Transcript

Aged Care Quality and Safety Commission

Introduction to the Serious Incident Response Scheme

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 **Presented by:**

**moderator/mc:**

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**Attendees:**

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[The visuals during this webinar are of each speaker seated at a long table and speaking to camera]

**Nicola Dunbar:**

Welcome to the first in our series of webinars relating to the Serious Incident Response Scheme or SIRS. My name is Nicola Dunbar. I’m from the Aged Care Quality and Safety Commission and I’m going to be facilitating the webinar tonight.

I’d like to begin by acknowledging the traditional owners of the lands on which we all meet across Australia and pay my respects to Elders past and present.

Today we’ll be focusing on introducing the SIRS and providing some information about why the Scheme is so important and key aspects for providers to be aware of. There will be a lot of information presented tonight but please remember that this is not your only channel for information. It will be supported by information on our website and by additional webinars that will be held throughout March. Also this webinar will be recorded and will be available on the Commission’s website in the next couple of days. We’ll have webinars coming up around incident management systems and about reporting obligations around SIRS and also about the Commission’s powers under SIRS. So we’ll be covering a whole range of topics over the next couple of weeks that will help you prepare to go live on the 1st of April.

Tonight we’ve got two speakers. We have Janet Anderson, the Commissioner for the Aged Care Quality and Safety Commission and Craig Gear who’s the Chief Executive Officer from the Older Persons Advocacy Network. Let’s get started and I’ll hand first to Janet for some introductory comments.

**Janet Anderson:**

Thanks Nicola. Hello everyone. The Serious Incident Response Scheme which we’ll refer to as SIRS in this webinar has been discussed for some time as a logical and necessary elaboration of the Compulsory Reporting Scheme. So it’s unsurprising that there is actually widespread support for the introduction of this scheme both in the wider community and also across the aged care sector. It’s seen to be a way and indeed I am sure will prove to be a way to improve the quality and safety of residential aged care and to keep residents safe.

The new Scheme is not just about providers managing and reporting serious incidents affecting residents. It’s actually about providers – and I am speaking to you the provider at the end of this webinar – providers establishing or strengthening structured processes and procedures that over time will help to prevent such incidents from occurring.

So the Scheme has two principal components. First of all it places an obligation on services to have an effective incident management system – we’ll talk about that in more detail over the course of the next hour – and that includes a set of protocols, processes and standard operating procedures that staff are trained to use. The second component relates to your reportable incident obligations. So the new Scheme replaces the compulsory reporting obligations with a broader range of incidents that are in scope for reporting to the Commission.

Now if you think about those two elements the systematic management of incidents and reporting serious incidents to the Commission, they should already be familiar to you as things you do now. So it’s important to recognise that what’s in scope for you to do under SIRS is something that you have in place and that probably needs strengthening rather than something that you have to start from scratch. Now hopefully that is reassuring.

At its heart SIRS is about improving the quality and safety of care for consumers, helping you as providers and us as the regulator to be more aware of the factors that can lead to consumer harm and being better placed to prevent or mitigate those risks now and into the future. SIRS recognises that Australians have the right to live free from abuse and neglect and that’s a human right. It’s current law and it’s also a community expectation. And I’m sure Craig will have more to say about that.

So SIRS will help us protect that right by strengthening the organisational governance and risk management systems in aged care, building provider skills so you can better respond to serious incidents, empowering consumers and ensuring that they have the support they need if incidents occur, and enabling and ensuring the review of incidents to drive continuous improvement which is the preventative aspects of SIRS which avoid reoccurrence of those incidents going forward.

Now we’re aware that the commencement date for SIRS being the 1st of April is not too far away and some of you may well be concerned about the work you need to do between now and then. What we’re hoping is that this evening’s webinar and those to follow will provide you with important baseline information on which you can build in your own time looking to the website, looking to further facts and guidance which is already available and more of which will become available.

Craig perhaps I’ll throw to you for an introductory comment.

**Craig Gear:**

Sure. Thanks Janet. And thanks Nicola for having me along here today. It was interesting. I talked to some older people from our reference group and in the community about their expectation of a Serious Incident Response Scheme and that this was coming in on the 1st of April and their first response was haven’t we already got one? And I suppose yes, there was the compulsory reporting requirements that were there. So it’s not new. But it also means that this is another heightened way to increase the transparency in the system that older people are looking for but also their confidence in the system.

Our reference group Janet has been talking to us about the challenge at the moment with the Royal Commission report coming out, that sort of wanting to really build that confidence into aged care. People know there are really good examples out there and that sometimes things will go wrong. But what people are sort of saying to us is ‘This is what I want to know is happening. I want to know that it’s going to be looked at, it’s going to be reported, the right people are going to know about this, that the intelligence and the lessons from this incident are going to go into the system and it’s going to help us improve over time’. And the SIRS is something OPAN’s really supportive of for that because it starts to bring I suppose some of the invisible to visible.

But I think the R in SIRS is really important as well. It’s the response aspect. We want people to respond. We want people to know that the older people and their families are being supported out there and we want them to know that we’re going to learn the lessons from this and we’re going to try and prevent this into the future as part of a really strong safety system. We see it in the airlines. We see it in the healthcare system. And older people are expecting the same sort of level of quality and safety from their aged care system as well.

**Nicola Dunbar:**

Thanks Craig. I think that’s a really good start and a really good perspective on why this is an important thing to be doing. It also kind of leads nicely into thinking about okay, if people have that expectation that the response is going to happen, what do providers need to think about for their incident management system. So Janet you mentioned that as being one of the first aspects of what’s important with SIRS. Can you tell us a bit more about what is an effective incident management system?

**Janet Anderson:**

It really is a version of common sense, and I believe that very strongly. It is not a particularly sophisticated or highly engineered design or set of components. Let me run through them with you. There are four. The first is the policies and procedures. So how do you identify, respond to and resolve and learn from incidents as Craig said? You need that to be documented and it needs to be available to the people for whom you’re providing care, their families, your staff, others who may come onto the site from time to time.

The second is a recording tool, so the way in which you capture information about the incidents. Some incident management systems use computer-based tools. Others use manual tools. The Commission for our purposes are agnostic to your selection of tool but you must have a means of recording the details of that incident.

The third of the four is the staff training program. Equally vital. Not only that staff are inducted into this way of understanding and recording and responding to incidents but that they are regularly reminded and they have their skillset refreshed and their knowledge base also reinforced periodically so that it becomes second nature if and when something goes wrong that they know immediately how to deal with it and can do so not just efficiently but supportively for all those who have been impacted.

And the fourth of the four is governance and accountability by the provider for what happens and what happens subsequently. So who is overseeing each of these other three? Who is overseeing the policies, the recording tool, the staff training? Who is ensuring that these matters are given the attention that they need and routinely refreshed? Who is holding staff to account for the work that they’re doing in preventing incidents and then responding to them quickly?

Many of you already have these elements in place, all four of them, because you are currently familiar with the compulsory reporting arrangements in which case you must have a system for recording incidents of a certain nature and reporting those incidents. So what we’re talking about is building on what you have now and ensuring it is fit for purpose.

And the only other comment Nicola I’d make is that as you look to your incident management system it will be tailored according to the characteristics of your service, where your service is located, so geographically placed, how large your service is, the characteristics of the services you provide to your consumers and indeed those consumer needs. All of those aspects will colour and shape the nature of your incident management system. So don’t think it’s an off the shelf product. It must be customised to meet the needs of your particular service. Thanks.

**Nicola Dunbar:**

Thanks Janet. One of the things I think that is important to recognise with SIRS is around the distinction between incident management systems and what needs to be reported under SIRS. So what you’ve just described Janet is the requirements around an incident management system that applies to everybody and all incidents no matter what they might be. What I think is important here is around the reporting requirements under SIRS that are different to compulsory reporting but that don’t necessarily cover all of those types of incidents that might be in your incident management system. Can you expand a little bit more on that?

**Janet Anderson:**

Two interrelated concepts that need to be understood as sitting side by side. The incident management system is a tool for your use as a provider to capture information and to ensure that there is a rapid and appropriately calibrated response to the incident. And the incident can be of any nature or type or consequence or involving any combination of parties. It is not limited to things that happen to a consumer. So your IMS, your incident management system is for your entire service in relation to the entirety of incidents within that service.

Reportable incidents under the Act is a subset of those which impact one or a number of consumers. Now there are eight headings which encompass the full array of reportable incidents. I’m going to read them out. But this isn’t a tutorial. You will need to understand these for yourselves in the information which is available already on our website and from other sources. But just to give you the headings and some sense of the totality of reportable incidents. Three are already familiar to you. Unreasonable use of force, unlawful sexual contact or inappropriate sexual conduct, and unexplained absence from care. Those three you know because those three are compulsory reportable incidents now. Then there are five more. Psychological or emotional abuse, unexpected death, stealing or financial coercion by a staff member, neglect and inappropriate physical or chemical restraint. So those are the eight. Three you know, five additional are the suite of reportable incidents that you must notify the Commission about. Now of course if the incident is of a criminal nature it must be reported to the police and that is a continuity with the existing arrangement.

One of the changes from the existing arrangement is that where the alleged perpetrator and/or victim is a consumer with a cognitive or mental impairment such as dementia they are also in scope for a reportable incident. So there is no exclusion on the basis of cognitive impairment which as you know has been the subject of considerable discussion over a period of time. Providers report the incident to the Commission using the My Aged Care Provider Portal with which you are familiar. And to ensure you’re ready for the 1st of April you really must ensure that you have enough staff who have access to the portal to enable them to submit reports on time. Thank you.

**Nicola Dunbar:**

Thanks Janet. I’m going to ask you one more question about the obligations and then I’ll let you have a bit of a break. But this kind of goes together with the conversation about what needs to be reported, is that the SIRS actually also imposes some obligations around timing, about what needs to be reported when. So maybe if we just cover those off and then we can keep moving away from these kind of obligations themes.

**Janet Anderson:**

Okay. This has a number of parts to it and again you don’t have to learn it from this webinar but just to familiarise you with some of the issues that you will want to study in greater detail. SIRS will commence in a phased approach and the first phase is from the 1st of April. And from the 1st of April providers will be expected to have in place an effective incident management system and will be required to report what are called priority one incidents to the Commission within 24 hours of becoming aware of the incident. So 1st of April, priority one incidents to be reported within 24 hours of becoming aware of the incident.

Now what’s priority one? The definition is reportable incidents which have caused or could reasonably have been expected to cause physical or psychological damage or discomfort that requires medical or psychological treatment to a care recipient. I know that’s convoluted. You actually have to see it written in front of you to unpack it fully. And I do commend it to you. Please study it because from the 1st of April that is the definition of a priority one incident which must be reported if it occurs within your service or if it is alleged or suspected to have occurred in your service. Now it can also include where the provider suspects or where it’s alleged that the incident involves a criminal offence or where there are grounds to report the incident to the police, and the unexpected death of a consumer or a consumer’s unexplained absence. So this priority one grouping needs to be understood by every single provider in order that you can ensure that these notifications are flowing to the Commission from the 1st of April.

The second phase of rollout is coming from the 1st of October this year, 2021, where providers will also be required to report all priority two incidents within 30 days of becoming aware of the incident. Now what’s a priority two? This is more straightforward. We define it as everything other than a priority one within those eight categories of reportable incidents. So 1st of April, 1st of October are the two dates that need to be in your mind. And then priority one incidents from the 1st of April, priority one and priority two incidents from the 1st of October, and they each have the priority one incidents reportable within 24 hours of becoming aware and the priority two incidents reportable within 30 days. I hope that’s clear. But as I said further study but at least you have some familiarity with those distinctions now. Thanks Nicola.

**Nicola Dunbar:**

Thanks Janet. I’ll come to you in a sec Craig but I just want to I guess follow up on Janet’s comment that this is not the only source of information. Just had a question about when are you going to have detailed guidance about all of this information because it is complex and you do need to be able to read it through. We will have probably either tomorrow or the beginning of next week detailed guidance coming out about SIRS reporting obligations. So that will be available on the Commission’s website and that will go into detail about all of these kinds of obligations. And then following that by about a week or so we will have some detailed guidance about incident management systems. So that information is going to be coming out very soon and in the meantime we have fact sheets that are already available and will be coming out on a weekly basis that will pick up on specific parts of this.

And one of the next ones to come out of those fact sheets is around what do you need to record in your incident management system. So that will help you if you need to update your system, make sure it includes different fields. So that information will be coming out very soon. So you’ll be getting that over the next week or so. So I just wanted to cover that off because I know that it is an area of concern and we’ve got information that’s coming out about that. So you don’t need to be madly taking notes tonight. You’ll be getting it in lots of different ways.

So we’ve had quite a bit of a discussion so far about what are the obligations and the requirements for providers within SIRS both in terms of their incident management system and in terms of their reporting obligations. Craig I’m going to ask you now about how can providers think about how they can involve consumers in this process? So how can consumers be involved in the incident management process? How does that link in terms of things like reporting and managing incidents with things like open disclosure? How can consumers have a role in this?

**Craig Gear:**

I think it’s really important. I mean those eight things that Janet outlined there, they are issues of abuse and issues of neglect, and at OPAN we want to see a society that respects older people in everything we do, respect and dignity. And then when things go wrong that we learn from that and that we actually work to prevent that and prevent any of those abuse and neglect and those things that impact the older people that are under the care of the aged care provider.

And so this I suppose is really sitting down and thinking about if this was me that this happened to, if this was my family member this happened to, what would I expect? And in doing that it’s about yes I want to see that the provider yes puts up the report and does it in a timely manner but they also go back to the R part. There is a response to this. That they’ve involved the consumer, the older person, the family members and sat down with them and ‘If something happened and we had to make one of these reports under SIRS what would you expect to happen?’ And older people have been saying to us they want to be treated with the dignity and respect that they’re due. They want to actually be brought along as part of this journey. They want people to be honest about it and transparent that something’s gone wrong. It is so important that we actually go ‘Things didn’t go right and we’re going to look into this. And we haven’t got all the facts necessarily right at this point but we’re actually going to keep working to get those facts. And we’re going to work with you. We’re going to protect your privacy and confidentiality while we do that and we’re actually going to make sure that we learn from this and as much as possible make sure this doesn’t happen to someone else’.

And they’re the key principles that sit under open disclosure. So if a provider’s doing that and speaking to older people and their families about how would you like this to occur if it does occur then I think you start to build consumers into everything they do. My Older Persons Reference Group which is 36 older people who are fiery about this stuff and about making sure the system improves and supports them as they go through in the aged care system, and they tell me they want something that’s safe, they want to know they’re going to get their quality care under the Charter of Aged Care rights, that they’re going to be listened to, and they’re going to be brought along on this journey as well. So that’s what they’re telling us they’re looking for.

**Nicola Dunbar:**

I want to just extend that a little bit because I think that part of what we’re looking at with incident management systems and with SIRS is not just responding. Responding is a hugely important part but part of it is also about preventing. So this kind of learning and preventing things from happening. What are your thoughts around consumers’ involvement in that further upstream, how do we actually prevent things from happening in the first place?

**Craig Gear:**

I mean my vision for this is that we actually have older people as part of some form of review process I think in the future. This is the intelligence feeding into the system saying we’ve got an issue here. We’ve got to do better on this. And so again data is going to make things visible but it’s also going to go what are the components that contributed to this as well. And they’re going to be part of designing a new system that helps us all to actually prevent this and gives people the dignity, respect, the high quality care that we know that aged care providers are out there doing. And again it’s that learning system. We are building in a learning system as we move forward here. And older people are telling me they want to be part of that. They’ve learnt over the years. They’ve got so much skills and knowledge to contribute to this about what makes a high quality aged care system and they want to be part of it.

**Nicola Dunbar:**

Great. Fantastic. And I guess Janet from the perspective of the Commission as the regulator but also thinking about providers around okay we want to take that, we want to use this as a way of improving the system, preventing incidents, responding appropriately, what are some of the kind of best practice things that providers need to think about when they’re doing this?

**Janet Anderson:**

Well I’ll start with where Craig ended and make the observation that the incident management system if it’s effective is giving you a very rich database from which you can derive trends, you can reach conclusions about where your high risks lie, you can be proactive in managing and mitigating those risks in order to prevent recurrence. And that’s the beauty of this systematic approach to gathering information when something goes wrong. And it would be a perfect support for the conversations that could then flow with consumers, residents in this case, about what’s gone wrong, what we’re doing about it. We’ve seen a pattern emerging in this regard. What do you think about it? Is that also your observation? What are your thoughts on the ways in which we may mitigate that risk? How can you assist? It’s a much more joined up partnership sort of conversation which is likely to deliver a more sustainable outcome and a quality improvement virtuous cycle which is exactly what we’re trying to build through these new obligations on providers.

I’ve got a few other tips as well. In fact I probably have too long a list. But let me just call out a couple of them. First let me start by making the fairly common place observation that this is familiar terrain not just because of compulsory reporting but because of Standard 8. Standard 8 as all of you know only too well is organisational governance. And nested within that Standard are very specific organisational requirements around having in place risk management systems including systems that assist in identifying and responding to abuse and neglect of consumers. And indeed there will be further modification of Standard 8 as part of the introduction of SIRS which goes specifically to managing and preventing incidents including the use of an incident management system. So it becomes an obligational requirement under the Standards. But that’s where you find it. And you know Standard 8 and you know what’s expected of you under Standard 8. So again this is not unfamiliar terrain.

Now we could talk at length about the characteristics of the best way of doing it. Just a few tips if I may. Make sure your system is clear, simple and consistent, because that will be readily remembered, easily applied. The training and the refresher courses that you offer staff will be successful and effective. Make sure that your responses are timely, picking up on something that Craig said. Being seen to be reactive quickly is part of putting into place the best possible risk amelioration and reducing impact on residents. Take an approach which is proportionate to the situation. So we are looking for you to assess risk, assess any ongoing risk to the individual or any other individuals on the site, assess impact and be proportionate in the speed and shape of your response.

Please adopt a continuous improvement approach. If this becomes a transactional arrangement where (a) happens and (b) happens as a result and (a) happens and (b) happens as a result, you will not harness the full benefit of this scheme. Continuous improvement must be at its core. It should be allowing you to get better at what you do by learning, using Craig’s language, a learning organisation learning as you go and avoiding repeating the things which got you into trouble or caused harm or were near misses last time around. We’ve talked about training and equipping staff to identify, respond to and record incidents. Underpinning that must be your organisational culture. This must be a no blame culture. This must be an encouragement to staff to identify concerns about something that happened or didn’t happen that may become a reportable incident. And if you allow them and enable them and encourage them to come forward with not just what may have gone wrong but also with ideas to avoid it next time you will fold into that virtuous cycle of continuous improvement.

There are a number of ones which I think Craig and I would have on our shared list which go to the consumer centred nature of the arrangements you put into place. And Craig has already spoken about those. Ensure that your incident management system is facing the consumer and is built around their needs and how best to respond to their needs. Ensure that your response is similarly closely calibrated to individual consumer needs. By all means and under the Standards you’re expected to adopt an open disclosure process where you make known that detailed information to those who are impacted and you ensure that the risk and impact is mitigated on them and that you’re also telling them the way in which you are coming to understand what happened, what went wrong and what needs to happen to ensure it doesn’t happen again.

The final one on my list is accountability. I’ve already mentioned a fundamental element of any IMS is that governance and accountability piece. Please ensure that you engineer into your approach to incident management that sense of oversight, responsibility and accountability because by that means you hold staff to account, you hold managers to account, and hopefully you are more transparent with your residents about what happens when something goes wrong and what you’re going to do to get better and ensure it doesn't happen again.

**Craig Gear:**

And I’d just jump in there. It’s also I think there’s – it’s strange to say it but a really exciting opportunity with SIRS here is that it actually means that you’re contributing to the system change across the whole system. So what you’ve learnt here is going into something bigger. And so it’s almost like your civic duty to do some of this and say this is what we learnt and this is what others can learn from us. And that’s exciting as we try and transform the aged care system and celebrate the good but also learn from what we can do better.

The other thing it does is provides confidence to older people that they can speak up and that they are going to be supported if they are involved in an incident. And we know that between 4% and 8% of people, that’s as low as it is that people will make a complaint or report an incident themselves or something. So I think this actually starts to again provide that confidence that this organisation takes this stuff seriously. They’re putting themselves in the older person’s shoes and they’re going to do something about it.

**Nicola Dunbar:**

Thanks Craig. I want to just pick up a bit on your point, segue a bit from that, around contributing to learning. So we’ve talked about responsibilities of providers. We’ve talked about how consumers can be involved. I want to move now to start to have a conversation about what’s the role of the Commission here, so the Commission as the regulator around aged care. What’s our responsibilities around SIRS but also how are we going to use that information around both regulation and improving the sector? So Janet?

**Janet Anderson:**

Yeah. Happy to take that one on. This will be covered in greater depth in a subsequent webinar. So this is a fairly high level rendering but just to give you some impression at least of the responsibilities that we take on and that we take very seriously. Our central role here is to quickly understand where the consumers are at immediate risk and what actions we might need to take to better understand or mitigate that risk. So our focus is squarely on the resident, what has happened and whether there is anything which needs to be done really quickly by the provider or possibly by the regulator in order to manage that risk effectively.

So we receive and assess the notification, the reportable incident report. We assess the risk to consumers and the adequacy of the actions that you are reporting you have taken in that notification to mitigate the risk, to ensure that the impact is minimised as far as possible and that any follow up action is being taken in a timely way. And then we make a judgment about whether there is further action required by us. Now that action might be getting back in touch with the notifier, the provider, to request more information, more reports, more advice as to the further steps that may have been taken. We may ask you to undertake specific remedial actions in relation to an incident if we don’t have any information available to us, that that in fact is what you’ve done. Or we might ask you to undertake an internal investigation if you’ve not volunteered that that is your next step and we consider it is necessary to understand in more detail what has happened and why. And then we would ask you to submit a report to the Commission on the basis of what that internal investigation found. We may also visit the service to monitor the quality of care or assess the performance of the provider.

In many ways the Serious Incident Report is another form of intelligence available to the Commission about the service and about you as the approved provider. So when we consider a Serious Incident Report basically what we want to understand is what you’ve done to manage the risks to the consumer or consumers, how you’ve used the information to improve your services or will use it to improve it over time and to ensure obviously that you are complying with your broader responsibilities.

So clearly we are also able to make findings of non-compliance. It would be unusual but not unheard of that we would do that on the basis of a Serious Incident Report but we can as I’ve just outlined seek further information from you. We do have the power, and you would be broadly aware of this, that SIRS has given additional powers to the Commission. So we have existing and new powers which become available to us where appropriate to address non-compliance by the provider with your responsibilities regarding the SIRS obligations including we can issue compliance notices if there is a suspected non-compliance or indeed commence our own investigation.

If we identify non-compliance then we have a range of other regulatory tools available to us including – and I stress this – providing guidance and education. So we don’t always reach for the top or further up the pyramid. And those of you who are familiar with our regulatory pyramid would know what I’m talking about when I say that. We can elect to provide guidance and education to a provider where a provider is clearly trying to do the right thing but not always or convincingly succeeding. We can provide feedback to the sector more broadly which is Craig’s point about this is an opportunity for improving systemically the quality and safety of care. We can use monitoring or performance assessment activities which are already available to us or indeed apply a range of enforceable regulatory actions using the regulatory powers which we have now and some of the new ones which are available to us.

If we have concerns about the quality and safety of care and particularly if we are concerned there is an immediate and severe risk of harm to residents then we will have no hesitation in reaching for one of the more intensive forms of regulation that we have available to us. Thanks Nicola.

**Nicola Dunbar:**

Thanks Janet. Before we go to questions I just want to ask each of you about – okay we’ve got a bit more than a month before we get to the 1st of April – about your thoughts around okay, thinking about for providers what can they do to be ready for the start? Craig I might go to you first.

**Craig Gear:**

Yeah. I mean I think start sitting down with the residents. One of the lovely things we’ve seen this week around the vaccine rollout is as we’ve done our webinars really good providers have got residents in a room so they can hear that information for themselves. Residents need to hear about this system and know that there’s something coming that is going to improve the quality and safety of the care that they’re receiving. So starting that journey now, starting that conversation, planning about how the response will happen and like we said before around how people will be engaged if something happens so they know that they will be told.

I’ve also got down here things like they’ll be told in time and they can also bring I suppose awareness of advocacy as well in this. I think it’s important that we don’t lose the older person in this. There’s no point just doing this and ticking the box and going yes we’ve got a system that means that this notification goes up. We have to keep a focus on the older person. So letting them know that they have got rights, their rights under the Charter of Aged Care Rights, and that there is advocacy available to them as well. So getting some of those things in place adds to the other parts of the quality standards. Complaints, feedback, all those sorts of things. This all works together to actually make the safe and learning system.

**Janet Anderson:**

Can I ask you a question following on from that? We use the language of resident and consumer but of course adjacent to them are often family members. Do you have any comment about engagement of family in incident management and response? Even when the resident themselves is perfectly capable of looking after themselves and advocating on their own behalf do you have any observations to make about that??

**Craig Gear:**

Yeah. I think it’s important that we do that with the older person themselves. And so we don’t just go off and rush off as we tend to do, inadvertently go ‘I’ve got to notify the family this incident’s happened’. I think make sure that you’ve sat down with the older person themselves first and talked to them about what they want to happen with this incident. ‘Do you want us to let your family member know?’ Now I think there are responsibilities there. There’s lines of where that has to happen sometimes. But making sure that the older person isn’t the last person to know about this, but that the family member is also brought into it. The things that we saw also through COVID, the services that did really well was that they thought about the different audiences who needed to hear these messages, that the family need to know about this but in a certain way. The older person needs to know. The system needs to know. Yes. And the regulator needs to know. But they’ve thought through some of those things now about how we will respond to those different channels but do it at the direction of the older person as well.

**Nicola Dunbar:**

Fantastic. And so Janet from your perspective what are the things that services can do over the next five weeks to work towards the 1st of April?

**Janet Anderson:**

Okay. I’m going to reiterate some of the comments I made earlier. I’m fairly confident as I sit here that most if not all of you already have something in place. This is not a standing start. I would be fairly sure you have processes and procedures already for managing incidents which now need to be strengthened and further developed rather than stood up anew. That should be reassuring to you. Because this has a familiarity to you. It is different. It is more but it is not entirely unfamiliar. So hold onto that and be reassured by that, that you actually know a lot about this already. Even though the language is different and it is an amplified scheme, there is much about it which is already known to you.

So for that reason my strongest recommendation to you is that you start with a gap analysis. Start with what’s in front of you. What do you have in place right now and then look to what you need to have in place under SIRS, and identify where something further needs to be done. And let me take you back to my list of the four key elements because I think this is probably the most useful place to start. Documented policies and procedures. Do you have them? Are they comprehensive? Now there’s already information available about the sorts of content that you would expect to find in policies and procedures relating to SIRS. Do an audit of your existing documentation against that expected documentation and identify the bits that you still have to write, that you still have to work out.

Second of the four elements was remember, recording tool. How do you currently record that an incident has happened and is this fit for purpose? Do you need to elaborate the tool? If it’s a manual tool, if it’s a piece of paper or a proforma, does it have all the right fields in it which will enable you to capture the information which will be necessary whether it is reportable or not, but particularly whether it’s reportable because that’s of keen interest to the Commission of course?

Third of four, staff training program. You must have a way now of ensuring that new staff are familiar with what processes you have in place for compulsory reporting. Does it need refurbishment? Do you need to induct staff differently or more expansively? And indeed given that you are introducing arrangements which apply to a larger range of incidents there will necessarily be a further staff training exercise in the next little while, in the next five weeks, in order that staff are comfortable and confident they know what’s in scope for reporting to the Commission from the 1st of April.

And the fourth of four if you recall is the governance and oversight piece. What does your board know about SIRS? If you’re a Chief Executive Officer or a member of the senior management have you advised them that SIRS is coming? Have you advised them of what your organisation is already doing to prepare and what further work you need to do? Have you had a conversation with the board, or you may be a board member yourself. Have you talked about your role in overseeing the performance of the organisation for which you have responsibility in the SIRS space. Do they have these various components in place now? And indeed what is the system of oversight through the management stratum and into the organisation’s governing body?

Sort out those four. Do the gap analysis. Understand what you have now and where you need to be and develop a project plan for yourself to build on those elements where there is further work to do. And what I’m fairly sure you’ll find is it’s not as big and arduous a task that it might first appear from the outside.

**Craig Gear:**

And Janet I think that gap analysis is really important to not forget the staff, the frontline staff in that gap analysis. Because sitting down with them and actually taking them through and going where are the bits that we don’t know about, we will quickly become aware of where is the work plan as opposed to it being top down for this. Because the response needs to be proportionate and staff and residents need to feel comfortable with being able to say ‘I think we’ve got an incident here that probably needs to be reported’ and that they know that that’s going to be done and they’re going to be brought in in that process, proportionate response, and also the blame free culture. So that gap analysis will draw I think some of that out.

**Janet Anderson:**

Absolutely. Thank you. A couple more points. In doing this checking and the gap analysis that Craig and I have been talking about also consider your processes for submitting the reportable incident to the Commission. Because that is part of the whole process and you must be assured for yourselves that you have sufficient numbers of staff who are registered for the purposes of using the portal, the My Aged Care Provider Portal, in order that reports can be submitted in a timely way. And that must be something else that you attend to from the 1st of April. Thanks Nicola.

**Nicola Dunbar:**

Thanks Janet. Now we’ve got some time now for questions. We’ve had a lot of questions. Thank you very much for that. I think it’s great that we’ve had so much. We’re not going to be able to get through them all in the 15 minutes that we have left but we will be using these questions to build FAQs on our website. And I think we’ve got some of those coming up tomorrow so this will be an ongoing process as we work through the webinars. And also the questions that are coming through to our SIRS enquiries line as well, our email address, will also feed into the FAQs. So we’ll go through some now but there will be plenty of opportunity to ask questions through that enquiries line and also we’ll be putting up answers that we don’t get to today.

So we’ve got some questions around:

*Q: How does this link with NDIS?*

So there are reporting obligations around NDIS as well. What’s the overlap? What’s the kind of linkage between those two?

**Janet Anderson:**

Okay. The NDIS has a compulsory reporting scheme as well. Now I’ll check my notes on this because it’s information that we all need to come to grips with more fully. Where a reportable incident occurs in a residential aged care that involves a consumer at your service who is an NDIS participant you’ll be required to notify both the Aged Care Quality and Safety Commission and the NDIS Quality and Safeguards Commission. So the notification goes in two different directions.

Now the comment I need to add is that the definitions of a reportable incident may differ between the SIRS in aged care and the NDIS in disability service and supports. And also the timeframes for reporting and the information required may also differ. So if I’m speaking to you as a provider of services in aged care to an NDIS participant I am asking you to understand where there are differences and where there are similarities. But the most important fact is you are required to report to both Commissions and please make it your business to understand the contents of the report to the Aged Care Quality and Safety Commission and the contents and timing of the report to the NDIS Quality and Safeguards Commission.

**Nicola Dunbar:**

Thanks Janet. One of the differences between the current compulsory reporting requirements and SIRS is around providers now need to report where there are incidents involving people with cognitive impairment. And so be interested in a bit more information about that and including potentially Craig about what kind of supports there might be, or you talked a bit about capacity and talking to consumers around incidents before. This obviously changes the dynamic potentially.

**Craig Gear:**

It does. And I know there’s been sort of lots of discussion about what’s the right and proportionate part of this because there will be times where the provider has done everything possible to do this and to support the person and to prevent the behaviour. But I think that’s again where we will continue to learn as we move forward with this. It’s really important that also we’re talking around consent and all these other concepts lately and the supported decision making approach is so important here, that we actually don’t just assume someone doesn’t have cognitive knowledge about what’s happened here and that there are supports. There’s Dementia Support Australia who can help. Our aged care advocates can help as well to work with that person and work with the family. And both the people. It could be both people with a cognitive issue here and we need to be able to work with them and for them to feel safe and supported in this.

And so that is something that we’re going to keep learning from I think as we move through this. But that’s a great opportunity. But let’s not forget the person. Let’s support them and support them in the decision and not assume that they can’t be part of that decision making process or know what’s happened.

**Janet Anderson:**

Yeah. And just picking up from that the roles of perpetrator and victim in the language of abuse and assault are equally important in this regard. So somebody who has a degree of cognitive impairment could be a perpetrator, could be a victim. Let me move briefly to the victim space. There is a risk that providers will underestimate impact if the person who has been impacted is unable to articulate that, or indeed may not give emotional clues about the extent of that impact. And I ask you to guard against that because impact can be very present and very intense and can be incredibly destabilising for an individual even if they are not well placed to voice that or to communicate that to somebody else. So we’re looking for you to understand that as part of not just your immediate response but also in your communication, in the way in which you seek to handle it and the way in which you are managing and supporting both the perpetrator in these circumstances and the victim. It’s not straightforward but we are trusting you as the providers to understand each of your residents well enough to also be able to achieve a form of communication with them to understand what has happened and in particular how they have responded to what has happened and what additional support they may require now.

**Craig Gear:**

And I think it’s important as well is then that’s possibly bringing in family members or friends or community visitors who might actually be spending that time with that person, to actually use them as part of the support process as well. And that’s why the open disclosure is going to be so important because we need to be able to say this might be impacting the person who did the act or the person who was assaulted or whatever the incident was. So being mindful that that might take some time to play out as well and having those supports as an ongoing support for them as well.

**Nicola Dunbar:**

Another question is around:

*Q: How do the new requirements around SIRS interact or relate to the existing and ongoing complaints procedures? So are people still able to make complaints? What if there might be some disagreement between a family or a consumer and a provider about whether or not an incident has occurred? Are people able to make complaints about that? What’s that intersection look like?*

**Janet Anderson:**

I’ll start. You may have views on this too. Absolutely. This does not in any way dislodge or displace our complaints resolution process. We continue to be available. We continue to be very keen to offer that assistance and support for complainants in taking issues to a provider and assisting in the resolution of that particular concern. That channel remains available. It remains available instead of or alongside or in addition to whatever may be happening through the reportable incidents channel.

If there is a difference of perspective between say a resident’s family member and a staff member and the staff reach the conclusion or the management reach the conclusion that an incident does not qualify for reportable incident status and an individual or their family member has another view then chances are we will hear about that in any event through the complaints channel.

**Craig Gear:**

And from the aged care advocates as well. I think we will definitely be there raising that as well.

**Janet Anderson:**

And providers need to understand that. Yeah. So a difference of perspective here does not necessarily deny the Commission access to information which is important to us to understand how a provider is responding to risk and mitigating its impact on residents.

**Craig Gear:**

And I’ve always seen this as almost a puzzle board. It’s another tool in the toolkit that’s saying we’ve got SIRS, we’ve got complaints, we’ve got feedback and those sorts of things. These are all going to give lens into or insight into an organisation. And different aspects from different lenses that are going to bring okay, how do we look at this from the – we were working on this incident as a serious incident but it still came up as a complaint. Okay. So what do we learn from that? So people weren’t feeling confident. They weren’t feeling heard. They weren’t feeling listened to. That’s okay. We’re going to learn about that for next time. So this is all a multifaceted improvement system that we’ve got here.

**Nicola Dunbar:**

Great. Janet you mentioned about a gap analysis, so providers and services looking at what they’ve got in place and working through to address the gaps. Do you expect that everybody will have all of that gap analysis sorted and everything fixed by the 1st of April? If there are incidents that need review and it’s clear that a service has kind of been working through and they’re not there yet but they’re fixing things, what’s the expectations around that from the Commission’s perspective?

**Janet Anderson:**

That is straightforward to answer. The legislation requires certain things to commence from the 1st of April and providers need to understand it, the regulator needs to understand it. We need to be fit for purpose and ready to run from the 1st of April. And consistent with our regulatory strategy which is readily available to you as providers and I recommend that you re-read it if you’ve not looked at it for a while, we interact with a provider as we find them and as we know them. And if you as a provider can demonstrate that you have absolutely used best endeavours to go your hardest, to ensure that you are ready to operate the SIRS from the 1st of April, then we will understand that about you as a regulator. If on the other hand you’ve turned away from this and have adopted a fairly desultory approach and ‘Oh well we’ve not really done the work but no one’s going to be here 1st of April who’ll know’ then there will be consequences as that is understood by the regulator. So we are looking for effort, we are absolutely looking for achievement, and if you can demonstrate that you are giving it your all and that you might not quite be there we will take that into account as we regulate you, because we are proportionate in our approach, we are fair and we are objective, and we allow the provider to put forward your best case as to what is happening, why it’s happening, and if you’re aware that there’s more to be done that you volunteer that to us rather than us having to point it out to you.

**Nicola Dunbar:**

We’ll start to wrap up now. So Craig if you have any last comments that you would like to - - -

**Craig Gear:**

Yeah. So I’d suggest to providers that are out there that they bring older people and families into this planning process as well. Do that now as much as you can over the coming weeks. But not just for the 1st of April. For moving forward as this evolves over time. Preplan the supports. You will get incidents but think about what you’re going to do to support the older person when that happens. And of course I’m going to say it but that’s bringing in the aged care advocates from our nine member organisations. They’re here to help and support the older person and the family and their representatives but they’re also here to support you as well. Because that partnership approach is what’s going to actually lead us to a much better aged care system and we’ll be able to celebrate the learnings and lessons that we’ve learnt in improving.

**Nicola Dunbar:**

Janet?

**Janet Anderson:**

Just very briefly, as I said earlier you’re actually further along this journey than some of you might think. So focus, concentrate, figure out what you’ve already got in place and what further you need to do, and together we will improve the quality and safety of aged care through the Serious Incident Response Scheme and I’m looking forward to it.

**Nicola Dunbar:**

Thanks Janet. And thank you to everybody who attended today and submitted questions throughout the session. As I say we weren’t able to get to them all but they will form the basis of FAQs on our website. So please go to the website. There is information that is growing there day by day. There’s information that is already there about SIRS and we are adding to that all the time. There will be fact sheets, there will be guidance coming out over the next week and weeks and into April, and then after April as well. This is an ongoing journey we know for all of us and we will be continuing to work with you about that.

The information will include case studies so that that will help you see the kinds of things we’ll be looking at. The ALIS module, so the online education modules will be starting from the beginning of March and they will be continuing to flow throughout March. So you’ll be able to use them with the staff around training. The licencing – you can access free licences now through to October. So I encourage you to go into our website, go into ALIS. You can register, you can use it. This is a great opportunity to actually use this platform for training with the SIRS.

So as I mentioned at the beginning this is the first of a series of webinars. The next one will be on the 11th of March and that will focus on incident management systems. The week after that we will have one about the SIRS reporting obligations and then the final one will be about the role of the Commission and the new powers. So there will be an invitation to the webinar so get in and register. And we look forward to having you back here in two weeks to continue this conversation about SIRS and about incident management. So thanks for being here. Thank you to Janet and to Craig for a really useful discussion, starting point discussion around SIRS. And we’ll see you in two weeks. Thanks.

**Janet Anderson:**

Thank you.

[End of Transcript]