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In association with the Australian Nursing and Midwifery
Federation QNMU Branch

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All correspondence must be sent to secretary@qnmU.org.au

8 May 2018

Mr. Trent Zimmerman, MP
Chair, Standing Committee on Health, Aged Care and Sport
Parliament House
Canberra ACT 2600

Sent via email: health.reps@aph.gov.au

Dear Sir,

Re: Response to questions taken on notice – Committee hearing, Brisbane, 26 April 2018

Thank you again for the opportunity of Queensland Nurses and Midwives' Union Officials (QNMU) to give evidence to the Committee on 26 May in support of the QNMU's written submission.

Please find below responses to the three questions taken on notice. These questions relate to:

- The workforce implications of the introducing ratios into aged care;
- The cost implications of introducing ratios into aged care; and
- Further detail on the reduction in Enrolled Nurse numbers at an aged care facility in Bundaberg, Queensland.

Workforce implications

Neither the QNMU nor the Australian Nursing and Midwifery Federation (ANMF) are currently able to provide data relating to the workforce implications of implementing staffing and skill-mix ratios into residential aged care.

According to the Australian Government Department of Health report "The Aged Care Workforce, 2016" (2017)¹, there are approximately 366,000 aged care workers, with some 240,000 working in direct care roles across the sector. This sector is characterised by a predominately female workforce, the majority of whom work part-time or casually. To meet future needs, projections indicate that nearly one million aged care workers may be required by 2050 (HESTA, 2018)². Irrespective of the debate around staffing ratios, significant investment in the future aged care workforce will be required. The HESTA report also identified that over 23% of HESTA member planned to leave the sector in the next one to five years, amounting to approximately 84,000 employees. QNMU servicing data also indicates that members working in the aged care sector are disproportionally over-represented in requests for assistance. Members report high workloads, poor management and a fear of repercussions if they speak out. These findings support the

¹ Australian Government, Department of Health (2017), The Aged Care Workforce, 2016, retrieved from <https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2017/March/The-aged-care-workforce,-2016>

² HESTA (2018), Transforming aged care. Reimagining the aged care workforce of tomorrow, retrieved from <https://www.hesta.com.au/transformingagedcare>

QNMU's view of aged care as a sector in crisis and the need for the government to provide the governance and leadership currently lacking.

The QNMU acknowledges that detailed modelling of the workforce implications of introducing ratios into the residential aged care sector would be a requirement of any implementation process resulting from the current national ANMF ratios campaign. However, currently the focus of the campaign is on drawing public and political attention to the need to improve staffing and skill-mix in residential aged care and clearly articulating the consequences, in terms of resident safety and quality of care, of the widespread inadequacies of current workforce practices.

The QNMU awaits the final report of the Aged Care Workforce Strategy Taskforce and is hopeful, though pragmatic, that taskforce recommendations will support the need for ratios in the sector as well as addressing the related issues of wages and conditions, recruitment, retention and training.

Cost implications

As with data relating to the workforce implications of ratios, neither the QNMU nor ANMF is currently able to provide any costing data for the introduction of ratios. Any costing would be part of an overall funding and implementation plan should the ANMF achieve political support for the introduction of ratios. The recently released ANMF report "Tax Avoidance by For-Profit Aged Care Companies: Profit Shifting on Public Funds"³ has clearly identified that the major for-profit aged care providers have made significant profits while receiving considerable public funding, appear to have systemically minimised tax, and have the capacity to fund staffing and skill-mix levels that would facilitate safe, high quality residential aged care from their current profits.

A current focus of the ANMF aged care campaign is to shine a spotlight on the current funding of the aged care sector, and how these billions of taxpayer dollars are used by aged care providers. The QNMU believes that financial transparency by aged care providers is a priority. The federal government must require aged care providers to be transparent and accountable for the use of taxpayers' money. An essential element of this transparency process must be a requirement that providers demonstrate that funds will go to care provision in order to receive a government subsidy.

Driving this transparency must be robust governance by the Federal Government to ensure that safe, high quality care is put before profit or operating surplus. The QNMU also recommends the Federal Government review how existing funding measures can better support improved staffing and skill-mix.

Bundaberg

In August 2017, Blue Care cut at least 11 of around 17 Enrolled Nurses employed at Pioneer House, Bundaberg. The QNMU understands that many of these staff were long term employees. At the same time, as nurses and nurse hours were being cut at Pioneer Lodge, Blue Care used SEEK and other job sites to advertise for untrained carers to take on aged care positions at the

³ Australian Nursing and Midwifery Federation (2018), Tax Avoidance by For-Profit Aged Care Companies: Profit Shifting on Public Funds, retrieved from anmf.org.au/documents/reports/ANMF_Tax_Avoidance_Full_Report.pdf

facility. Despite concerns expressed by the QNMU, Blue Care maintained that the quality and safety of care at the facility would not be impacted by these changes. Subsequently however, on an Aged Care Quality Agency inspection in December 2017, the facility was found to have failed 15 of the 44 aged care standards.

The QNMU is concerned that staffing reductions and decreased hours of care are a widespread trend in aged care, at a time when the acuity and care needs of those receiving residential aged care has not been greater. These types of reductions simply reinforce the QNMU's campaign, and determination, to achieve mandated minimum staffing and skill-mix ratios in aged care.

Thank you for consideration of this supplementary information.

Yours faithfully,

Sandra Eales
Assistant Secretary