T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Claims Made through the Transport Accident Commission (TAC)

Melbourne – Wednesday 10 June 2026

MEMBERS

Joe McCracken – Chair
Michael Galea – Deputy Chair
Ryan Batchelor
Anasina Gray-Barberio
Renee Heath
Ann-Marie Hermans
Rachel Payne
Lee Tarlamis

WITNESSES

Tracey Slatter, Chief Executive Officer,

Katherine Gobbi, Executive General Manager, Clients,

Adam Cunningham, Executive General Manager, Finance and Governance, and

Lauren McKirdy, General Manager, Resolutions, Transport Accident Commission.

The CHAIR: Hello. Welcome back to the next session of the Legal and Social Issues Committee inquiry into the TAC. I am Joe McCracken, Chair of the inquiry, and we will go through and introduce our members. I will go to my left and my right and then to some online as well.

David LIMBRICK: Hi. I am David Limbrick, Member for South-Eastern Metropolitan Region.

Michael GALEA: G'day. Michael Galea, also Member for South-Eastern Metropolitan Region and the Deputy Chair.

Sheena WATT: Hello. Sheena Watt, Northern Metropolitan Region.

Lee TARLAMIS: Lee Tarlamis, South-Eastern Metropolitan Region.

Ann-Marie HERMANS: Ann-Marie Hermans, South-Eastern Metropolitan Region.

Anasina GRAY-BARBERIO: Good afternoon. Anasina Gray-Barberio, Northern Metro.

The CHAIR: Thank you. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information that you provide during the hearing is protected by law. You are protected against any action for what you say during the hearing, but if you go elsewhere and say the same thing, you may not be protected by the same privileges that exist here today. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will get a copy of the proof version of the transcript, but ultimately it will be made public, and it will be put on the committee's website.

Just for the Hansard record – and I will go from my left to my right – can you please say your name, title and the organisation you are appearing on behalf of.

Lauren McKIRDY: Thank you. Lauren McKirdy, General Manager, Resolutions, from the Transport Accident Commission.

Katherine GOBBI: Katherine Gobbi, Executive General Manager, Clients, at the Transport Accident Commission.

Tracey SLATTER: Tracey Slatter, CEO of the Transport Accident Commission.

Adam CUNNINGHAM: Adam Cunningham, Executive General Manager, Finance and Governance, from the Transport Accident Commission.

The CHAIR: Thanks very much. We probably have 5 minutes if you want to have a brief opening statement, but then we will go straight into questions. So I will hand it over to you. Welcome, and thanks for coming along.

Tracey SLATTER: Thank you, Chair, and I will read just to keep to time. Chairs and members of the committee, thank you for the opportunity to appear today and contribute to this important inquiry. Today I am joined by Katherine Gobbi, who leads our client services and the majority of TAC employees; Lauren McKirdy, who oversees compensation and dispute resolution; and Adam Cunningham, who is responsible for the scheme's financial sustainability, governance and integrity. Chair, I lead a very passionate and dedicated

group of people at the TAC. Together we support the recovery and rehabilitation of our clients in accordance with the *Transport Accident Act*, with a shared commitment to achieving the best possible outcomes. We welcome this inquiry as another opportunity to listen, learn and continue to evolve.

The people we support have been impacted by a transport accident they did not choose. For many, recovery is relatively quick. Around 72 per cent of our clients recover within 12 months and no longer need the TAC's support – one example of how, for the majority of people, the TAC is working as intended. All clients have access to expert claims managers and our customer service team. Those who require support over longer periods can face greater challenges, so dedicated case management is provided for those with complex and active needs. These clients may require additional treatments, surgery and other supports. They may have chronic pain, financial pressure, psychological trauma, and they may have pre-existing or new health conditions unrelated to their transport accident, and this requires well-considered service decisions that support rehabilitation in line with the Act.

The TAC operates at significant scale. Since 1987 we have supported over 620,000 Victorians, and we support over 43,000 people each year, balancing timely, individualised rehabilitation support with the responsible use of public funds. Last year we funded nearly $1.9 billion in treatment, rehabilitation, benefits and compensation. Over 100,000 treatment requests were assessed, with 95 per cent of those approved, and that is over and above our automated approvals. While the TAC has strong foundations, we do continue to evolve, with the lived experiences of those we support at the centre of everything we do. We know that people who rely on us rightly expect timely decisions and clear communication and to be treated with empathy and respect.

While most clients have a positive experience with the TAC, this inquiry has heard from people who have at times faced delays, disputes and difficulties accessing treatment or navigating the system. We thank everyone who has shared their experiences. We take the issues raised very seriously, and they reinforce the need for us to continually improve to achieve the best possible outcomes for all our clients. For those who have not had a supportive experience, we are sorry, and we will do better. The insights shared with this committee reflect the feedback that shaped our *Make Every Day Matter* strategy, focused on ensuring every interaction and every day in recovery counts. Launched in late 2024, the six-year reform program is already delivering improvements, including reduced wait and decision times, faster dispute resolution and better client experiences. Further enhancements, including a new claims management system, will support a more consistent, transparent and client-centred experience, improve the way we communicate with clients and provide real-time, accessible information for clients, providers and our people.

Chair, the TAC is building on 40 years of successful operation. We may never be perfect, but we can always be better. We are committed to listening, learning and improving, guided by client experience, evidence and processes such as this inquiry. I am dedicated to the TAC achieving the best possible outcomes for all Victorians impacted by road trauma. Thank you and we welcome the opportunity for us to answer your questions.

The CHAIR: Yes. Thank you very much. I will start off, then we will go through the people in the room and then we will go with the people online. We have heard a number of different testimonies from various providers saying that the TAC can be difficult to deal with in terms of getting payment. We had podiatrists in before, we have had physios in before saying that it is almost a disincentive to take on TAC clients because it just takes so long, whether it is to get paid or whether it is to get the admin done. Some practices do not even bill the time because it is just so difficult, and they want to do it to advocate on behalf of their client. What is your response to that, I guess? And whether it is Adam or Tracey, I am not fussed who takes that question.

Tracey SLATTER: Yes, I am happy to commence that, Chair. Look, I think the area of making it easier for providers to deal with the TAC and provide the best possible supports to our clients is an important priority and one that we have focused on in my time as CEO. We have made a number of improvements in that area. For example, we have significantly improved our payment processing of invoices. Over the last five months, we have paid all of those approved payments within four days. We have also increased fees – we know that fees can be a barrier for providers providing services to clients. We have a rolling program of fee reviews, and we have increased fees for a number of allied health practitioners significantly. And yes, I think there might be a couple of other points.

The CHAIR: Can I ask you a follow-up question on the fees in particular, because it has been raised that there is inconsistency with the fees from different schemes and that seems to be a barrier for providers that want to engage with the TAC and take on TAC clients. It just seems to be completely odd that different schemes have, for the same work, different fee schedules. Why is that?

Tracey SLATTER: Different schemes will go through review processes. I think the benchmarking with other schemes is important, and that is the process that we have used in our rolling program of reviewing fees. Our fees are now set, in most cases, the ones we have reviewed, above, for example, the NDIA.

The CHAIR: We have had some people come in and say that they are not comparable to, say, Medicare, for example. We have had providers come in and say, 'Look, it's just so much easier to deal with Medicare than it is with TAC,' and then that is another barrier to taking on TAC clients. Now, you know what it is like living in a rural area. It can be difficult to access services. How do you respond to that?

Tracey SLATTER: Yes. Well, as I said, we have made a number of improvements to make it easier for providers to deal with the TAC, including significantly increasing the fees that we pay. Also, I think with the new claims management system we will see much more significant improvements in how easy it is to deal with the TAC, particularly with real-time information about what services have been approved. But even with the improvements we have made, we have seen a significant reduction. In recent months – some of these improvements are more recent – there have been significant reductions in the number of calls from providers to our customer service centre.

The CHAIR: One of the other questions I have is on a sort of different topic. We had a witness come through yesterday that gave us a situation, basically, that they were not recognised as a legal guardian of a young girl whose mother had passed away in an awful incident and that to be recognised – they did not necessarily blame the TAC, because TAC was just following the Act. My question is: have you had the ability to engage with the minister to talk about potential changes given the changing nature of families? This particular instance had a single mother who was in a crash. She was not in a relationship. And the grandparents have had to go through hell and back just to be recognised. Have you had a chance to talk to the minister about legislative change that could recognise the different families that now exist?

Tracey SLATTER: We do examine from time to time issues with our legislation and where we see gaps in that legislation and provide options and advice. That matter that was raised yesterday is quite concerning, and I think we would like to have the opportunity to provide options and advice on how to rectify that situation.

The CHAIR: But my question is: do you have the opportunity? Before this inquiry was announced, were you engaging in that process to provide advice to the minister, to say, 'Look, maybe here are some changes in legislation that would help us operate better and give us more flexibility,' or whatever?

Tracey SLATTER: Yes, we are able to provide that and do provide that advice.

The CHAIR: Okay, thank you. The last one I had: we had some witnesses come forward and say yesterday that they had been contacted by the TAC and they had felt intimidated and it was known that they were appearing before the inquiry. We had at least two witnesses say that they felt intimidated not to speak out, because they were appearing here and they had been contacted by people from the TAC. Do you have any response?

Tracey SLATTER: Are you saying that they were intimidated through contact from the TAC?

The CHAIR: They said they felt intimidated to appear at this inquiry because they had been contacted by the TAC.

Tracey SLATTER: Well, I am very surprised to hear that. We are undertaking our normal processes throughout this inquiry, prior and will continue to. I would be very surprised if there was any intimidation, and if there have been allegations of that nature, I would like to follow them up and investigate them.

The CHAIR: Yes. Absolutely. Fair enough.

Tracey SLATTER: Thank you.

The CHAIR: My time is up. Mr Galea.

Michael GALEA: Thank you, Chair. Thank you all for joining us. Ms Slatter, you have spoken about the 43,000, the current average case load with the TAC, and obviously we understand the different streams, and we have had some very challenging circumstances raised with us. What is the majority experience? Can I get a rough breakdown of how many cases go through the more challenging path that requires going through dispute processes, for example, as opposed to how many are resolved or are continuing without dispute?

Tracey SLATTER: Yes, certainly. As I mentioned in my opening statement, 95 per cent of service requests that we receive are approved straightaway. For the remaining 5 per cent – that are not approved – we make the client aware of the processes through which those decisions can be reviewed. I might ask Lauren to answer that.

Lauren McKIRDY: Sure. Of those decisions that are subject to review – a person can seek review of those decisions – for around half of those, the client takes up one of the three pathways. So there is an informal review, which is a service that we offer to clients to have a fresh review of the decision by an officer who was not involved in the original decision. That is no cost to the client, and they can seek that at any time without representation. They can do that themselves. The second path is through the TAC protocols, which I understand you heard about today, and that is where clients with legal representation can seek review of their decision. Where they are successful in getting an outcome there, TAC will pay their legal costs on their behalf. And then the third is their legislated right under our Act to review at the VCAT.

Michael GALEA: Sure. Thank you. And you did speak about the improvements made in past months about payment times. Is there also work being done on response times to requests?

Tracey SLATTER: Yes. I think delays in service requests are of concern, and that is why one of the areas of improvement that we have made has been in improving our decision timeframe. For example, in surgery so far this financial year, 75 per cent of elective – and we are talking about elective, so this is not at the time of the acute phase – surgery decisions were made within an average of 20 days, and that is up more than 15 per cent improvement on the financial year 2024. That is an improvement again on the previous financial year. Also referrals to our clinical panel have halved. That is due to building the capability and confidence of our claims managers to make decisions without needing to refer to a clinical panel but also to different methods, using coaching, group feedback and the like to help with that process.

Michael GALEA: Thank you. That is good to hear, because we have had some commentary around delays in response then leading to flow-on issues for some people, so that is encouraging. Just quickly, Ms Slatter, in your opening remarks you did say that all clients have access to case managers. That is the case? We have had some other witnesses query that this morning.

Tracey SLATTER: So I want to be clear about the difference between dedicated case managers and our team of case managers. For those clients with active and complex needs, they will have a dedicated case manager. Also of course those clients with catastrophic lifetime injuries have dedicated case managers. Some of our clients may not be in an active phase of needing support from the TAC, and then they may recontact the TAC for additional supports. A case manager from the team of case managers will respond to their request in that instance.

Michael GALEA: Thank you. And as you are aware, we have had substantial evidence from those in the pointier end of the scheme, if you could perhaps call it that, on some of the challenges that they have faced. What do you propose to do to address these concerns? I know you cannot speak to individual cases, but if you could keep your remarks to a systematic level.

Tracey SLATTER: Yes. At a systematic level, one of the things that frustrates our people is the current claims management system that we have. We have been through quite a significant and diligent procurement process, and our board has approved a new claims management system, which we are now negotiating and will be carefully implementing. You have got to appreciate it is a very major undertaking by us. One of the things that challenges our case managers at the moment is the amount of transactional and sometimes manual work that they have to do, because the system does not allow for that. With the new claims management system, we estimate or we are targeting to be able to automate around 50 per cent of what we would call more transactional work. What that will do is increasingly free up the case managers' time to do even more proactive case

management and for more clients to receive dedicated case management. We are very much looking forward to those improvements.

Michael GALEA: Would that lead to less double handling of information as well?

Tracey SLATTER: Absolutely.

Michael GALEA: Again, hopefully that would address some of the concerns we have heard about where errors can arise – from evidence we have heard just this morning. I do want to ask, if I do have time, about the staff training processes and quality assurance. If I can just ask: communications plans for extreme situations. Perhaps tell me if I am wrong – are these only used in extreme circumstances where there are threats made against staff, or are there any other circumstances by which they would be made?

Tracey SLATTER: Well, sometimes the clients themselves might ask for communication to be provided only in writing, so we respect the client's wishes, but otherwise it is only in those extreme cases.

Katherine GOBBI: This is about balancing our responsibility to our workforce safety as well as meeting the needs of clients. So communication plans are used in a very small number of circumstances where less significant actions like verbal coaching and other written warnings, where needed, up to the point where a communication plan might be signed off for a period. It is never permanent. They are always reviewed.

Michael GALEA: Is it right to say it is a last resort, so to speak?

Katherine GOBBI: It is absolutely a last resort, yes.

Michael GALEA: Thank you.

The CHAIR: Mr Limbrick, over to you.

David LIMBRICK: Thank you, Chair; and thank you all for appearing here today. I want to follow up on what Mr McCracken was talking about. We had multiple witnesses yesterday claim that they were recently contacted by the TAC, including one that made a clear allegation that he was contacted and felt that he was being pressured not to appear before this inquiry. Can I just confirm that the people that are appearing here today are not aware of that, and what is your view on that if that is true?

Tracey SLATTER: We have certainly not requested that anybody involved in this inquiry who has made a submission be spoken to in any different way other than through the ordinary process of managing their claim. We have neither stopped supporting people nor started supporting people in terms of an instruction from us, but the claims management process is ongoing.

David LIMBRICK: We had a witness yesterday. They discovered through FOI that their case was marked – I think the term was they were classified as a 'sensitive' client. Apparently this is a classification for some clients. Can you tell us what a 'sensitive' client actually is?

Katherine GOBBI: Thank you, Mr Limbrick. I might respond to that question. We have a small number of classifications, the most common of which is called 'secure', which is where a client might be a family member of an employee or it might be someone who is well known in the public domain. Correspondence that is marked as 'sensitive' is typical where correspondence has been exchanged with a ministerial office, and that is a document classification. But we do not have any flag today about a client being sensitive as an individual human being.

David LIMBRICK: Right. Just to be clear then, you are saying that there is no classification that would prioritise or otherwise change the way that clients are managed based on some sort of classification – that is what you are saying?

Tracey SLATTER: That is correct. We do not have any classification like that. With that said, of course as part of a new client being onboarded to the TAC we will go through a process of having them identify their specific needs or complex rehabilitation needs, so in that assessment of whether someone will benefit from a certain type of case management to support their best outcome we will definitely capture their own feedback about their needs. But no, there is no other classification of 'sensitive'.

David LIMBRICK: In your annual report you talk a lot about some of the marketing campaigns that have been undertaken. There was some questioning about the research and evidence base behind the effectiveness of these campaigns. What is the evidence base that the TAC is using for these campaigns? I note one of them, which is noted in your annual report, is sponsorship of the grand prix Drink Lemons, Don't Drive Them campaign. It speaks about it in terms of marketing success, but it is unclear to me what sorts of outcomes that might achieve. In fact the potential criticism posed yesterday was that most of the research was on things that the TAC has little control over, like road accidents, and less research on the things that they do have control over, like claims outcomes. What is your response to that?

Tracey SLATTER: The TAC undertakes research in relation to both of those functions that we have a legislative responsibility for, and that is in the prevention of transport accidents and also in supporting people's rehabilitation. So we do undertake research. I will not go into the detail of all of the work that goes into determining what road safety initiatives we support, but they are based on an international best practice, safe-system approach. The TAC is very committed to the reduction and the prevention of transport accidents. Since 2010 our own modelling has shown we have prevented 22,000 serious injuries and more than 2500 fatalities. That is something that we are very, very proud of: people are still going about their lives today because of the work that we do. Of course that in turn is one of the reasons that contributes to the scheme's sustainability, because when people are not injured on our roads, they are not one of the people that we have to support.

David LIMBRICK: Thank you. Another thing that we have heard, both from service providers and from clients, is clients find it difficult to find providers that want to deal with the TAC. Apparently there are many service providers that simply do not want to deal with the TAC. What are you doing to make it more attractive for providers to deal with the TAC and make it easier for providers and clients? Because it sounds like a big drama for clients having to phone up, phone up, phone up lots of different providers, especially in regional areas. It seems like lots of providers simply just do not want to deal with the TAC because they see it as too big an administrative burden – difficulty with payments, short payments, this type of thing. What is your response to that?

Tracey SLATTER: The TAC made payments to over 40,000 different providers in the last financial year. We do know that it is an area where we have made improvements, but we want to make more improvements. We have significantly increased fees. I do think, again, this claims management system we are putting in place will make a big difference, because what has been approved will be transparent and there for everyone to see rather than having to make a call or double-check.

David LIMBRICK: Thank you. I think I am out of time.

The CHAIR: Thank you. Ms Watt, over to you.

Sheena WATT: Thank you so much for coming to this inquiry today. I have just got to disclose that yesterday was a very tough day for us hearing the stories, and it did make me reflect on some of your team for whom this is their everyday experience. Can you talk to me about what you do to support the psychological safety of your team? This is actually a rather big concern of mine, so anything you have got to contribute on that before I begin with some more substantial questions.

Tracey SLATTER: It is a major priority for us, what we call vicarious trauma and supporting our people with that.

Katherine GOBBI: Thank you, Ms Watt. We agree. We also feel a deep privilege in the work that we do in sharing these really traumatic moments and experiences with our clients. We take the responsibility for our team's health and safety equally seriously, because they are the ones supporting them. We are very fortunate to have a very experienced, very capable workforce. We have an average tenure of more than 7½ years in our claims workforce, so they are very experienced at supporting clients in sometimes the worst times in their life – often the worst time in their life. We have a very elaborate onboarding program, as you can imagine, that not only teaches of course the claims and scheme basics but also has support then for their own health and safety and wellbeing. That is supported then by an elaborate health, safety and wellbeing program that is run by our head of –

Sheena WATT: We heard from a witness yesterday that around every 18 months, particularly with the complex cases, the case manager seems to have changed. Is that an internal policy of TAC, or is that just the experience of that particular client? I am interested to know.

Katherine GOBBI: I can confirm it is not a policy of the TAC to turn over case managers every 18 months. I do acknowledge that that can be the client experience, but we have taken steps, even in the last 12 months, to help reduce the amount of internal turnover as well but also to allow case managers, when they desire, to stay in that role and in a high-trust relationship with their clients wherever possible and wherever it is safe to do.

Lauren McKIRDY: May I just quickly add we provide specialised training to our claims managers around navigating the trauma of others, and that is both to safeguard their wellbeing as employees and help them build their practice in person-centred practice, so understanding the experience that clients are going through or have been through and applying that to their case management practice.

Sheena WATT: And is there any support for your providers around trauma-informed care for the work that they do?

Lauren McKIRDY: Provided by the TAC, do you mean?

Sheena WATT: Yes.

Lauren McKIRDY: Our clinical panel is available to provide support and guidance to providers. We have a clinical panel hotline that providers can call, and we receive inquiries via that hotline. Those panel consultants are available to guide them through the intricacies, I guess, of the scheme, navigating the scheme, and the complexities of dealing with transport accident victims as well.

Sheena WATT: What we have also heard from some witnesses was about the interaction between NDIS, and some are being encouraged to consider NDIS treatments and going onto the NDIS. Can you talk to me a little bit about the interaction between you and NDIS? Are you looking to explore some sort of cooperative work arrangements? I just know that there have been a series of large changes that are coming into the NDIS that would no doubt have an impact on perhaps some dual clients and others. Is there any commentary you would want to share with us around the NDIS?

Tracey SLATTER: This is another area where we focused some improvements over the last few years. We do have regular forums with the NDIA and also a memorandum of understanding with them. Did you want to talk about –

Sheena WATT: If you could talk to that, that would be very helpful.

Katherine GOBBI: At this stage, we are supporting 676 clients that have dual entitlements under the NDIS and the TAC. Our work with them is about helping them navigate the changes, I guess, in policy that they experience through their time with the NDIS, while also making sure that they are clear that their entitlements under the TAC have not changed. We work closely with the NDIS, and we have a very productive working relationship with them under the MOU and an information-sharing agreement. We also work quite hard – and are glad to – with our clients that are navigating both schemes so that they can have as seamless experience as possible.

Sheena WATT: Are there changes at all to the sorts of claims and support processes that might be experienced by those dual clients? I am just trying to understand the complexity of this particular set, which I know is only 600. But it seems to me that there is an encouragement to perhaps consider NDIS as a way to complement their needs for medical assistance.

Katherine GOBBI: There is no change to the case management or their entitlements from the TAC level. But nevertheless, some people who already had access to the NDIS of course have car accidents and then might also become a TAC client, or vice versa – they are an existing TAC client and then acquire other disability. We help them navigate that, but their case management at the TAC does not change.

Sheena WATT: Lovely. I might throw back to the Chair.

The CHAIR: Thank you, Ms Watt. I will now go to our committee members online. Ms Gray-Barberio, I will hand over to you first.

Anasina GRAY-BARBERIO: Thank you very much, Chair. And thank you, everyone, for appearing before us this afternoon. I will just start off with a few questions. How many claimants are currently in dispute with TAC?

Lauren McKIRDY: I have not got that information to hand, but I can tell you –

Anasina GRAY-BARBERIO: I am happy for you to take it on notice.

Lauren McKIRDY: Absolutely.

Anasina GRAY-BARBERIO: Thank you. How many TAC matters are currently before VCAT or the courts?

Lauren McKIRDY: Again I will have to take that one on notice. I can give you numbers from the 2024–25 year, but not currently.

Anasina GRAY-BARBERIO: Okay. If you are happy to take that on notice, I would appreciate that. Thank you. What is TAC's annual spend on lawyers, litigation and dispute resolution?

Lauren McKIRDY: Adam, I might ask you to take that one.

Adam CUNNINGHAM: Yes. Thank you, Ms Gray-Barberio. In terms of the external lawyer spend for TAC, the far majority of that is for TAC clients who are participating in the common-law process. So the vast majority is for TAC clients.

Anasina GRAY-BARBERIO: Do you have any knowledge on what that figure might look like?

Adam CUNNINGHAM: It is in the order of around $100 million. As I mentioned, the vast majority of that is for TAC clients so that they can be represented through that process.

Tracey SLATTER: We pay for clients to be represented by a lawyer through that common-law process to ensure they are properly represented.

Anasina GRAY-BARBERIO: Thank you. Now, I just want to follow up on Mr Limbrick's line of questioning. I just want to confirm your annual spend on road safety campaigns and marketing.

Tracey SLATTER: I think, Adam, you have got that figure.

Adam CUNNINGHAM: Yes, I do. In terms of the total investment on road safety initiatives in 2024–25, that was $176 million. In terms of the component, for example, on advertising, that is in the order of around $20 million a year.

Anasina GRAY-BARBERIO: And I guess – would that also include sponsorship of major events in that budget?

Adam CUNNINGHAM: In the total $176 million, that does include the sponsorship component.

Anasina GRAY-BARBERIO: And how much of that went to sponsoring the grand prix?

Adam CUNNINGHAM: I do not have the grand prix figure at hand, but in terms of the total sponsorship program, it was $11.8 million across 2024–25.

Anasina GRAY-BARBERIO: It would be great to get a breakdown. Are you happy to take that on notice?

Tracey SLATTER: Yes.

Adam CUNNINGHAM: Yes.

Anasina GRAY-BARBERIO: Thank you. I appreciate that. I would just like to ask, just to get some understanding: why does the TAC measure disability inclusion outcomes for your workforce but not publicly report disability inclusion outcomes for claimants interacting with the scheme? Now, just for context, I know you have been following, but there are lots of nuances and complexity. Why is the publishing of this sort of data really difficult or hard to get a hold of?

Tracey SLATTER: We do have our access and inclusion plan, which is focused both on our employees and also on our clients. So client outcomes –

Anasina GRAY-BARBERIO: So sorry to interrupt, Ms Slatter. I actually have read that, and it only just has a small portion that covers the client. It definitely focuses on your workforce, which is great – no criticism there – but it does not have a lot in terms of how to better support clients coming through the scheme with disability. I am just wondering, will you commit to looking at this to ensure that there are appropriate supports for clients with disabilities?

Tracey SLATTER: Well, we would commit to always improving in that regard, but I guess the point I want to make is that that is our core business, supporting people who have acquired a disability, for example, an acquired brain injury, as a result of their transport accident. For our case managers, all of our work and all of our reports on outcomes for clients are often associated with people who have acquired a disability through that transport accident. But if there is more we can do in that regard, we are absolutely committed to continual improvement.

Anasina GRAY-BARBERIO: That is great to hear. You said in your presentation, Ms Slatter, that lived experience is at the centre of your work. Why isn't there a lived experience working group embedded in your governance and your processes?

Tracey SLATTER: The TAC has multiple ways in which we understand the lived experiences of our clients. It is quite comprehensive, obviously through basic –

Anasina GRAY-BARBERIO: Yes, I have actually gone through all of the different ways but, you see, a lot of health providers have lived experience working groups embedded in their governance structures. I guess the reason for this is to ensure that lived experience is included in a meaningful way to ensure that processes, power imbalances and blind spots are able to be captured early on to improve processes. So I guess for me, I am just trying to understand, in terms of co-design, why hasn't this been a priority for TAC?

Katherine GOBBI: Ms Gray-Barberio, if I might add, I very much appreciate your question, because it is equally important to us. We do have a very robust and expansive mechanism to capture client experience, which includes the direct involvement of clients to inform us on the design of specific-purpose programs. We receive about 7000 clients' feedback per annum. Some of that is through the structured biannual survey, which is very deep diving and anonymous – that is 2000; there are 4500 respondents to our real-time feedback about feeling heard and understood and any follow up we need; and then another 500 examples are clients that we have met with for specific project purposes. If I might give one example, for our most catastrophically injured clients, our most severely injured clients, we are currently working with some clients right now doing qualitative interviews around the planning process and the MyPlan that we use, which is a deeply person-centred plan that we are very proud of but we want to continuously improve to help inform that severely injured client pathway.

The final point I would make is we also then have our no-fault forum, where clients' legal representatives can advocate for changes. That suite of insights gives a sort of scale and depth of insight that no six-person forum can in representing more than 43,000 clients per annum, but it also allows us a very safe and immediately actionable way of receiving those inputs. It does not put clients at any risk but hears their voice, and we are able to apply it directly. That is very important to us as well.

Anasina GRAY-BARBERIO: Thank you so much. Chair, can I just ask one quick question?

The CHAIR: Well, I think what I might do is come back to you at the end, if that is okay, if we have a little bit more time.

Anasina GRAY-BARBERIO: No worries. Thank you, everyone.

The CHAIR: Mrs Hermans, over to you.

Ann-Marie HERMANS: Thank you very much. Can I say that it is not all doom and gloom. I am actually a bit of a fan of the TAC, not necessarily a fan of where all the funds go but a fan of the fact that you do have finances and that you do not carry a $1.3 billion deficit. I appreciate the fact that you do what you do as well as you can and you are very efficient as a government department. But I know that we have heard a lot of things and we have got questions raised, and I am very pleased to see that you have definitely been listening to this inquiry and looking for ways that you can improve after every session that you have heard and you are actually finding ways to apply that. I think that is fabulous. I do have questions, though, that you would have heard that have not yet been answered, things like: do you have any idea of how many services you are actually working with within your scheme? Because obviously we do not have any transparency yet on how many services are working with TAC and how many are not, so would you have a rough idea of what percentage perhaps are accessing TAC and working with TAC?

Tracey SLATTER: In terms of providers, Mrs Hermans?

Ann-Marie HERMANS: Providers, yes.

Tracey SLATTER: We know that 40,000 different providers access the Transport Accident Commission and were paid by the TAC in the last financial year, but I do accept that this is an area where we need to continually improve. There are pressures on providers and workforce shortages in different areas, particularly in specialist areas, and that is why I have asked for the review of fees to take place, which has been progressively occurring. We have improved and increased a number of our fees, starting with the physiotherapy fee increase I think of around 40 per cent that was made there.

Katherine GOBBI: More than 40 per cent.

Tracey SLATTER: It is absolutely crucial –

Ann-Marie HERMANS: Can I just interrupt you there, sorry. Given that you just brought up the physio ones, we just heard from the podiatry people, and they were saying that they felt that they were getting a massive shortfall in comparison to the physiotherapy groups and in fact that they do not have claim numbers for certain things. Is that something you are looking at too in terms of claim numbers and areas where there perhaps is not provision – where someone's had a foot injury, they have had surgery and now they do need to have specialists to help them so that they can walk again and walk effectively and be able to return to work? Through this whole inquiry time have you discovered areas where perhaps you can make improvements in this area – claim numbers et cetera?

Katherine GOBBI: Thank you, Mrs Hermans. Absolutely. I am pleased to confirm that over the course of the next financial year, so after 30 June next year, we will progressively roll through our fee re-baselining, which will include those other allied health professionals. We have so far done physiotherapy, occupational therapists and psychologists, and both OTs and physios were co-designed with them. So we are very proud of that work, and we will be able to do that. While podiatrists perhaps are not as frequently used by our clients en masse, they are nevertheless equally important, and so that is why they are on that list.

Ann-Marie HERMANS: I am sorry to keep cutting people off, because I am aware I have got a very short time, and I cannot see the clock so easily. I usually get cut off in the middle of my responses, and I have got quite a few questions for you. I do apologise if there is anything that you did want to add but you got cut off. Please feel free to do that, for either one of you, or anybody else. In terms of the delayed trauma effect or the delayed injury effect that can happen, it seems to me that the TAC deals with things very quickly. They try to resolve things quickly and get people back to work as fast as possible, which I think is fabulous, and that is your role. But there are, as we have heard, often the potential and the likelihood in many cases for delayed situations to come up. Have you considered reviewing how you could embed that into the possibilities of your treatment when people are coming to you? Because clearly with accidents there is a level of shock in the body, and some of the things that can come will be delayed because you are so focused on healing in this area, and when that area is healed, suddenly there is another, but you have already been signed off by the TAC. So is there a way to counteract that within the TAC? Is it something you could look at?

Tracey SLATTER: I might just start by saying that we never actually close a client's file. We have 620,000 clients, and those are still files that if any one of those clients needed to come back and have a treatment request related to an injury from the original transport accident or a new transport accident, that would be considered. Every year we have people who come. Many of our clients recover quickly – around 72 per cent no longer need the scheme after 12 months. But a number of clients do come back – it might be years later – with a request. Treatment information is provided, it is assessed in accordance with the Act and approved.

Ann-Marie HERMANS: That is good to know. Thank you very much. You have also heard that there have been issues with people doing the forms. I have just had a look online. You have very much moved to online in the last couple of years from what I can see. It looks like there is still, though, the form where you have to get something signed from somebody at work maybe and sent back. Is there any way to make sure that we can make it all online for those who choose to have it that way?

Tracey SLATTER: That is certainly what we hope to achieve with the new claims management system.

Ann-Marie HERMANS: All right. Thanks so much. Thanks for your time.

The CHAIR: Thank you, Ms Hermans. Lee, over to you.

Lee TARLAMIS: Thank you, Chair. I just want to pick up on some of the questioning that was asked earlier – I think Ms Watt went to some of this. Some of it is similar, but I just want to take it a little bit further. As you would be aware, the committee has received a lot of submissions from many clients who have experienced extremely traumatic incidents with often lifelong impacts. You spoke about the staff training and the specialist training for claims managers to maintain those high standards, but what quality assurance processes or procedures do you have in place to ensure that the client is getting the best possible outcomes?

Katherine GOBBI: Thank you for the question. We do have robust quality assurance processes in place at each of the stages or the types of decisions that we make. So, for example, we have a quality assurance process around our initial eligibility decisions, the initial determination we make for clients to access the scheme; as well as then our core claims discipline – our holistic contact and communication with clients, our decision-making, knowing that it is a timely, accurate, empathetic and effective process; as well as our case management planning or our recovery planning and the management of that plan for clients that have an individualised plan. Then we have our feedback loop as well from our dispute resolution, our informal internal dispute resolution process, which deals with the vast majority of our decisions and works really closely with our team to make sure that the people making the decisions receive the feedback about how they might do that better or differently in future.

Lauren McKIRDY: Yes. We use the outcomes from disputes to inform our claims management decision-making but also to inform any policy or work practice changes that can improve the experience for clients, the understanding of up-front decisions, things like that.

Lee TARLAMIS: And do you feel that clients understand what their options are in terms of if they disagree with the decision, the options that they have, or that the decisions that are being made are clearly communicated so they understand the reasons behind them?

Lauren McKIRDY: Yes. So when we make a decision that is subject to a review – so it might be a denial or a partial approval, where there is something where someone can seek a review of the decision – we are proactive in providing them with their review rights, so understanding those three options. But we also, where possible, aim to speak with the client about the reasons for that decision and to walk them through the evidence that was used, and then that is followed up in writing in their decision letter. The decision letter contains the review rights, and there is also information on our website.

Katherine GOBBI: I might just add one quick point about the process of getting to that decision. Where the vast majority of the more than 100,000 decisions we make each year are made within 10 days, those that take longer are usually where there has been a process of seeking more information or clarification directly with the client and their treating health practitioners. And so they are involved in that process of decision-making so that then when the decision is ultimately made, they are really as educated and as empowered as they can be to

understand it. And that is the, I guess, trauma-informed practice that we believe is best and is certainly having very successful outcomes for many.

Tracey SLATTER: And I think that the issue of delays in decisions has come up through this inquiry and, as I have said, is an issue that we have been working on as well and are trying to improve. It is often through well-intentioned actions. So where a claims manager might say, 'Well, this request for surgery is for something that does not appear at all related to the transport accident, and there's no information to support it,' one option would be to just deny that straight up. But the practice is to seek further information, just in case there is a missing piece of information that might help to get a yes rather than a no. So I think that is something that we should look at, and I am not suggesting that we go to saying no more quickly, but I just wonder if we can communicate that process a little more easily with clients and help them understand what we are trying to achieve.

Lee TARLAMIS: Maybe that is something that could be considered about that communication as well, so that they know that there is still that process in train and that is why there is an element of delay in that respect.

I would like to go briefly to the dual clients, which were spoken about a bit earlier as well. Has the TAC engaged with the Commonwealth on any reforms that might be needed to overcome barriers or challenges where there are differences between the two schemes or overlaps or things that may help in terms of dealing with those dual clients?

Tracey SLATTER: We do not directly engage with the Commonwealth, but we do directly engage with the NDIA through those regular forums that we hold – will you add to that?

Katherine GOBBI: Yes, that is correct. We have different levels of interaction with them at an executive forum several times a year and then a monthly operational forum about making sure that we can have a seamless experience for real clients. So the opportunity in the executive forums is to continue to evolve our memorandum of understanding to improve that experience, particularly as the NDIS changes shape over time, so we are ready and willing and able to do that.

Tracey SLATTER: And I would probably just add that we also participate in the heads of motor accident insurance scheme. As CEO I will go along to those meetings. And the NDIA is a regular topic of discussion because we are all trying to work through and within the NDIA, and from time to time we also invite the NDIA to come along to that forum to engage.

Lee TARLAMIS: I think that is the bell for my time. Thanks, Chair.

The CHAIR: It is. We have still got a little bit of time left to ask questions, so I am going to put 2 minutes 30 on the clock, and I have got Mr Limbrick, Mr Galea and Ms Gray-Barberio that are going to round off the questions. So, Mr Limbrick, I will go to you first.

David LIMBRICK: Thank you, Chair. Ms Slatter, one of the things that happens with the TAC, my understanding is, since 2019 there has been approximately $3 billion in capital repatriations by the minister or by the Treasurer – I am not sure exactly. Is that correct, that there has been about $3 billion paid in capital repatriation?

Tracey SLATTER: So the process for making repayments is an annual process, and it is always a request made towards the end of the financial year, after all of our commitments to clients have been met. And it is often due to our one-off circumstances. So it might be that the TAC investment returns have been above budget and have provided that one-off opportunity. In terms of the last three years –

Adam CUNNINGHAM: Yes, in terms of the last three years, there have certainly been dividend payments. So if we look across the last three years, they total around $2 billion. And then in addition to that, there have been tax payments as well, which is through the national tax equivalent regime that applies to entities, state entities like the TAC.

David LIMBRICK: Thank you. I realise this is not a decision of the TAC; it is the decision of the government of the day to make these capital repatriations. If these capital repatriations did not happen – because to my mind, the motorists pay their registration, it goes to the TAC and it gets invested – if they get

good investment returns, surely if all of the payments are going out to claimants, that should result in lower fees for motorists. But actually, that is not what is happening. What is happening is the government is coming in and saying, 'I'll have that money' rather than it staying in the investment pool. Isn't that exactly what is happening here?

Tracey SLATTER: I think there is, Mr Limbrick, a difference between the sort of one-off circumstance, which is measured through our funding ratio of our assets to liabilities, and the ongoing recurrent costs of the scheme. We know that, for example, health and disability care costs are going up by a rate greater than CPI, whereas the TAC scheme costs are usually indexed by CPI. That creates an incentive for us to remain efficient and look for improvements such as our new claims management system.

David LIMBRICK: So you are saying that the government taking money out of the pool creates an incentive for efficiency?

Tracey SLATTER: No, that is not what I am saying. What I am saying is that the recurrent costs of the scheme, all things being equal, would go up and that if, for example, health and disability care costs over the last 20 years have gone up by more than CPI, they are the major costs experienced by our scheme, and so that is what provides an incentive for us to remain efficient, and being efficient is a requirement under the Act. Those repayments, the dividends, have been a feature of the TAC Act since 1994, I believe.

The CHAIR: Ms Watt.

Sheena WATT: Thank you. This morning we heard from the Health Complaints Commissioner, and I had some particular questions about some complex and additional vulnerabilities of clients, whether that be language or ability to speak, frankly. Can you talk to me about what additional supports you have in place for those that have additional vulnerabilities by virtue of language or other challenges? Perhaps it is mental health or neurological. I am interested to hear what you do for that.

Tracey SLATTER: Yes, it is a really important point. Thank you for raising that. Ms Gobbi?

Katherine GOBBI: Thank you, Ms Watt. Yes, approximately 15 per cent of the new clients to the TAC each year identify as preferring a language other than English, and of those, 5 per cent select to have interpreting services funded by the TAC for all of their interactions, including their health care. We have all of our major materials translated into the most commonly used languages. But in the main, the clients' preference is to use interpreting services that we fund. The most recent change or improvement we have made there is to build a TAC guide for the interpreting services so that they might understand our unique language and terminology and best support clients. On top of that, for the last many years, we have had dedicated case management teams that have included case managers themselves that are culturally and linguistically diverse and look after clients where case management is indicated.

Sheena WATT: Yes. And the commissioner earlier was sort of talking about how it took some time for her to get together all the TAC-related complaints. I am interested to understand if you have any mechanisms by which you work with commissioners and ombudsmen and others right across government, because to me it was a concern that that sort of record keeping essentially of complaints through that commissioner was not easily extractable for a report and required a bit of work. I am keen to know whether it is human rights commissioners or whoever else we have got about to support communities – if that is something that you have mechanisms for, much like your national friends.

Tracey SLATTER: Yes, we do, but I think it could be further strengthened, and I welcomed the commissioner's comments today that she wants to share that information with us. That will really help us with our continual improvement.

Sheena WATT: Lovely. I thank you for your time.

The CHAIR: Thanks. Lastly I will go to Ms Gray-Barberio, who is online. So Anasina, over to you. I have got 2 ½ minutes on the clock, just in case.

Anasina GRAY-BARBERIO: No worries, I will speak very quickly. Thank you, Chair. Can I just ask: Ms Slatter, you spoke about the new claims management system and the hope that it will free up the claims

managers to do proactive work. I just want to ask, in particular to the system: will there be any points throughout the engagement or the journey where decision-making will be delegated to this new software management system – the claims management system?

Tracey SLATTER: No, that is certainly not the intention. What I am talking about are transactional tasks that currently require our people to do things manually. Those sorts of transactions we are looking to automate, but the decision-making and the case management will always rest with our people. What we want to do is free up their time so that they can do even more of that work – the important work that they do.

Anasina GRAY-BARBERIO: Just in relation to the claims and case managers, how many individuals with claims would they be attending to at any one time, per claim manager?

Tracey SLATTER: Thank you for that question. Obviously it depends on the client's circumstances. Those clients with lifetime catastrophic injuries have a smaller portfolio of claims to manage.

Anasina GRAY-BARBERIO: Could you give us a number just so we can get an idea of what that workload would look like? If it is catastrophic, is it just three individuals or less?

Katherine GOBBI: It would range from, at the lowest, probably five, and that is rare, where there are very high needs and complex needs, out to – it is really a range, but it might be out to 70.

Anasina GRAY-BARBERIO: Okay. And are there KPIs that they have to work against or work with?

Katherine GOBBI: In terms of case load? Our case managers –

Anasina GRAY-BARBERIO: Yes, or do they have any deliverables as part of their job description?

Tracey SLATTER: Yes, all our people have a performance plan, and they all have performance goals as well as their own self-development and professional development goals.

Anasina GRAY-BARBERIO: Just one last question, and I am happy for you to take this on notice: what does the chain of command for decision-making actually look like for claims? I could not find anywhere online some kind of infographic that sort of tells a person –

Tracey SLATTER: We have a very prescriptive delegation framework. It makes it very clear what decisions can be made, for example, by claims managers, so that they are confident in their ability to make the decisions relevant to their role.

Anasina GRAY-BARBERIO: And then a chain of command – if they cannot make it, then it goes up. Is that something you can share with us that is not publicly available?

Tracey SLATTER: Yes, I think we could do that. I am not sure how helpful it would be, but we are happy to provide it.

The CHAIR: If you are happy to take it on notice and send it through later on, that would be great.

Tracey SLATTER: Yes.

Anasina GRAY-BARBERIO: Thank you. Thank you very much, Chair.

The CHAIR: That brings an end to questions, so thank you very much for your time. We really appreciate it. I know there were a few things taken on notice. Whenever you can send them through, that would be awesome. Thank you so much. You will get a proof version of the transcript when it is ready. But from us, thanks for your time, we appreciate it.

Tracey SLATTER: And thank you.

Committee adjourned.