



Royal Commission Update - Sydney Day 15 - 18 February 2022

RSL References

Positive:

NA

Negative:

NA

General Summary

- Coverage of DVA process, backlog, McKinsey report and ongoing reforms
- Counsel assisting summary
- Hearing Block 3 - 7-18 March

Counsel closing remarks

- 9 lived experience witnesses
- Prevailing sentiment is that we don't talk about feelings or why they're there - emotional toll, suicidality, DV, isolation and power - this should be seen as healing and helping, not weakness
- Come forward - we want to hear your stories
- There are concerns re. healthcare, access and quality
- Need to address suicidal crises and crisis care
- Emphasised the importance of family care and support
- Need mental health and wellbeing support to be available to serving members, veterans, and their families
- Emphasised the impact of past policies on LGBTQI service members and veterans
- Need to deal better with pain and sleep - overmedicalisation
- Post-transition needs to be looked at deeply
- Talked of the importance of coronial systems - need to model on Victorian system and the Coroner's Prevention unit model
- Need better processes for dealing with bereavement
- Defining suicide, and therefore collecting appropriate data, is also an issue
- Zero suicide framework should be utilised

DVA - Ms Vicki Rundle PSM (Deputy Secretary - Veterans and Families Services) Mr Luke Brown (Assistant Secretary/Deputy Commissioner TAS) - Traci-Ann Byrnes (Claims Processing Diagnostic Review):

Key Question - Are delays capable of causing an increased risk of veteran suicide?

- Suicide is multi-causal, but short answer, yes
- Direct link between the delays and suicide should not be drawn by media - may contribute to unintended consequences
- Unknown if there is 'direct causal link' between delays and suicide

Claims process:

- Every claim is screened, and assessed if it is priority, or needs to be triaged to provide extra support for a veteran from a social worker - if not, sent to unallocated queue
- Registration is the processing of submitting a claim to the processing system
- Screening teams can request information for any claims with insufficient information, including organising diagnostic medical exams with veterans
- Will check in with veterans after claims are lodged:
 - system of text messages, calls
 - Provision of NLHC for 20 conditions, including mental health
 - Open Arms support
 - Veterans payments
 - Some complex case care support
- There is no guarantee that these interventions or support will succeed

Data:

- Transparency of annual reports, data, KPIs etc. needs to be better, especially the public facing side

Causes of backlog:

- In 2012, DVA forecast fall in future claims lodged
- Backlog has steadily increased since 2017, with some changes month to month - despite forecasting, many of these have underestimated the number of claims received consistently
- Veterans Centric Reforms (VCR), the introduction of MyService and operational tempo have all contributed to the backlog - this has included the Veteran Recognition Program in 2017, which raised awareness of what support can be claimed
- VCR reforms reduced complexity for those claiming at the frontend online, but the backend IT systems used for processing were outdated and complex - this is mostly owing to the complexity of the three Acts of legislation (2000 pages of legislation, 800 legislative instruments), and issues to do with wider Government payment and IT systems - all contributes to long claims processing times
- No answer as to why reforms were introduced before systems were ready to process them
- Potential issued of increased claims was raised from MyService were raised - not acted upon

Staffing:

- Supplementation of budget funding of Average Staffing Levels (ASL) and funding was needed and has been granted since 2015
- DVA does not have an agreed model where staffing increased with demand i.e. a demand-driven model
- Until FY21/22, supplemental funding did not include increase in ASL, but instead increased budgets - this meant an increase in labour hire contractors - this provides no long-term certainty, with high training requirements - DVA system is not suited to a labour hire model
- Labour Hire forms 28% of staff in claims processing area
- Significant training of delegates is required - new delegates have poor productivity - takes about 6 months to be fully productive
- Staff turnover contributes to backlog - attrition rate has increased since the May 2021 Budget
- DVA still has not fully employed all staff as required by 2021 Budget, but is getting closer
- 38 Senior Delegates in claims processing teams - forecasting recruitment of a further 28
- Staffing didn't account for operational tempo
- Current ASL staffing increases only guaranteed for 2 years
- Current DVA staffing - 2000 in the APS, 1000 contractors
- DVA would like to see:
 - Staffing commensurate with demand, with adjustments based on demand
 - Would like more staff security and security of tenure
 - Quality has been lost due to loss of corporate memory - would like this to change
- DVA are very active in recruiting transitioning service members and veterans as staff - they are very useful to DVA

McKinsey report:

- Worked collaboratively between DVA and McKinsey throughout
- Minister directed DVA to directly included consultation with Veterans and families affected by veteran suicide - DVA responded that something less than this should be required

Advocates and Veterans community:

- DVA has good relations with, and values the contribution of advocates
- Advocates are an essential part of the system
- Feedback from the veterans community is the most important thing - how is this implemented?

Other:

- Collie report's 11 recommendations - still being implemented - DVA will report on progress