



Submission to the House of Representatives  
Standing Committee on Health, Aged Care and Sport

## **Inquiry into Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018**

Prepared by  
COTA Australia

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## COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have around 30,000 individual members and more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

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## Introduction

COTA Australia welcomes the opportunity to contribute to the House of Representative's Standing Committee on Health, Aged Care and Sport's *Inquiry into the Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018* (the Bill).

We acknowledge that there are many excellent and capable workers within aged care and support the recent open letter from the Minister for Senior Australians and Aged Care to the aged care workforce. In the letter, Minister Wyatt states 'I am confident that the aged care sector as a whole is committed to providing senior Australians with high quality care and services'.<sup>1</sup>

We also welcome the recent release of the Aged Care Workforce Strategy Taskforce Report '*A Matter of Care – Australia's Aged Care Workforce Strategy*'. The report highlights 14 strategic action areas, all of which COTA Australia supports in principle.

Workforce is also one of the five key areas addressed in COTA Australia's latest position paper '*Keep Fixing Australia's aged care system ... taking the next steps in tandem with the Royal Commission*',<sup>2</sup> along with improvements to the provision and transparency of information for consumers. In addition to wanting increased pay for aged care staff, better and improved training, the need to have more aged care workers and ensuring that workforce issues are approached in a whole-of-sector manner, we explored the issue of fixed, mandated ratios. A summary of the evidence base for the use of staffing ratios is included as an attachment to our position paper.

Evidence is inconclusive as to whether mandated ratios directly improve quality and safety outcomes for residents. If mandated staff ratios cannot be guaranteed to lead to improvements in quality and safety, then serious questions need to be asked as to whether it is appropriate to impose them. In addition, there is evidence that a mandated staff ratio can lead to facilities who have staffing above minimum ratio levels deciding to reduce their staff, thus impacting negatively on residents in other ways. Our conclusion following the review of evidence was that we do not support fixed and mandated ratios, but do support a more qualified workforce with the right skills mix. What is clear is the ratios are not the place to start. Ratios that increase numbers of poor staff will result in worse outcomes. Improved training, skills development and remuneration are where we should start. If we later end up with care hours ratios we will do so on a much sounder basis.

The Aged Care Workforce Strategy Taskforce also identifies the issue of costs involved to reach the proposed staffing ratio level. In its report the Strategy states "Stewart Brown estimate that the effect of legislating direct care staffing hours to 4.3 hours per resident per day would increase care staffing costs by an overall average of \$53.09 per bed per day (\$19,379 per bed per annum, currently estimated to be a 20 to 25 per cent increase in total costs for organisations)."<sup>3</sup> COTA presumes that such a significant increase to funding could only occur through a mix of

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<sup>1</sup> K.Wyatt, '*An open letter to the Aged Care Workforce*', Canberra, September 2018, [https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/09\\_2018/open-letter-to-the-aged-care-workforce.pdf](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/09_2018/open-letter-to-the-aged-care-workforce.pdf) (accessed 2 October 2018)

<sup>2</sup> COTA Australia, '*Keep fixing Australia's aged care system... taking the next steps in tandem with the Royal Commission*', Canberra, September 2018, <https://www.cota.org.au/publication/keep-fixing-australias-aged-care-system/>, (accessed 2 October 2018)

<sup>3</sup> Aged Care Workforce Strategy Taskforce, '*A Matter of Care Australia's Aged Care Workforce Strategy*', Department of Health, p.91, Canberra, June 2018, <https://agedcare.health.gov.au/aged-care-workforce-taskforce-strategy-report>, (accessed 13 September 2018).

Government subsidies and consumer contributions. Further consideration would need to be given to the capacity of consumers to contribute more and the increase in quality that would be achieved from this measure.

While COTA is unconvinced that mandated, fixed staffing ratios are the answer, based on the limited review of the literature, COTA does believe there are a number of things that can be done to improve consumer outcomes in the broader area of staffing. One of those things is the publication of staffing levels.

COTA Australia believes consumers are entitled to know information about the services they receive and are about to receive. Staffing skills, levels and qualifications are among the most frequently requested information from consumers about residential aged care facilities. COTA therefore calls on Government to make it a requirement for residential facilities to make publicly available the information on their staff including qualifications, quantity of staff and the ratio of staff to residents. In order for this to be meaningful for consumers we believe it must be published in a manner that identifies a facility to be directly compared on a like to like basis with similar facilities.

COTA Australia presents additional specific feedback on changes to aspects of the Bill that we believe are required to ensure that this amendment to the Aged Care Act achieves its intended 'aim of creating greater public transparency in the provision of residential care services and informing members of the public in any choice they may make regarding residential care services.'

# Response to Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018

## Key concerns with the current draft bill

COTA Australia broadly welcomes and supports the intent of the bill, however we note some minor concerns about aspects of the Bill and presents these with suggested amendments to address the issues raised.

### **1. Publish raw staffing numbers in addition to ratios, to better represent small facility staffing levels**

Some small facilities can have strange 'ratio' figures because of their resident profile at any given time. Changes to resident mix due to illness, death or hospitalisation can affect the acuity of residents and in some geographic areas there may be delays in filling vacancies. Small numbers can also have a big impact on ratios. To overcome the anomalies that could occur in such cases, we recommend that both the raw number of staff and the ratio be published to ensure clarity. The wording should be amended to match in each clause that references ratios – 9-3C (8) and (9).

**We recommend changing this amendment by introducing the words “number of and” before ‘ratio’ at subsections 9-3C (1), 9-3C (2) and 86-9(1A).**

### **2. Amend categories of publication so they are easier for consumers to understand, rather than apparently serve industrial negotiation purposes**

COTA Australia believes there is no justified reason from a care perspective to publish Registered Nurses numbers by five levels. Any distinction between Levels 1 and 5 in terms of scope of practice and ability to provide clinical oversight does not necessarily translate into better care as there are multiple factors that determine quality and safety in care settings. Regardless of experience or level, all registered nurses are degree qualified and can provide the same types of care and services to consumers.

**We recommend that there be only one category of ‘registered nurse’ and that subsections 9-3C (5) (a)-(e) are collapsed to read ‘(a) registered nurses’.**

Historically, enrolled nurses were accepted with only a Certificate IV qualification. More recently enrolled nurses must have a Diploma as their minimum qualification. Accordingly, there is no need to have a separately listed category of ‘nurses with a certificate IV or an equivalent qualification’. Personal care attendants are generally expected to be working towards a Certificate III qualification, although we are aware this varies across the country. In an aged care context, they would either be registered as an enrolled nurse (regardless of their qualification level) or they would be a personal care attendant/worker.

**We recommend that subsection 9-3C (5) (g) be removed.**

COTA supports the valuable role of allied health staff and the importance of recognising the other staff members at a facility that should be included regardless of whether they are care or non-care centred staff.

COTA therefore recommends that subsection 9-3C (5) read as:

- (a) registered nurses;
- (b) enrolled nurses;
- (c) personal care attendants;
- (d) allied health staff;
- (e) other staff members.

**3. Ensure the Secretary is required to publish the individual service provider's ratio**

COTA Australia notes that the current wording of subsection 86-9 (1A) is not clear about the requirement on the Secretary to publish staff-to-care-recipient ratios. We are concerned it does not explicitly require the publication of the individual service provider data, or whether the wording of the legislation would permit the Secretary to merely publish the total or average number. We suggest that the words "each residential care service" be included rather than a single reference to a plural number. We know that consumers will look for this information and believe it should be presented in a way that is meaningful within the context of individual aged care homes rather than whole organisations with multiple homes.

**We recommend that 86-9 (1A) be amended to read "...must make publicly available any information about the number of staff and staff to care recipient ratios of each residential care service notified..."**

Additional issues for consideration

**4. Publish a like-for-like comparison**

COTA Australia believes some additional reference is required to ensure comparability of residential care services by acuity of the residents. While we are not experts in the best way to ensure this could occur, we would encourage the Committee to ask the Department of Health how such like-for-like comparison categories for each residential care provider could be identified.

COTA suggests one way that this may be achieved is by using existing data held by the Department on ACFI results, which is a cumulative total of the acuity of the residents of that service at a specific time. If the residential aged care service is identified as being part of a particular ACFI quartile this could be seen as a defacto metric to improve the desire for like-for-life comparison.

This would mean that the staffing number and ratio of staff for each service would identify which of the four ACFI quartiles that facility was contained within.

**5. Ensure that both overnight and daytime ratios are captured**

COTA Australia is concerned that a single daily figure will not capture the information that consumers and their families are seeking. We reaffirm our support that a registered nurse should be onsite at all times, day and night, but the proposed legislation would not provide this information to consumers.

One way to achieve this could be the publication of both a 'day-time' and 'night-time' ratio to reassure consumers that, while there can be very good ratios during the day, there is still adequate nursing coverage for residents with high clinical care needs overnight. We do recognise that there may need to be special recognition in rural and remote areas where nurses are in short supply and overnight rostering can be challenging.

**6. Ensure what is published is accurate**

Another concern identified by COTA Australia and based on information received from consumers and their families, is that there seems to be no monitoring of many current requirements for various elements of regulation. With regard to the publication of staffing numbers and ratios, we suggest that the Aged Care Quality Agency (proposed to become the Aged Care Quality and Safety Commission) should be responsible for including a check of actual rosters for the day or days concerned and assessing those results against the accuracy of staffing levels reported on My Aged Care by the provider.

## Conclusion

COTA Australia urges the Parliament to debate, amend as recommended, and pass the amended legislation to include publication of staffing numbers and ratios as part of the broader transparency required in Aged Care.

We commend Ms Sharkie for the approach she has taken to balance the rights of consumers to know information about staffing levels and the unworkable approach of just mandating strict staffing ratios. We believe the transparency approach proposed strikes the right balance in this regard.

COTA Australia believes that consumers are entitled to know information about the services they receive and are about to receive. Staffing skills, levels and qualifications are among the most frequently requested information consumers seek about residential aged care services.

We propose that our suggested amendments will clarify the scope of this Bill and we call on the Government to make information on residential care staff publicly available – including qualifications, quality of staff, numbers of staff and the ratio of staff to residents. For this information to be meaningful for consumers, we call for it to be published in a manner that identifies each facility in a way that is comparable with other similar facilities.