

**Summary of key issues discussed at
9 June 2015, CEO Round
Table Committee Meeting**



Committee members present:

Marcus Stafford (Chair), Julie Waylen, David Cain (representing Sue Ash), Justine Colyer, Fiona Beermier, Matt Burrows, Rob Holmes, Yvonne Parnell, Darren Ginnelly, Ron Chalmers

Apologies:

Paul Coates, Tony Vis, Debbie Karasinski, David Hogg and Leanne Pearman

In attendance:

Fleur Hill, Sharleen Chilvers, Robyn McWaldron and Denise Berry (minutes)

1. State Government Budget (2015-16) Implication for disability services

Refer to attachment one for details relating to this item.

R Chalmers advised:

- The Budget Bulletin is sanctioned by the Minister each year.
- We had a positive outcome for Disability Services with a 5% growth in budget.
- Funding is secure for the second year of NDIS My Way trial.
- Another \$27.6 in growth funding for services in the rest of the state.
- Will be moving very quickly away from CAP Funding as the primary mechanism for allocating funding to individuals. The Commission will be progressively moving towards replicating what is happening in the NDIS My Way trial sites, where individual plans are developed, funded and implemented.
- No Fault Insurance Scheme will be developed within the next twelve months as a model; legislation will be drafted, and hopefully passed so that we can implement this by July 1 2016.
- There has been money allocated in the budget to run the Disability Justice Centre, which commences in July 2015.
- All growth is going to the sector and not the Commission.

Key issues raised by members for further consideration by the Commission:

- To have growth in the current economic climate not only for Disability Services but for the entire sector is a wonderful achievement.
- The introduction of the No Fault Insurance Scheme is another first step in levelling out WA with the rest of the country, and building a really great system.

2. Disability Health Network: Progress to date and future plans.

Refer to attachment two for further details relating to this item.

S Chilvers advised:

- The Disability Health Network was formed after a Clinical Senate Hearing held in parliament in 2011.
- There were nine recommendations made, and one of the recommendations was that the Disability Health Network was formed.
- Partnership with WA Health as a result of the Clinical Senate debate in 2011.
- There are two co leads Fiona Payne and Kate Baxter (extensive experience in WA Country Health Service with an allied health background).
- Partnerships with Mental Health Commission on dual disability.
- Community engagement is a priority.
- In the first 12 months of operation we had 500 members registered with the network, today we have 3237 members.
- The Network has established a number of working groups with representation from a wide range of sectors.
- Community engagement is a priority and one of the strengths of the group.
- One of the projects we were involved with was the Disability Liaison Project which is entering into its third phase, and a report will be available shortly.
- Second phase was completed in January at Sir Charles Gardiner Hospital.
- Phase three will be held in the North and South Metropolitan Health Services.
- Stake holder engagement is planned for August 2015.
- Phase three will be fully funded by WA Health.
- Health promotion for people with disability held a 'Think Tank' working on next steps.
- Project groups supported by the Disability Health Network are the Disability Health Hospital Stay Guideline Framework and the Disability Health Care Framework.
- Sought advice from peak disability organisations including DDWA and PWD, WA on how to reach consumers.
- Offered to work with organisations to hold targeted forums and one on one interviews with their members.
- Face to face public forum 22 May 2015.
- Online survey closing 5 June 2015.
- Contacted over 150 organisations.

Key issues raised by members for further consideration by the Commission:

- The Commission cannot do all the work on its own, the sector needs to step up and work together.
- The framework appears to be treatment focused and not enough prevention focused, perceptions need to change.

3.a) **Brief update on WA NDIS My Way trial - Summary of Quarter 3 report**

R Massey advised:

- The independent actuary has stated that there are very positive trends showing.
- Package sizes are staying at a very consistent level and below the national average.
- There have been no appeals, complaints and reviews in the LSW.
- There are less people transitioning in the LSW than in the actual phasing schedules. Not sure if this is going to be a trend in WA or, the LSW is an anomaly, we have asked the actuary to do a bit of extra work on this.
- There is still a high ongoing take up on self-management. We have put additional supports in place in the local office, such as a Technical Support Officer.
- The number of people with Psychosocial Disability engaging and planning has been very positive, with plenty of positive feedback.
- Over 70 people with Psychosocial Disability are currently engaged in the planning process and the modelling says it may be up to 150 in the LSW.
- There are 35 DSO's in the LSW area.

b) Status / readiness update on Cockburn / Kwinana

R Massey advised:

- Cockburn / Kwinana (CK) trial commences on 1 July 2015.
- We now have 35 My Way Coordinators on board in CK.
- We have over 800 plans in CK, some are interim plans, where My Way Coordinators are engaging with Disability Sector Organisations that provide accommodation options.
- Transitioning of DSC accommodation group homes has commenced.
- Have been actively engaging with people who have a Psychosocial Disability in the planning process.
- Have run a series of expos which have been very well received.
- There are 75 DSO's in the CK area.

Key issues raised by members for further consideration by the Commission:

- Felt the process for interim plans was a very good idea and a great way to get to know families and the My Way Coordinators.

c) Disability Professional Services

R Massey advised:

- Very keen to get non-government providers on the ground in the LSW and increase choice and control for people with disability and their families. It has been more complex than anticipated and a slower start than we would like to have had.
- A commitment has been made to transition regional therapy services for people with disability to the non-government sector but there must be choice and control for individuals and families.
- We now have a commitment from the Department of Health therapy team that they will provide information directly to families then refer them onto NDIS My Way Coordinators. They cannot provide names directly to the Commission because of confidentiality issues.

4. Overview of current safeguards for people with disability accessing services

Refer to attachment three for further details relating to this item.

R Chalmers advised:

- Over the past six months there has been a spotlight on this issue nationally.
- What constitutes proper safeguarding for vulnerable people with disability on a broader level?
- What safeguards exist and what should exist in a range of settings?
- Has recently played out locally in the media, Parliament and the sector.
- People are making statements that are factually incorrect about the current safeguards we have in place in WA, and this is a problem.
- We need to educate people about the correct process to follow if someone sees something that is not appropriate, and how they should deal with it.
- This matter is being dealt with within the National Quality Framework, as well as ongoing discussions with advocacy organisations.

Key issues raised by members for further consideration by the Commission:

- The sector needs to send a strong message that there are systems in place to support vulnerable people that do work, and people must report any inappropriate behaviour to the police.

5. Changes to Serious Incident Reporting (SIR) Process:

Refer to attachment four for further details relating to this item.

F Hill advised:

- There is a contractual requirement for disability sector organisations to report serious incidents (death, abuse, harm, serious injury etc). This is actioned through the Serious Incident Reporting process. Over time, the process has become onerous and unwieldy and as a result the Commission has undertaken a review to improve the efficiency and use of its Serious Incident Reporting (SIR) system.
- She conducted a manual review of all SIRs over the last three years and found that the majority of SIRs received were actions taken by a person with disability rather than something done to a person with disability.
- All SIR forms will be centralised and actioned by the Commission's Consumer Liaison Officer. This will enable trend analysis to be undertaken and provide a more streamlined process.
- In the future there will be an online SIR system developed. This will enable DSOs and Commission-provided services to submit SIRs online.
- The SIR process is a notification system, not incident management system. DSOs will be required to manage the serious incident (this may include investigation, provision of support, evaluation of practices, or involvement of other parties such as the police).
- The SIR form and guidelines have been updated to reflect the change in process, including a flowchart on the process.
- All organisations will be required to use the new SIR form from 1 July 2015.

R McWaldron provided members with a walk through of the revised SIR form, highlighting key changes.

This included:

- The new form is designed to be completed electronically. It uses set drop-down menus to ensure reporting categories are used consistently across the sector.
- The form contains a single list of categories (seven main types) for serious incidents. While broader information about the incident can still be provided in the incident description, organisations are asked to select **one** category only as a primary descriptor of the incident.
- The new form seeks more detail in relation to where the incident occurred (in or out of service) and who was involved. This information is requested to support better, more meaningful reporting of SIR data.
- The form also seeks information on what actions have been taken to manage the incident. This aims to minimise the follow-up requests that come back to organisations following the submission of an SIR.
- CEOs will be required to review and sign off on all SIRs prior to forwarding to the Commission.
- The CLO will undertake follow-up action with relevant Commission-directorates and/or DSOs.
- The CLO will inform DSOs when the SIR has been closed.