



## Royal Commission Adelaide Hearing Block -26 July: Day 8

### **PUBLIC HEARING BLOCK ANNOUNCED: SYDNEY - 20<sup>th</sup> NOVEMBER**

#### **RSL References**

##### Positive:

No references made.

##### Negative:

No references made.

#### **General summary:**

Aimed to work together with ESOs to strengthen external support to veterans and their families;  
 Found additional resources to attempt to eliminate the backlog by recommended dates per Royal Commission Interim Report;  
 Establishment of multiple Divisions to aid cohesiveness and evenly distribute workload across DVA;  
 Looking to mitigate further risk of backlogs occurring again - seeking ways to prevent future backlogs;  
 Seeks additional ways to incentivise GPs to improve their engagement with Veterans - current 15% additional support for seeing veterans;

*Alison Frame: "I am committed to improving things moving forward and I apologise for previous experiences that veterans have gone through with DVA"*

#### **Timeline:**

12:37pm - In Session;  
 12:38pm - Witness Affirmed ;  
 1:41pm - Question taken on Notice;  
 2:40pm - Adjournment;  
 2:56pm - In session;  
 2:57pm - Examinations continued;  
 3:55pm - Commissioner Kaldas: thanks Secretary Frame for ongoing work.  
 3:56pm - new evidence tendered - deployments; ADFA; data issues; DART; General documents;

#### **Counsel Assisting Opening Address - Peter Singleton:**

- Brief introduction of Alison Frame and her appointment to the role
- All evidence accepted as public evidence - no contest on privacy or confidentiality claims

#### **Witness List:**

Time	Witness	Description
12:30pm-2:30pm	<b>Alison Frame</b> Secretary, Department of Veterans' Affairs	Commonwealth Witness
2:30pm-2:45pm	Short Adjournment	
2:45pm-3:45pm	<b>Alison Frame</b> Secretary, Department of Veterans' Affairs	Commonwealth Witness
3:45pm-4:00PM	Chair's Closing	

## Verbal Evidence: Alison Frame

Type	Body/Comments
Verbal Evidence	I was aware of the DVA claims processing complexities and the backlog that had occurred due to my exposure to Prime Minister and Cabinet (PMC). I was aware that DVA was under significant pressure, and was trying to deliver however, had aspects of under-resourcing which has greatly contributed to the claims backlog.
	In the early days of my appointment, I had conversations - and still do - with leaders, other secretaries and especially staff about the existing culture and morale at DVA. I made a few small changes consulting with DVA, held sessions to talk about priorities of the Department and how do we best align ourselves for delivery.
	The Department needs to be more connected and less siloed in the deliveries of its support and delivery of services. By establishing the Veteran, Family & Stakeholder Experience cluster, it provides a strong focus to assist ADF personnel.
	The Claims Process Improvement Division was established to aim to improve claim processing and to clear the backlog. This was also included with Client Benefits to ensure that there was corporate support between the two and reflected the extent of change and resourcing that went into that group since the delivery of the Royal Commission's Interim Report; with an additional of 500 staff across DVA to improve the backlog.
	There is additional work within these Divisions; we have a deadline of March 2024 - with 500 person recruitment, a massive task - I wanted Claims Process Improvement and Clients Benefits to have connectivity, closer to ICT, and to work closely together to leverage better outcomes.
	I am looking at other creation Divisions which may improve the backlog, improve connectivity amongst the Department and allow more focused services to Veterans. There is a Band 1 position now for the newly created Transition Division which will allow for innovative changes. Our hubs are also a very key programme which will directly report to Kate Pope.
	Junior staff did not significantly differ in their opinions and perspectives from Executive Staff - Junior staff did request more training and assistance.
	ESOs had acknowledged the efforts that have been made; in particular, culture, resourcing and interaction. We have been held to account by ESOs for not moving quickly enough. I will continue to engage with veterans and ESOs - sometimes the way in which things are implemented do not deliver the intended outcomes.
	ESOs have a rich knowledge; we have attempted to draw upon our - DVAs - and others expertise to understand how we can use evidence-based proposals to improve our policies.
	I am sure the delegates make the decisions based on the <i>Veteran Recognition Act</i> , which is to provide benefits and support to our veterans.
	There is a mechanism that reaches out to veterans regarding their claim and the triage system - the additional staff and provision of resourcing will help eliminate this backlog.
	Significant simplification and the implementation of the date-of-claim model would aid in minimising mental distress.
	DVA is currently attempting to determine whether there is going to be a spike in claims pre- and post-transition legislative arrangements. This is an ongoing investigation with DVA, and ESO groups.
We have reduced the administrative requirement for veterans to complete less forms; currently - down to five pages. We are working with Services Australia, and external companies to move these forms into webpages to make sure that most of the information is pre-populated, with minimal interaction and editing from veterans.	

	89% of claims in the backlog were not investigation-ready and required further information for determination. The intention of significant increased recruitment for support officers would aid delegate officers and determination is underway to see the earliest time possible to eliminate the backlog.
	Current claims processing staff: 1,009 - as of 30 June 2023; increase of 461 since 30 June 2022.
	Full confidence of current staff and new structure to ensure that veterans are cared for appropriately.

### Evidence Tendered

Document	Paragraph	Body
Statement of Alison Frame	DVA.9999.0062.0005	<p><b>[23]</b>. In addition to these external meetings, I met with senior staff in the Department both as a group and one on one to hear from them directly on where they considered improvements and change might be focused, and what they felt was well functioning.</p> <p><b>[40]</b>. There are three steams of claims backlog to be cleared: 1 - initial liability; 2 - claims for incapacity; 3 - claims for comepnasation for permanent impairment.</p> <p><b>[41]</b>. Initial liability backlog: cleared by end of 2023;</p> <p><b>[42]</b>. Incapacity backlog: cleared by end of March 2024;</p> <p><b>[43]</b>. Permanent Impairment backlog: cleared by end of March 2024;</p> <p><b>[46A]</b>. It is clear that DVA's legislative arrangements are complex. There are three main existing Acts and over 850 associated legislative instruments relating to compensation, rehabilitation or other entitlements, creating a complex web that needs to be navigated before a veteran or family member can receive the support they need, and necessitating an approximate 6-month training period for new delegates. This is unacceptable and has contributed to the claims backlog. If a veteran or family member needs support, they should receive it as soon as possible. The current arrangements hamper that goal, and I am working with the Minister to forward a proposal tothe governmentt to simply the legislative framework.</p> <p><b>[48]</b>. DVA has implemented a range of steps to reduce processing times and address the backlog of claims including:</p> <ol style="list-style-type: none"> <li>a. Improving our processes</li> <li>b. Recruiting and training</li> <li>c. Screening - at risk people for more support</li> <li>d. Checking claims upon receipt,</li> <li>e. Keeping people informed about how claims are progressing</li> <li>f. Following up on information further required</li> </ol> <p><b>[49]</b>. Since my commencement as Secretary, I have:</p> <ol style="list-style-type: none"> <li>a. Expanded claims support team</li> <li>b. Commenced streamlining medical forms to improve efficiency</li> <li>c. Created a new SES Band 2 position to improve prompt resolution</li> <li>d. Progressed work on harmonisation of MRCA, DRCA, VEA, work with Minister</li> </ol>
Transforming DVA	DVS.0010.0001.1831	<p>Organisational Flow Chart:</p> <p>Deputy Secretary Veteran, Family &amp; Stakeholder Experience- Alison McLaren A/G</p>

**Questions by Counsel and Commissioners:**

<b>Witness: Alison Frame</b>		
<b>Parties</b>	<b>Question</b>	<b>Comments</b>
Peter Singleton		I was aware without prior briefing and that the DVA space had issues that needed to be resolved. I was cognisant that there were challenges that were ongoing and through the interview process, I was aware that the position would be difficult.
	Did PMC or anybody give you a brief about the backlog DVA had, either prior to onboarding to your appointment?	I was aware of the Royal Commission, the decisions of the Interim Report, and they were recognised as priorities by the Government. There was also the priority to respond appropriately to issues that faced DVA.
	Did the Government give you distinct directions or priorities prior to your appointment?	The Government's public declarations to uphold the Interim Reports reflected the Government's priorities within the DVA space, and saw conversations amongst myself, Secretaries across the APS and that there was an ongoing general awareness that DVA had gone, and was continuing to go through, significant reform and cultural change.
	Did you have priorities of your own?	My experience and values reflected - my own priorities - which were going to be improving the morale and the culture within the Department; which I will provide further information. I was not found to be deficient, but aimed to continue to improve culture, leading a Department that had an engaged and motivating culture. Service Delivery was also at the forefront and also formed part of my main priorities.
	What are the most urgent challenges in DVA?	I think - certainly - eliminating the claims backlog is a very urgent and pressing challenge. One we are working in a very focused way to achieve that and meet the deadline handed down by the Royal Commission.  We want to put mechanisms in place to ensure that backlogs do not occur again.
	To what extent has wellbeing and suicide prevention been explicitly raised?	Very frequently - it pervades all the thinkings across the Department. We are aiming to improve the Department's response in prevention and intervention; it has been prominent in all the Department's work.  A key part of achieving that is drawing upon the intelligence that the Department has from direct clinical support, services and coordinated client support - use that data and information and ensure that was provided to the policy group to improve their position to develop strategic responses.
	What improvements would you like to see?	I want to see and arrange the Department in a way which improves transition - work closely with Defence, and continue to build upon relationships, improve data-sharing etc.
	Is there a mechanisms to identify all legislative issues that delegates have discovered, to then be passed onto government?	Yes, there is. I have been in the Department for six months - sometimes they are sent individually, or in batches. We consult on legislative harmonisation so there will be a range of suggestions through consultation periods with veterans.
	How much of the evidence you have given, and attributed to yourself, was underway prior to your appointment?	Some of it was underway, however, for the work that was underway, required additional resourcing, funding and attention - doing this allowed the deadlines to be met, or even reached prior to the date. Additional resourcing meant there was further capacity to urgently fund those requirements, with more scope to progress changes in a rapid way.
	Has DVA fee scheduling been brought to your attention?	Yes. The government has introduced the Veteran Assistance Payment which allows further funding and billing for GPs. Some medical staff are compensated with an additional 15% provided to them for seeing veterans. There is ongoing work within the Department, with a GP Advisory Committee being adopted, with the intent to use that and other consultation mechanisms to further incentivise and improve veteran-friendly practices.  RACGP has provided advice and a submission to the Royal Commission.
	Do you have views of accrediting health professionals with veteran-specific work and identifying those who actively serve veterans?	Only that it is something we will continue to look at and take advice from a body and analysing what would work best in the Australian context.
	Has the Department considered additional training for ESOs, and Advocates?	Yes, there is considerable ongoing discussions with Advocates and ESOs to determine whether there is training or education that they may need to help minimise mistakes and errors when claims are first submitted.
Are you waiting on any ITC improvements for MyService?	There aren't any system enhancements that I am aware of. The biggest dependency is on claims relying on correct lodgment, and minimises the wait time. Many claims are held up by missing information.  Permanent Impairment fluctuates in line with the flow on effect from Initial Liability consultation. Initial liability continues to decrease.	
	Delayed claims can be stressful for veterans - the nature of veterans interactions with the Department is stressful. Some veterans experience a lack of compassion when dealing with DVA.	In a workforce of 3,500 - there may be examples of that - but this is not accepted. Where the Department uncovers these behaviours, there would be conversation and ways to rectify that behaviour.

		I haven't been made aware of cases where veterans feel like they have been treated poorly - certainly complaints about outcomes - but I accept that poor treatment of veterans could be further detrimental to their health.
<b>Commissioner Brown</b>	How might you go about detecting problems of poor service by DVA staff, and improving the culture?	It is immediately apparent to me that we can do more. We need ongoing vigilance regarding this, and we need to keep providing where help can be sought; what should be done; empathy training. Working closely with veterans and ESOs will establish stronger connections and I would expect that there would be a regular cadence with veterans to understand how ESOs can exchange information to provide feedback on DVA communication.
	Are you planning on employment opportunities with DVA for veterans?	Yes, building upon that, we need to lead the way and promote employment opportunities for veterans - not only within DVA - but in the broader APS. This consideration is also to the broader veteran community such as immediate family members.
	How are you going to improve methods for suicide prevention?	There is going to be the establishment of a dedicated division; the use of client support; engagement with external stakeholders - and understand the approaches taken and how we can improve more rigour to those frameworks.
	What does the Rehabilitation Commission have in suicide prevention?	They can raise issues and bring them to Commissions - there is very active consideration about what can be improved upon and how to provide more effective support services.
	Is it possible to contemplate something such as frequent phone calls to veterans within a certain period of time post-transition?	Of course that is something that can be contemplated, yes.
<b>Commissioner Douglas</b>	How many delegates are required to clear the backlog per our recommendations?	**Taken on Notice.  We have introduced more Delegates - approximately at 30 June 2023 - is 526 and an increase from 289, at 30 June 2023.
	What role do ESOs play in this space?	ESOs are able to provide high quality and advocacy advice where they require. It is the prerogative for each veteran to seek counsel and advocacy; however, we need to improve awareness for ESO advocacy services.
<b>Commissioner Kaldas</b>	What is the demand-driven funding model's current place? Will it be expanded?	It is funded and progressing well - we have the challenge about the actuaries who are working through that and maintain the advice they provide. It is currently proposed to be expanded with Bond University conducting research.
	Can you please tell us about the information you received on harmonisation?	We received many, many submissions from ESOs, government agencies, counsel and had submissions that proposed the harmonisation of MRCA, DRCA and VEA. We are seeking to provide a preliminary draft early in 2024 pending the advice of counsel.

## Chair's Closing:

Commissioner	Comment
<b>Kaldas</b>	<p>We thank the engagement of people here in South Australia. We continue to encourage people to share their experiences by making a submission prior to 13 August. We acknowledge the systemic issues that have continued to impact veterans and veteran's families which has resulted in high suicide and suicidality.</p> <p>Culture is set from the top, down.</p> <p>Five themes;</p> <ol style="list-style-type: none"><li>1. Career paths; postings, promotions and management;</li><li>2. Support needs;</li><li>3. Safety in the workplace and addressing organisational stressors;</li><li>4. Link between physical injury and poor mental health outcomes;</li><li>5. Accountability;</li></ol> <p>Thanks to Counsel, Barristers, Universities, individuals with lived experiences for evidence that is damning, whilst sad.</p> <p>Thanks especially to the Naval Diving team - disappointment with RAN who has not followed up post evidentiary testimony.</p> <p>Hamilton Report referenced: "37 years later and those issues have not yet been resolved, with ADF personnel still facing difficulties."</p> <p>Acknowledged that no quick fix will occur. Political leaders are imperative for the change - bipartisan is required for the quickest fix possible. We hope the government responds in a considered, and ordered way.</p> <p><b>Melbourne: Monday, 28<sup>th</sup> August - To hear from Premier Andrews; IGADF; lived experience witnesses et al.</b></p> <p><b>Sydney: Public Hearing - November.</b></p>

