenting of job specifications of the officers who would be responsible for administering the claims; ○ defined lines of accountability and control that would apply to those officers; ○ adequacy of the policies that would be adopted for the recovery and return to work of injured workers; ○ adequacy of the arrangements that would be implemented for the making of claims under the Act; and ○ adequacy of any form that the applicant would require a claimant to complete. ○ in respect of safety policies: <ul style="list-style-type: none"> ○ the adequacy of any safety policy that has been adopted by the applicant; ○ the adequacy of any programs that the applicant has implemented, or proposes to implement, to train workers in safe working procedures; ○ appropriateness of details of the facilities and arrangements that the applicant has for providing first aid to workers; and ○ safety committees that have been established by the applicant, and evidence of minutes kept from meetings held by those committees over the period of 6 months immediately preceding the application; ○ the names and views of any registered association of which any worker employed by the applicant is a member. ○ the number of employees employed by the applicant (head count); ○ the adequacy of resources that the applicant has for the purpose of administering claims for compensation; ○ the incidence and severity of compensable injuries arising from employment by the applicant; ○ the effect, or likely effect, of the working conditions under which workers are employed by the applicant, on the health and safety of those workers; ○ the record of the applicant in relation to the rehabilitation of injured workers and achieving their recovery and return to work; ○ the record of the applicant in providing suitable employment to workers who suffer compensable injuries. <p>Each of the thirteen criteria must be addressed in the addendum report</p> <p>An addendum report is not required if these arrangements have been confirmed, in the Evaluation Report, as being in place.</p>
<p>Step 9 Preparation of Board Paper</p>	<p>Where the Evaluator is of the view the applicant has not reached a standard that must be achieved before conferral of applicant status can be considered, the Manager, Self-insured will contact the applicant to discuss the actions required to confirm the applicant’s views on the status of its application.</p>

	<p>Where the applicant has reached the standard that must be achieved before conferral of self-insured status can be considered, the Manager, self-insured or delegate will, prepare a New Applicant Board Paper(A031) outlining the recommendation.</p>
Step 10 Notification of Board Decision	<p>The Manager, Self-insured will write to the applicant using the initial grant of registration letter (A030a) advising them of the Boards decision, including the commencement date of registration as a Self-insured Employer.</p> <p>If the application is unsuccessful the Manager, Self-insured will communicate the decision of the Board Initial grant of registration letter (A030b) and the dispute rights of the applicant consistent with the rights afforded under Section 133 of Act.</p>

Section 4 – Monitoring and review

4.1 Implementation of partnership plan

Purpose:

Partnership Plans provide a mechanism for ReturnToWorkSA to monitor and support a Self-insured Employer’s compliance with the *standards* and the Act.

The partnership plan is a structured approach to the interaction between a Self-insured Employer and ReturnToWorkSA during the renewal/review period.

Information/explanation:

The goal of the Partnership Plan is to maximise knowledge and improvement opportunities and to provide support to achieve positive future renewal terms.

The *Partnership Plan* will detail the ongoing contact arrangements between the Self-insured Employer and its Evaluators during a renewal period.

Development of a Partnership Plan is optional. Where the Self-insured Employer elects not to undertake partnership activity, the evaluator should confirm this in writing with the Self-insured Employer.

The Evaluator will develop a partnership plan using the partnership plan template. The *Partnership Plan* will be for the period of registration and provide the Self-insured Employer with clear guidance on its responsibilities for corrective action and close-out of the areas of non-conformance.

The Partnership Plan is seen as a working document and may be subject to modification over the renewal period.

Process: Partnership Plans

<p>Step 1 Prepare a draft Partnership Plan</p>	<p>On notification of the Self-insured Employer, terms of renewal/review the Evaluator will prepare a Draft Partnership Plan (A021).</p> <p>In preparing the Partnership Plan (A021), the Evaluator will consider the outcomes of renewal and the goals of the Self-insured Employer over the renewal period. The Evaluator is to seek the Self-insured Employer’s input into the Partnership Plan (A021).</p> <p>A Self-insured Employer may choose not to develop a partnership plan with its Evaluator(s). Where this occurs, the Evaluators must confirm this decision in writing with the Self-insured Employer.</p> <p>Any specific conditions of renewal set by the ReturnToWorkSA CEO must be detailed within the Partnership Plan (A021).</p> <p>The activities to be undertaken throughout the registration period must be clearly detailed within the plan to provide clear guidance on the expectations of both the Self-insured Employer and the Evaluator throughout the life of the plan.</p>
<p>Step 2 Enter Partnership Plan details in Salesforce</p>	<p>All partnership tasks must be recorded within Salesforce against the relevant evaluation period. The Partnership Plan (A021) will include details on the activities to be undertaken between the Self-insured Employer and the Evaluator.</p> <p>At the beginning of each renewal period all specific terms and conditions of registration must be entered into Salesforce. This ensures mandatory activities are planned for implementation.</p> <p>Partnership tasks within Salesforce are to be maintained. This includes details on the outcomes of partnership activities, confirmation of completion and the time allocated and taken to complete the partnership task.</p>

<p>Step 3 Finalise Partnership Plan</p>	<p>On agreement of the Partnership Plan (A021), the Evaluator will provide the final Partnership Plan (A021) to the Self-insured Employer for endorsement.</p> <p>The non-return/endorsement of the Partnership Plan (A021) is not considered a bar to implementing the partnership activities.</p>
<p>Step 4 Confirm Partnership Plan</p>	<p>Once the final Partnership Plan (A021) is sent to the Self-insured Employer, the Evaluator must update the evaluation screen in Salesforce to verify provision of a partnership plan. This requires the Evaluator to record the date the partnership plan was sent to the Self-insured Employer.</p> <p>Completed Partnership Plans (A021) is to be stored in Salesforce under the relevant renewal period.</p> <p>Where a Self-insured employer elects not to enter into a partnership activity the Evaluator will record the date of notification in Salesforce evaluation screen (Partnership Plan Date WHS & IM). Copies of correspondence from the Self-inured employer advising that it does not wish to enter into a Partnership Plan must be saved in Salesforce.</p>
<p>Step 5 Maintain Partnership Plan</p>	<p>The Evaluator will provide a written summary of all partnership activities to the Self-insured Employer.</p> <p>The Partnership activity in Salesforce must be regularly updated to reflect the outcomes of activities that have occurred. This may include:</p> <ul style="list-style-type: none"> • summary of discussion, feedback and agreements from the activity; • links to notes provided during partnership activity; • comments on postponement or inability to compete partnership activity (e.g. due to a lack of preparation, unforeseen issues, request etc.); • any other detail considered relevant. <p>Updated Partnership Plans must be saved into Salesforce as a new version with a file name which identifies the Self-insured Employer’s name, period of the plan and the months of the Partnership Plans update.</p>
<p>Step 6 Monitor Partnership Plan</p>	<p>The Evaluator must ensure that Partnership Plans (A021) are maintained and available for reference during quarterly reviews with the Manager, Self-insured.</p>

4.2 Annual reviews

Purpose:

ReturnToWorkSA performs a number of statutory functions in respect of an employer that is registered as a self-insured employer. These include supervision of self-insured employers to ensure compliance with the Code and the Act.

The purpose of the Annual review is to ensure,

- RTWSA has a current understanding of a self-insured employers registration, operation and performance.
- Regular interaction occurs between RTWSA and the Self-insured Employer so as to identify and address any emerging issues and maximise, where appropriate, renewal outcomes.

The outcomes of performance reviews will be documented and used by RTWSA management to provide high level analysis of self-insured employer’s compliance to the conditions of registration.

Information/explanation:

Annual reviews provide a mechanism from which RTWSA can fulfill its regulatory role.

Annual reviews examine at a high level the Self-insured Employers performance against the conditions of registration. Information on financial performance, disputes, organisational change, claims data and other sources are utilised to inform discussion and activity with a Self-insured Employer.

Process: Annual Reviews

<p>Step 1 Program Annual Reviews</p>	<p>On notification of the Self-insured Employer, terms of renewal/review the Evaluator will record in Salesforce the timeframes for completing an annual review(s) with a self-insured employer (via partnership tasks).</p> <p>The Evaluator will record the task description as Annual Review and the year of the review. E.g. (Annual Review 2015).The year is a calendar year.</p> <p>An annual review is to be recorded for each year of the registration period, excluding the next year of renewal. The annual review is to be programmed for the month of renewal +/- 1 month. E.g. Annual reviews for a three year period of registration with a renewal month of March 2015 will be planned for Feb, Mar, or April 2016 and 2017.</p>
<p>Step 2 Implement Annual review</p>	<p>The evaluator will complete the Annual Review Pro-forma (A035).</p> <p>On completion of the annual review the evaluator will provide the self-, insured employer with the outcome of the review. Where required partnership tasks will be adjusted to address any areas requiring follow up identified through the annual review process.</p> <p>Outcomes from the Annual review will be saved against the related partnership task in Salesforce.</p>

Section 5–Salesforce

5.1 Salesforce

Purpose:

Section 4.6 of the Code details the requirement that a period of registration granted as a result of an application to renew registration will not exceed three years.

The maintenance of an information management system (Salesforce) provides a mechanism from which ReturnToWorkSA can ensure that evaluations of Self-insured Employers occurs in a manner consistent with terms of renewal/review and the requirements that the registration of Self-insured Employers does not exceed the period of self-insurance registration granted by the CEO of ReturnToWorkSA.

Information/explanation:

Salesforce will record the details of each self-insured renewal/review period and other pertinent information such as:

- Receipt of Self-Assessment Report
- Creation of Partnership Plan activities
- Allocation of Evaluators
- Timing of evaluations/mid-term reviews
- Estimated and actual efforts relating to evaluations and partnership activities
- Development of scoping documents
- Outcomes of evaluations
- Duration of evaluations
- Receipt of applications

Salesforce will be used to track evaluation activity, allocation of resources and provision of information from Self-insured Employers.

Process: Salesforce

<p>Step 1 Record Evaluation Outcome</p>	<p>On the approval of a Self-insured Employer’s renewal/review period the Administration Officer will update the Salesforce by recording the outcome of the renewal/review into the current evaluation periods.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Term of renewal • Conditions of renewal • Performance level • Paper signed by CEO date • Letter to SI Date • Forward Plan Update • New folder in HPRM • New record in Salesforce
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<p>Step 2 Create New Evaluation</p>	<p>On completion of step 1, the Administration Officer will add a new evaluation entry into Salesforce.</p> <p>This entry will include:</p> <ul style="list-style-type: none"> • The Account Name • The name of the Self-insured Employer • Self-insured Employer type • The renewal/review period start and end date • The Account Manager, lead and support WHS and IM Evaluators • The maximum period allowable for evaluation of WHS and IM systems
<p>Step 3 Record key Activities</p>	<p>Where a Self-Assessment Report or an application for renewal is received, the Evaluator will ensure the date of the reports/applications is recorded in the evaluation screen in Salesforce.</p> <p>The Account Manager has responsibility for ensuring receipt, recording, and response to the Self-Assessment Report.</p> <p>All documents are to be stored in the relevant employer container within HPRM.</p>
<p>Step 4 Plan Activities for Evaluation</p>	<p>The start and end date of an evaluation as well as the number of days allocated to the evaluation is to be recorded into the evaluation screen in Salesforce by the Evaluator. This information must reflect the agreed content of the scoping document.</p> <p>It is recognised that the timing of the evaluation may be changed throughout the registration periods. Salesforce is to be maintained at all times.</p>
<p>Step 5 Monitor Evaluation</p>	<p>The Manager Self-insured or delegate will review the retention of key evaluation documents during the management review process.</p> <p>Discrepancies in record retention will be recorded on the A028 Management Review Feedback Form. Evaluators will be required to ensure all documentation is stored within the relevant screen within Salesforce.</p>

Section 6–Non-conformance

6.1 Decision Tool.

Purpose:

The purpose of this procedure is to provide guidance to RTWSA evaluators in assessing the level of conformance to the Code of conduct and WHS\Injury Management Performance standards for self-insured employers.

Information/explanation:

The Decision Tool assists an evaluator to determine the materiality of issues identified during an evaluation. The tools are intended as a guide only, with the evaluator authorised to operate outside of the tool where there is a clear, evidence based and document rationale of non-conformance or material issues present within the self-insured employers systems or practices.

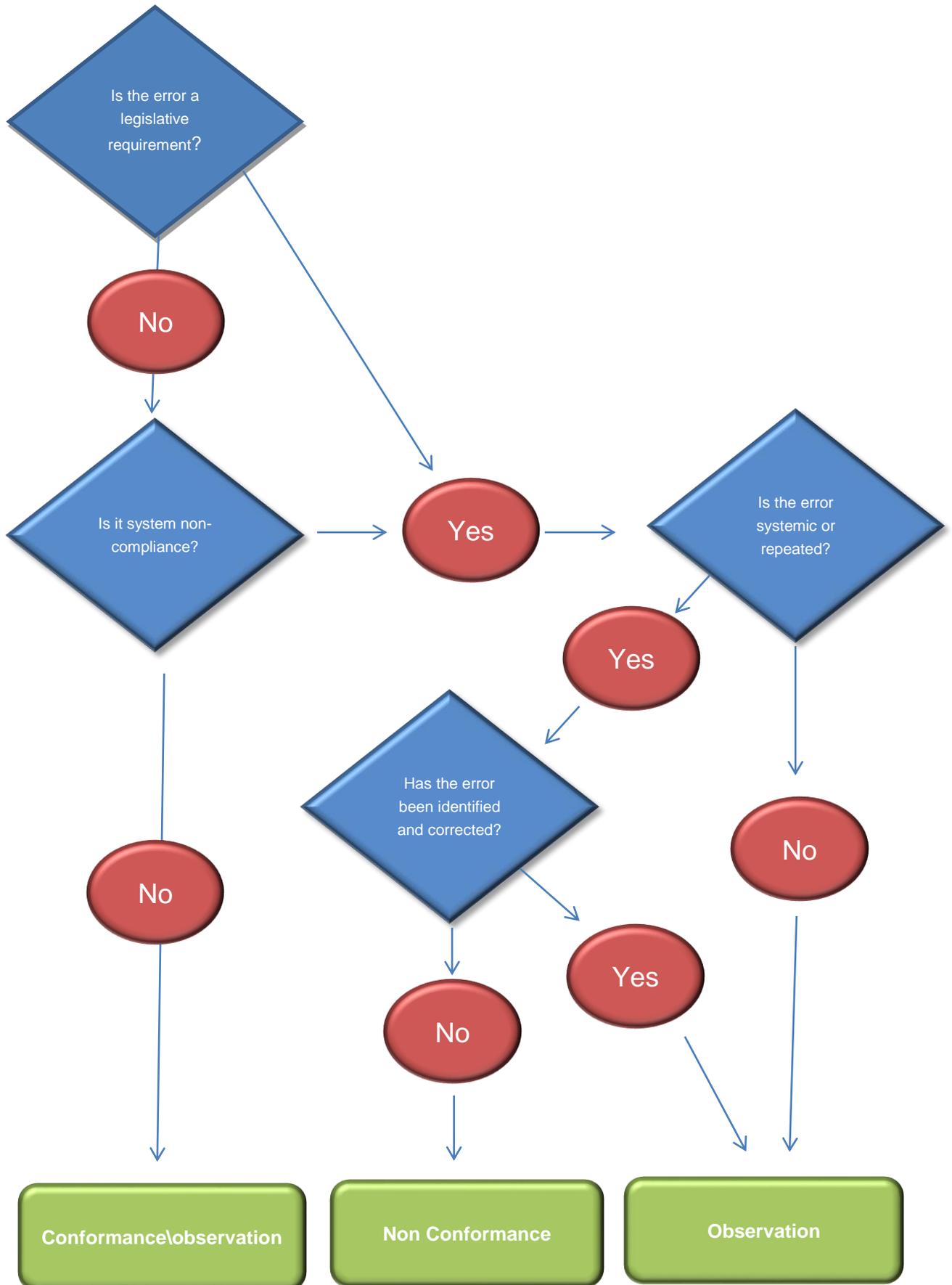
Examples of where this may occur include:

- A lack of activity to monitor effective design and application of the system by the self-insured employer throughout the period of registration (i.e. audit or system review activity only undertaken just prior to evaluation).
- Significant hazard present in the workplace.

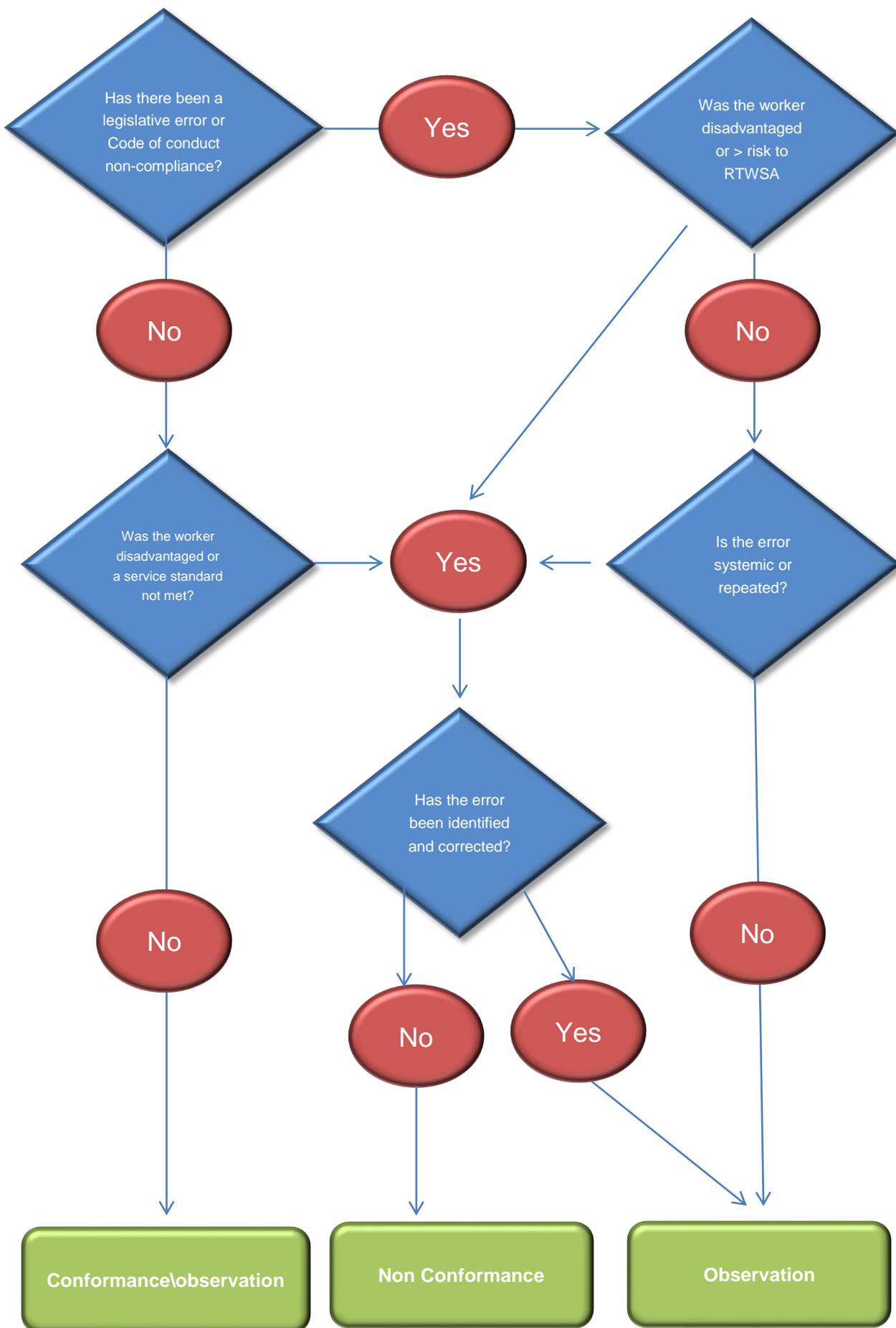
Process: Assessing Conformance

Step 1 Identify potential non-conformance	<p>An evaluator will undertake an evaluation of evidence presented by a self-insured employer to determine conformance of both system design and implementation against the elements of the WHS and injury management standards.</p> <p>This will include documenting within the report/adequacy check the objective evidence the evaluator has reviewed in determining conformance.</p>
Step 2 Assess potential non-conformance	<p>The Evaluator on assessing an element of the WHS and or injury management standards will determine whether the design and application of the system meets requirements.</p> <p>Where the evaluator determines the evidence presented supports the inadequate design and or application of the system the evaluator may use the decision tool to assess the materiality of the issues identified.</p> <p>The evaluator will identify the potential non-conformance to the self-insured employer and provide an appropriate timeframe for providing any additional evidence that may support conformance to the element.</p>
Step 3 Record the non-conformance	<p>Where the evaluator determines (using the decision matrix as a guide) issues identified are material and warrant the recording of a non-conformance the evaluator will record the non-conformance in Salesforce and issue (electronically) the self-insured employer with notification of the non-conformance.</p> <p>The evaluator will allocate a timeframe for the self-insured employer to detail the corrective actions against each non-conformance and re-submit (electronically) the non-conformance via Salesforce.</p>
Step 4 Monitor non-conformance	<p>The evaluator will monitor the corrective actions undertaken by the employer to address any areas of non-conformance. This activity will be agreed between the evaluator and the self-insured employer.</p> <p>Activities to verify the implementation of corrective actions and or close of a non-conformance will be recorded against the relevant non-conformance report within Salesforce.</p>

Work Health and Safety decision tool



Injury Management Decision Tool





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