

Strategic Plan

2014 → 2016

Contents

Message from the Chairperson	2
Overview of the Organization	3
Mandate	5
Lines of Business	5
Primary Clients	7
Vision	7
Mission	7
Values	8
Strategic Issues and Goals	9
Appendix A: Mandate	17
Appendix B: Strategic Directions	18

WHSCC 2014 – 2016 Strategic Plan

Message from the Chairperson

As Chairperson for the Workplace Health, Safety and Compensation Commission (the Commission), I hereby submit the Strategic Plan for 2014 – 2016. In accordance with the Government’s commitment to accountability, this strategic plan outlines the goals and objectives established by the Commission for 2014 – 2016. These goals end on December 31, 2016.

The 2014 – 2016 Strategic Plan has been prepared under my direction and in accordance with the *Transparency and Accountability Act* and the *Guidelines for Performance Based Planning for Category 1 Government Entities*. This strategic plan is not intended to describe all activities the Commission will do from 2014 to 2016 but focuses on the key priorities for the Board of Directors (the Board). These key priorities have been identified in consideration of the strategic direction outlined for the Commission and include: client service, claims management, prevention, and financial sustainability.

As Chairperson, my signature below is indicative of the Board’s accountability for the preparation of this plan and achieving the goals and objectives outlined.



Ralph Tucker
Chairperson, Board of Directors
Workplace Health, Safety and Compensation Commission

March 28, 2014

Date

Overview of the Organization

The Workplace, Health, Safety and Compensation Commission (the Commission) administers a mandatory, employer-funded, no fault work-injury insurance system, which it administers under the *Workplace Health, Safety and Compensation Act*. The Commission promotes safe and healthy workplaces, provides return-to-work programs and fair benefits to injured workers and their dependents based on reasonable assessment rates. The Commission serves over 19,000 employers and approximately 13,000 injured workers across Newfoundland and Labrador. Offices are located in St. John's, Grand Falls-Windsor and Corner Brook and are staffed by over 390 employees.

The Commission's three lines of business are: education on the prevention of workplace injuries, illnesses, and occupational disease; injured workers' claims management; and employer assessments (insurance coverage).

In 2012 the Commission's total revenue was approximately \$280.8 million (\$197.4 million in assessment revenue from employers, \$82.6 million in investment income and \$0.8 million in other revenue). The Commission's funded ratio was 91.7 per cent compared to 91.8 per cent at the end of 2011. The stability of the funded ratio was due to the favourable performance of the investment market in 2012 as well as the Commission's continued adherence to its investment policies.

The Commission is pleased with its improving financial position considering the financial crisis faced by the Commission in 2000 when the funded ratio was 65.2 per cent. However, program costs continue to increase and market volatility and the number of claims filed make the Commission vulnerable to funded ratio changes. Claims duration continues to be a focus area for the Commission. Programs such as early and safe return to work and labour market re-entry along with effective claims management are necessary to help decrease duration.

The average base assessment rate to be paid by employers in 2014 declined to \$2.45, making it approximately 28 per cent higher than the average rate of the other workers' compensation boards in Atlantic Canada. This is significant given that in 2002 the base assessment rate was \$3.24 and 45 per cent higher than the average rate of those boards. Assessment rates are higher in Newfoundland and Labrador primarily due to the broader workforce coverage and industries present in the province as compared with other Canadian jurisdictions.

A critical aspect of the Commission's mandate is promoting public awareness and educating employers, workers and others about workplace health and safety. The Commission's efforts to educate workers and employers in health and safety awareness are contributing to safer workplaces and reduced injuries for workers. The incidence rate (the number of injuries per 100 workers) for lost time claims in 2012 was 1.6, a significant decrease since 2001 when the incidence rate was 3.0.

The importance of focusing on the prevention of workplace injuries, illnesses and occupational diseases is a shared responsibility of the Commission, its partners and stakeholders working cooperatively to create and sustain a culture of health and safety. Where an injury or illness does occur, the Commission and its stakeholders work together to minimize the impact of the injury.

WHSCC 2014 – 2016 Strategic Plan

In doing so, recovery is assisted and loss of income is lessened through appropriate health care intervention and proactive implementation of early and safe return to work. Key to this portion of the Commission's work is its partnerships and Memorandums of Agreement with various health care provider groups.

Good communication, co-operation and sound working relationships with clients, stakeholders and partners are critical to the success of the Commission's business strategies. The Commission works with the Occupational Health and Safety Branch, Service NL to make recommendations respecting workplace health and safety and to develop programs promoting health and safety. The Commission also works closely with stakeholder groups representing injured workers and employers. In addition, partnerships have been developed with industry associations, government departments, unions and health and safety coalitions at both provincial and national levels.

Board Governance

By statute, the Board of Directors consists of ten members appointed by the Government of Newfoundland and Labrador, including the chairperson and representatives of employers, workers and the public. The Board is also required to have two nonvoting members: the chief executive officer of the Commission and an employee of the department designated by the minister.

Chairperson:

Ralph Tucker

Members representative of employers:

John Peddle
Darren Roberts
Vacant

Members representative of workers:

Grant Barnes
Greg Pretty
Vacant

Members representative of the public:

Jacqueline Fizzard
Elizabeth Forward
Vacant

Non-voting members:

Leslie Galway, CEO, Workplace Health, Safety and Compensation Commission
Kimberly Dunphy, Assistant Deputy Minister, Occupational Health and Safety Branch, Service NL

Mandate

The Commission provides services to employers, injured workers and dependents, and the public through the administration of the *Workplace Health, Safety and Compensation Act (the Act)*. These services include the promotion of workplace health and safety in order to prevent and reduce workplace injuries and occupational disease. The Commission also ensures injured workers receive the best care possible and benefits to which they are entitled, recover from their injuries and return to work in an early and safe manner. In addition, the Commission must also ensure adequate funding for services through sound financial management. See Appendix A for duties and powers of the Commission as contained in the *Act*.

Lines of Business

The Commission is organized along four main functional areas which are worker services, employer services, corporate services and financial services. These functions support the organization's three main lines of business which are:

1. Education on the prevention of workplace injuries, illnesses and occupational disease;
2. Injured workers' claims management; and
3. Employer assessments (insurance coverage).

Each line of business is described below. For more details on the Commission and its programs and services, please visit the Commission's website at www.whsc.nl.ca.

1. Education on the prevention of workplace injuries, illnesses and occupational disease

This line of business is responsible for the design, development, delivery, coordination, monitoring and evaluation of workplace health and safety education and injury, illness and occupational disease prevention initiatives. Specific activities include:

- Promoting public awareness of, and fostering commitment to, workplace health and safety;
- Educating and providing advice to employers, workers and others about workplace health and safety;
- Promoting and providing funding for workplace health and safety research;
- Developing standards for certification under the *Occupational Health and Safety Act*, certifying people who meet these standards, and approving training programs for certification;
- Promoting the importance of health and safety education and training, and developing strategic partnerships, as appropriate, in its delivery; and
- Cooperating with, and making recommendations respecting workplace health and safety to, the Occupational Health and Safety Branch of Services NL.

The Commission continues to focus on the prevention of injuries in the workplace as its first line of defence. Successful promotion of safe and healthy workplaces requires the cooperation of stakeholder groups. A collaborative approach will lead to healthier and safer workplaces and will help injured workers achieve early and safe return to work and will ultimately reduce injuries and lower claim costs.

2. Injured workers' claims management

The delivery of compensation and health care services to injured workers is a critical line of business for the Commission. Major areas of activity include: claim registration, determination of entitlement to benefits, case management and health care planning for all claims related to workplace injuries and occupational disease. Programs supporting these activities include wage-loss benefits, early and safe return to work, labour market re-entry and pensions. The ultimate goal of claims management is to assist injury recovery and minimize loss of income through appropriate health care intervention and the proactive implementation of early and safe return to work. This is done by working in partnership with injured workers, employers and health care providers. In the case of a fatality, or a death resulting from an occupational disease, there are programs and services available to dependents of the deceased worker.

A primary component of claims management is health care management which consists of planning and coordinating health support and advisory services from health care professionals within the Commission. This component ensures that injured workers receive optimal health care in the most cost-effective manner. In addition, the Commission is continuously establishing and maintaining partnerships with external health care providers.

3. Employer assessments (insurance coverage)

The *Workplace Health, Safety and Compensation Act* requires employers performing work in the province to register with the Commission. The assessment revenue collected from employers is used to pay the cost of injured workers' claims and associated system administration costs. There are some individuals who are not required to register however they may request optional personal coverage or independent operator coverage.

Mandatory registration and insurance coverage applies to two groups of employers referred to as assessment-based employers and self-insured employers. Assessment-based employers are insured through collective liability and contribute to the Commission's Injury Fund through assessment premiums based on their annual payrolls. Self-insured employers (e.g., provincial and federal governments) are individually liable. The Commission pays the actual cost of claims and invoices that amount with the applicable administration fee.

Major activities under the employer assessments line of business include employer registration, administration and monitoring of employer payroll reporting, assessment rate setting, collection and payroll auditing.

WHSCC 2014 – 2016 Strategic Plan

Primary Clients

The primary clients of the Commission are as follows:

- Workers;
- Injured workers;
- Employers;
- Pensioners (life pensions and pension replacement benefits); and
- Surviving spouses and dependents.

Vision

The vision of the Commission is of safe and healthy workplaces within a viable and sustainable insurance system which reduces the impact of workplace injuries by providing the highest level of service to workers and employers.

Mission

Improving client service and building a client centred culture will continue to be a primary focus of the Commission during the 2014 – 2016 planning cycle. Client service is fundamental to each of the Commission's lines of business and in keeping with a key strategic direction for the Commission as set out by the Minister of Service NL (refer to Appendix B). Many of the changes initiated by the Commission to improve client service such as PRIME¹ and claims management will mature during this planning period.

The Commission strives to achieve a balanced approach that promotes a safe, healthy workplace, ensures injured workers receive the best care and benefits to which they are entitled, recover from their injuries and return to work in an early and safe manner and ensures adequate funding for services through sound financial management.

To achieve its mission, the Commission will draw on its strengths which include knowledgeable, caring staff committed/dedicated to client service; engaged Board of Directors; the Commission's engagement with stakeholders and partnership with external agencies; and progressive programs for each line of business. The challenges facing the Commission include changing the mindset that workplace injuries are inevitable; engaging all parties in the return to work goal; increasing understanding of the Commission's roles and responsibilities in prevention and injury management; establishing a well-recognized brand; developing new and improved business delivery methods including Web services (i.e., client service); and maintaining/balancing reasonable benefits at an affordable cost.

By December 31, 2016, the Commission will have improved client service to support the prevention and management of workplace injuries, illnesses and known occupational disease.

¹ PRIME is the Commission's employer incentive program. Under PRIME, employers can impact the assessments they pay by meeting their practice requirements under the practice incentive component and managing their claims costs under the experience incentive component.

WHSCC 2014 – 2016 Strategic Plan

Measure: Improved client service

Indicators:

- *Increased education about workplace health and safety and prevention practices*
- *Improved claims management services*
- *Increased access to Commission services*
- *Improved financial sustainability*

Values

- **Client Service**

Each individual will provide accessible and timely service in the delivery of the Commission's programs to our clients.

- **Safety**

Each individual will take responsibility for their own safety and the safety of coworkers and others in the workplace.

- **Compassion**

Each individual will treat each other and those they serve truthfully, fairly and with care and empathy.

- **Leadership**

Each individual will perform their roles and responsibilities and will work towards being a recognized leader in their position; and each individual will initiate and promote improvements in how they serve others and work together.

- **Teamwork**

Each individual will support each other and work collaboratively to ensure the Commission fulfills its mandate.

- **Accountability**

Each individual will be responsible for their actions and performance to help the Commission achieve its mandate.

Strategic Issues and Goals

The Commission's strategic issues were identified in consideration of government's strategic direction, the Commission's mandate and available resources. The strategic issues for the current planning cycle are client service, claims management, prevention and financial sustainability. These strategic issues along with the associated goals, objectives, measures and indicators for 2014 – 2016 are outlined and discussed individually. The order of the issues does not reflect a ranking of the importance of the issue as they are interrelated.

Strategic Issue One: Client Service – Fostering a client centred culture

Delivering a high standard of client service to clients has been a strategic focus area for the Commission since 2004. The vision for client service is to build a client centred culture. Client service is intrinsic in each of the Commission's lines of business, whether it is providing compensation and health care services for injured workers, or promoting and fostering a safe and healthy workplace for all workers and employers, or ensuring employers' assessments reflect their work injury experience.

In 2011 the Commission undertook an assessment of its current level of understanding and approach to internal and external client service which became the basis for the integrated client service strategy. The client service strategy provides a framework for establishing an integrated, organization wide approach to service delivery and a client-first focus. This strategy requires all programs and services to be evaluated with a service excellence lens. The Commission has adopted a multi-year approach to implement these initiatives to ensure existing service levels are met for injured workers and employers. Becoming a client centred culture and improving client service delivery are being informed by:

- client segmentation studies which identify injured workers' and employers' preferences for communicating with the Commission by phone, mail, online, and/or in-person as well as preferences for service delivery;
- the results of employers' and injured workers' satisfaction surveys;
- program evaluations; and
- quality assurance results.

Similarly, improvements in internal client service and communications are being informed by employee engagement surveys.

Programs and services and their delivery mechanism are being re-evaluated through a new lens of client service excellence that engages those most responsible for delivering, and impacted by, the Commission's programs and services.

Client service excellence training is ongoing and work processes are being introduced to enhance service delivery. This includes 4DX (Four Disciplines of Execution), an accountability framework that engages employee teams in choosing key goals and implementing action to achieve them. The current goals are to improve injured worker and employer satisfaction.

Goal One: By December 31, 2016, the Commission will have improved client service.

Measure: Improved client service

WHSCC 2014 – 2016 Strategic Plan

Goal One: By December 31, 2016, the Commission will have improved client service.

Measure: Improved client service

Indicators:

- Improved client satisfaction by 2%

Objective One: By December 31, 2014, the Commission will have continued to implement key elements of the client service strategy.

Measure: Continued to implement elements of the client service strategy

Indicators:

- Continued implementing elements of the client service strategy, specifically:
 - Client service excellence training;
 - 4DX methodology for organizational effectiveness; and
 - Opportunity identification for improvement of business processes.
- Improved the Commission's web services

Objective Two: By December 31, 2015, the Commission will have completed a review of and improved key processes for client service delivery.

Objective Three: By December 31, 2016, the Commission will have operationalized key client service initiatives.

WHSCC 2014 – 2016 Strategic Plan

Strategic Issue Two: Claims Management – Facilitating recovery at work

Facilitating recovery at work is a foundational activity of claims management. Providing timely decisions, wage loss benefits and health care to injured workers are the underpinnings of facilitating recovery at work, enabling workers to return to work in an early and safe manner.

Continued improvement of the early and safe return to work (ESRTW) program is a strategic focus for claims management. The Commission's 2012 Early and Safe Return to Work Survey identified key areas of focus for program improvement:

- Injured workers want to be involved or more involved in the development of their ESRTW plan; and
- Employers need more information/education regarding ESRTW.

The Commission will continue to provide ESRTW training to employers, injured workers and health care providers including the nature of the self-reliant model, and the roles and responsibilities of employers, injured workers, health care providers and the Commission as outlined in the *Workplace Health, Safety and Compensation Act*.

The Commission will promote ESRTW to targeted workplaces to maximize the participation in and effectiveness of the program. Engagement of the safety sector councils in the promotion and delivery of the training regarding ESRTW will be encouraged.

Partnering with health care providers will continue to be a strategic focus. The Commission is working with health care providers with the objectives of encouraging continuous improvement in service delivery to injured workers and to ensure, while maintaining a high quality of care, the costs are prudently managed.

The Commission will continue strategically investing in the Claims Management Model (CMM). CMM is facilitating proactive claims management with the result of improved access to services for injured workers and employers, earlier intervention in claims, improved medical management, improved cost management and improved reporting.

Goal Two: By December 31, 2016, the Commission will have improved the ESRTW program.

Measure: Improved the ESRTW program

Indicators:

- Implemented elements of the ESRTW improvement plan
- Enhanced communication and collaboration with health care providers to improve ESRTW
- Improved ESRTW education and promotion
- Identified future claims management requirements

WHSCC 2014 – 2016 Strategic Plan

Objective One: By December 31, 2014, the Commission will have ensured earlier injured worker involvement in ESRTW planning.

Measure: Ensured earlier injured worker involvement in ESRTW planning

Indicators:

- Made contact with injured workers within 48 hours of claim being filed at the Commission
- Conducted ESRTW education and promoted ESRTW to employers, injured workers, and health care providers
- Improved the ESRTW online service
- Improved reporting processes for ESRTW

Objective Two: By December 31, 2015, the Commission will have improved education and awareness programs for injured workers, employers and health care providers.

Objective Three: By December 31, 2016, the Commission will have increased facilitation of ESRTW throughout the lifecycle of a claim.

WHSCC 2014 – 2016 Strategic Plan

Strategic Issue Three: Prevention – Leadership in prevention through collaboration

Several key principles underlie the Commission’s strategic approach to prevention:

- Workplace injuries and occupational disease are preventable; and
- Building and achieving a safety culture requires the collaborative effort and commitment of all stakeholders to making health and safety in the workplace a priority.

The Commission has been responsible for prevention for the last 15 years. In 2012, the lost time incidence rate continued its 10 year decline, reaching 1.6 as compared to 2.7 in 2002. This is a significant achievement for workers, employers, unions, the Commission and the Occupational Health and Safety (OHS) Branch of Service NL. To continue this downward trend requires the persistence, diligence and commitment of all stakeholders to managing workplace risk and providing healthy and safe workplaces. The size of and growth in the province’s workforce, the nature of the industries and the provision of workplace insurance coverage for 98 per cent of the workers employed in the province contribute to the challenge of reducing the lost time incidence rate.

Implementation of the integrated prevention strategy, *Engagement to Action: A Prevention Strategy for Newfoundland and Labrador 2012 – 2014* continues. The prevention strategy includes key prevention initiatives as well as the existing strategies for young workers and for the prevention of known occupational disease. The prevention strategy was developed as a joint initiative of the Commission and the OHS Branch in consultation with the Newfoundland and Labrador Employers’ Council, the Newfoundland and Labrador Federation of Labour, the Newfoundland and Labrador Construction Safety Association, and the Forestry Safety Association of Newfoundland and Labrador. Building on the success to date of the current strategy, the Commission will engage with stakeholders in 2014 to develop a prevention strategy for 2015 – 2017 that will continue to focus on reducing the occurrence of workplace injuries and occupational disease through collaboration, risk management and development and implementation of OHS programs.

Through the prevention strategy leadership in prevention education and awareness is implemented through a collaborative approach with safety leaders in the community: workers taking individual responsibility for their own safety and their coworkers; employers and workers working together to improve workplace health and safety through occupational health and safety (OHS) committees; individual employers taking a leadership role in their companies and in the community as recognized by the CEO Safety Charter; and labour and employers/industry working together to deliver education and awareness to high risk sectors through the establishment of safety sector councils.

In 2014 and beyond, prevention programming will continue using a targeted approach focusing on: occupations, workplaces and industries with a high incidence of injuries with particular attention on soft tissue injuries and occupational disease; and vulnerable workers.

Education and awareness of occupational disease, along with more stringent occupational health and safety legislation, enforcement, and industry codes of practice, have begun to positively influence a prevention-focused safety culture. An evaluation of the occupational disease strategy undertaken in 2013 will inform decisions regarding future initiatives in this area.

In 2014 the Commission will have completed a review of the OHS Committee Program including the Certification Training Standard, the curriculum, the report form and online reporting for OHS

WHSCC 2014 – 2016 Strategic Plan

Committee minutes and relevant educational publications. Other certification training standards will be developed during the period 2014 – 2016.

Safety sector councils play a leadership role in promoting industry-specific workplace health and safety and return to work initiatives. The Commission continues to work with existing safety sector councils including the Newfoundland and Labrador Construction Safety Association (NLCSA), the Forestry Safety Association of Newfoundland and Labrador (FSANL), the Municipal Safety Council (MSCNL) and the NL Fish Harvesting Safety Association (NL-FHSA). While the NLCSA is well established, other safety sector councils are at varying stages of development. The Commission will be proactive in assisting safety sector councils to assume a robust role in prevention and return to work initiatives in their respective sectors. The Commission is interested in industry and labour in other sectors initiating safety sector councils.

Goal Three: By December 31, 2016, the Commission will have implemented key elements of the 2015 – 2017 Prevention Strategy: *Leadership in Prevention Through Collaboration*.

Measure: Implemented key elements of the prevention strategy

Indicators:

- Implemented the 2012 – 2014 Prevention Strategy: *Engagement to Action*
- Commenced implementing the 2015 – 2017 Prevention Strategy: *Leadership in Prevention Through Collaboration*
- Implemented prevention initiatives related to known occupational diseases
- Promoted and assisted with the establishment of safety sector councils

Objective One: By December 31, 2014, the Commission will have implemented the 2012 – 2014 Prevention Strategy: *Engagement to Action* and developed the 2015 – 2017 Prevention Strategy: *Leadership in Prevention Through Collaboration*.

Measure: Implemented the 2012 – 2014 Prevention Strategy: *Engagement to Action*

Indicators:

- Evaluated the Occupational Disease Strategy (which is included in the 2012 – 2014 Prevention Strategy: *Engagement to Action*)
- Completed review of the OHS Committee Program
- Completed the new OHS Committee Training Standard
- Developed the 2015 – 2017 Prevention Strategy: *Leadership in Prevention Through Collaboration*

Objective Two: By December 31, 2015, the Commission will have initiated implementation of the 2015 – 2017 Prevention Strategy: *Leadership in Prevention Through Collaboration*.

Objective Three: By December 31, 2016, the Commission will have continued implementation of the 2015 – 2017 Prevention Strategy: *Leadership in Prevention Through Collaboration*.

WHSCC 2014 – 2016 Strategic Plan

Strategic Issue Four: Financial Sustainability

Sound financial management of funds collected through employer assessments (the Injury Fund) is achieved through the Commission's funding and investment policies. The Funding Policy specifies a funded position ranging from 100 to 120 percent with a target of 110%. In order for the Commission to meet financial sustainability, it must accumulate assets 10% greater than its total liabilities. This ensures that sufficient funds will be available to existing injured worker clients for the duration of their claim. In 2012, the funded position was 91.7 percent. While predicting the actual year the funding target will be achieved is difficult due in part to the volatility of the global capital markets, the amortization period of the current total funding deficiency is declining. The current surcharge of \$0.25 per \$100 of payroll will remain in effect until the 110% target is achieved which the Commission anticipates will be beyond the current strategic planning period.

The Commission takes a long term view in managing and evaluating the performance of the Injury Fund through implementation of its investment policy.

A significant financial milestone was achieved in 2012 with the establishment of a \$63.4 million provision for latent occupational disease claims without causing a significant decline in the 2012 funded position.

In addition to managing the Injury Fund, using a balanced approach to experience based assessment rates and affordable compensation benefits, and managing the costs of the system such as health care are critical to achieving financial sustainability. Continued focus on prevention of injuries and occupational disease, and early and safe return to work are some of the initiatives that will lead to safe, healthy workplaces in the province and a sustainable, affordable workers compensation system.

The Commission adopted the International Financial Reporting Standards (IFRS), the new accounting standards for publicly accountable enterprises in accordance with the Canadian Generally Accepted Accounting Principles (GAAP), on January 1, 2011. As stated in the Commission's 2012 Annual Performance Report, the standards increase the volatility of the Commission's reported financial results. The Commission will continue to monitor the new standards being proposed by the International Accounting Standards Board (IASB) and to communicate the changes and impacts arising from the potential adoption of these IFRS reporting requirements to stakeholders. The Commission will continue to participate in IFRS discussions at the Association of Workers' Compensation Boards of Canada (AWCBC).

The Commission will continue to provide a high level of client service to injured workers and employers and to seek ways to improve the provision of accessible, timely care to injured workers in a cost effective manner.

Goal Four: By December 31, 2016, the Commission will have continued to move towards financial sustainability.

Measure: Moved towards financial sustainability

WHSCC 2014 – 2016 Strategic Plan

Indicators:

- Increased the funding assets of the Commission by application of the \$0.25 surcharge to employer assessment rates until the Commission is 110% funded
- Continued to communicate the impact of IFRS to stakeholders

Objective One: By December 31, 2014, the Commission will have adhered to the funding policy based on an annual assessment.

Measure: Adhered to the funding policy

Indicators:

- Continued adherence to the funding policy
- Continued to communicate the impact of IFRS to stakeholders

Objective Two: By December 31, 2015, the Commission will have adhered to the funding policy based on an annual assessment.

Objective Three: By December 31, 2016, the Commission will have adhered to the funding policy based on an annual assessment.

Appendix A: Mandate

The mandate of the Commission is derived from the *Workplace Health, Safety and Compensation Act*, particularly from the following sections:

Duties and powers:

5. (1) The board of directors shall establish policies and programs consistent with this Act and regulations in relation to:
- (a) compensation benefits to injured workers and dependents;
 - (b) rehabilitation and return to work of injured workers;
 - (c) assessments and investments under this Act; and
 - (d) Part I.1

and the policies shall ensure the intent of this Act and regulations is being applied to provide services to injured workers and dependents and shall promote adequate funding for the services through sound financial management.

- (2) The board of directors shall:
- (a) consider and approve annual administrative and operating budgets and appoint auditors to audit the books and accounts of the commission, in addition to those audits that may be done under section 11;
 - (b) enact by-laws and regulations for the adoption of a seal and for the conduct of the business and affairs of the commission;
 - (c) establish, maintain and regulate advisory committees and their function and composition; and
 - (d) review this Act and regulations and recommend to the minister those changes that it considers advisable.
- (3) The board of directors may delegate in writing the powers of the board of directors to a director and the powers may be subject to the limitations, conditions and requirements that may be noted in the delegation.

Duties of commission:

- 20.2 In order to promote health and safety in workplaces and to prevent and reduce the occurrence of workplace injuries and diseases the commission shall:
- a. promote public awareness of workplace health and safety;
 - b. educate employers, workers and other persons about workplace health and safety;
 - c. provide services to occupational health and safety committees and worker health and safety representatives established or appointed under the *Occupational Health and Safety Act* ;
 - d. promote and provide funding for workplace health and safety research;
 - e. develop standards for the certification of persons required to be certified under the *Occupational Health and Safety Act* and approve training programs for certification;
 - f. certify persons who meet the standards referred to in paragraph (e);
 - g. foster commitment to workplace health and safety among employers, workers and other persons; and
 - h. make recommendations to the department respecting workplace health and safety.

Appendix B: Strategic Directions

Strategic directions are the articulation of desired physical, social or economic outcomes and normally require action by more than one government entity. These directions are generally communicated by government through platform documents, Throne and Budget Speeches, policy documents and other communiqués. The *Transparency and Accountability Act* requires departments and public bodies to take into account these strategic directions in the preparation of their performance-based plans. This action will facilitate the integration of planning practices across government and will ensure that all entities are moving forward on key commitments.

Title: Enhanced Program and Service Delivery

Outcome: Enhanced program and service delivery through streamlined operations and improved access.

Source: Communication by the Minister responsible for the Workplace Health, Safety and Compensation Commission.

Focus Areas of the Strategic Direction	This Direction is/was				
	Not being implemented at this time*	Addressed only in specific sub-areas	Addressed in the:		
			strategic plan	operational plan	branch/divisional work-plans
<i>Expanded single-window delivery access</i>	X				
<i>Enhanced customer service capacity</i>			X		
<i>Further expansion and enhancements made to BizPal</i>	X				
<i>Modernization of legislation</i>	X				
<i>Identification and development of online service projects</i>			X		
<i>Improved client services</i>			X		

*Note: These focus areas were considered in the development of the strategic plan but, were determined to be not applicable to the WHSCC at this time.

St. John's Office

146_148 Forest Road,
P.O. Box 9000,
St. John's, NL A1A 3B8
Telephone (709) 778-1000
Fax (709) 738-1714
Toll Free 1-800-563-9000

Grand Falls-Windsor Office

26 High Street,
P.O. Box 850,
Grand Falls-Windsor, NL A2A 2P7
Telephone (709) 489-1600
Fax (709) 489-1616
Toll Free 1-800-563-3448

Corner Brook Office

Suite 201B, Millbrook Mall,
2 Herald Avenue, P.O. Box 474,
Corner Brook, NL A2H 6E6
Telephone (709) 637-2700
Fax (709) 639-1018
Toll Free 1-800-563-2772

