

Submission by the Australian Nursing and Midwifery Federation

Australian National Audit Office audit of the 24/7 RN and care minute reforms

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INTRODUCTION

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF has been instrumental in progressing and supporting the legislative requirement for registered nurses (RN) to be on-duty in nursing homes 24 hours per day and the introduction of minimum care minute requirements for many decades. We welcome the opportunity to provide feedback on the Australian National Audit Office (ANAO) performance audit of the design and early implementation of residential aged care reforms by the Australian Government Department of Health and Aged Care (the Department) and the Aged Care Quality and Safety Commission (ACQSC).
6. The ANMF notes that the ANAO does not have a role in commenting on the government policy of RN 24/7 or minimum care minute requirements but the audit will focus on the design and early implementation of residential aged care reforms and assess if the policy will achieve its outcomes.¹



OVERVIEW

7. The ANMF has argued that the significant shortcomings of the aged care system and the instances of inadequate and substandard care are systemic. They are not isolated, exceptional or occasional. The Royal Commission into Aged Care Quality and Safety (the Royal Commission) agrees and outlined in their report that the cruel and harmful system must be changed.²
8. The Royal Commission found that Australia's aged care sector was widely understaffed. As a result of understaffing, many vulnerable residents are neglected and do not receive the care they need or deserve despite the best efforts of staff.
9. In 2019 the average Australian nursing home resident received only 180 minutes of care per day including 36 minutes from RNs.³ As the Royal Commission recognised, this is insufficient to provide safe, quality care to residents.⁴
10. Research demonstrates that an average of 258 minutes of care per day is needed for each resident including 77 minutes from RNs 52 minutes from ENs, and 129 minutes from personal care workers.⁵ The ANMF recommends that Australia's direct care workforce in nursing homes should be made up of 30 percent RNs, 20 percent ENs, and 50 percent care workers. The ANMF's staffing and skills mix implementation plan⁶ provides the best direct care workforce staffing Australian nursing homes to be able to provide safe, quality care to aged care residents now and in the future.
11. Disappointingly the ANMF's evidence based recommendations of 258 minutes of care per resident per day with 77 minutes from RNs was not recognized in its entirety. With the Royal Commission recommending that from 1 July 2022, at least 200 minutes of care per resident per day should be implemented with at least 40 minutes of staff time being provided by RNs.⁷ The then Government committed to implementing this Royal Commission recommendation. In 2022 the newly elected Government progressed the implementation of this recommendation with increased funding being provided to aged care providers from 1 October 2022 in preparation for the mandatory minimum care minutes to begin on 1 October 2023. Along with the funding also came the introduction of further reporting requirements on staffing levels and the star rating system.
12. The Royal Commission also recommended that RNs should be on site at all times.⁸ They outlined that *the evidence is compelling, overall staffing levels are linked to quality care outcomes and that registered nurses are particularly important.*⁹ The ANMF strongly supported this recommendation and worked closely with the Government and the Department to enable the transition period for 24/7 RN implementation sufficient to enable aged care providers time to recruit and be ready for the mandatory expectations of 1 July 2023.



13. In a sector that has been undervalued and under resourced for many years there is much work to be done to improve care outcomes. The introduction of 24/7 RN and minimum care minutes are essential policy changes to improving care delivery for older people in aged care facilities in a significant suite of reforms. Improving the staffing and skill mix with a mix of RNs, ENs and care workers with required minimum care minutes will directly improve care delivery and improve care outcomes for older people. Having RNs on-site and on-duty 24/7 will also meaningfully contribute to safe quality care delivery. RNs, supported by ENs, provide essential health and personal care and leadership in nursing homes.^{10,11,12}
14. Improving time for care and enabling 24/7 RNs will also contribute to improving recruitment and retention. ANMF members tell us consistently that having enough time to care and the right skills mix will significantly contribute to nurses and care workers staying employed within the sector and moving/returning.
15. The ANMF also notes that these two policies are being implemented alongside substantial aged care reform and their implementation challenges have been compounded by the large reform agenda. The coordination of these reforms is poor and implementation is often progressed in isolation. The Royal Commission outlined the importance of having a coordinated approach to reform.¹³ Reform needs to be well coordinated and monitored going forward with clear acknowledgment of all relevant interdependencies. Consultation for this reform needs to be open and transparent to all the sector, including aged care workers.

QUESTIONS

How have the 24/7 RN and care minutes reforms impacted your organisation and members?

16. As outlined above the ANMF has been instrumental in both the introduction of 24/7 RN and the care minute reforms. The RN 24/7 reform will be mandated on 1 July 2023 and the care minute requirements will be mandated 1 October 2023. It is therefore difficult to outline the full effect these reforms will have until the requirements are in place. ANMF members are hopeful that these reforms will bring the much needed change required for the sector to improve care delivery.
17. The implementation period is reasonable for both the 24/7 RN and care minute reform and providers have been funded for care minutes 12-months prior to the mandated time. This was an important policy decision that enabled providers to gradually recruit nurses and care workers while being funded. It balanced the immediate need to improve the staffing and skills levels for care delivery with the need to enable time for providers to be prepared. Some providers used this time well, others have not.



18. It is also important to note that the recruitment and retention of nurses and care workers in aged care is currently challenging. It is well established that nurses are paid on average 20% less to work in aged care¹⁴ than the public health sector and that care worker's pay does not meet the work value, as outlined in the recent Fair Work Commission decision.¹⁵ The conditions under which nurses and care workers are currently caring for older people in nursing homes is also poor as the Royal Commission outlined.¹⁶ These substantial issues ultimately impact the ongoing recruitment and retention for nurses and care workers.
19. The sector must continue to work hard to improve the pay and conditions for workers to ensure it has quality jobs that nurses and care workers want to remain in and join. As outlined above an essential part of these conditions is nurses and care workers being afforded the time to care.
20. An unintended consequence of the implementation of care minutes is the impact it has had on ENs. The Royal Commission recommended that residents should receive at least 200 minutes of care per day which needs to include at least 40 minutes of RN time. The remaining 160 minutes can be made up of RN, EN or care worker time at the employer's discretion. Unfortunately, some providers have and continue to change the way ENs are employed. This has included reducing shifts ENs are working, changing their contracts to care workers or attempting to make them redundant.¹⁷ As EN minutes have not been separately identified it has enabled some providers to change their staffing and skills mix to save money by either increasing care worker minutes or employing graduate RNs who can be on a lower hourly rate than an experienced EN. This has resulted in significant undervaluing of the essential role ENs have in nursing homes.
21. ENs are integral, valued members of the aged care nursing team. Without sufficient direct care numbers and the right skills mix of ENs in nursing homes, care is delayed, rushed, or missed altogether especially overnight when staffing levels and skills mix are often at their lowest.^{18,19} Without ENs, there are many tasks and activities that cannot be safely or legally carried out by unregulated care workers.²⁰ Care workers rely on both RNs and ENs to provide guidance, support, and clinical care. RNs and ENs work together in complementary roles to provide safe, efficient and high-quality nursing care in nursing homes. They collaborate with residents, families, and loved ones to plan, implement, and evaluate integrated care to ensure safety, quality, and best outcomes.
22. The ANMF continues to recommend that there must be legislative change to mandate a minimum time standard for direct care staff that includes clear specification of the EN role and contribution. As outlined above the ANMF recommends that Australia's direct care workforce in nursing homes should be made up of 30 percent RNs, 20 percent ENs, and 50 percent PCWs.^{21,22} This position is in line with the position of the International Council of Nurses (ICN).^{23,24}



What engagement has your organisation or members had with the Department or ACQSC in relation to 24/7 RN and care minutes reforms? Who was your point of contact?

23. The ANMF and its branches has had some engagement with the Department of Health in relation to 24/7 RN and care minutes. However has had minimal engagement or opportunity to engage with the ACQSC in relation to these matters.
24. The ANMF has attended all consultations made available to us, we have provided a response to a number of submissions including to draft legislation. The ANMF is also represented on the Department of Health and Aged Care Residential Aged Care Funding Reform Working Group.
25. Michael Lye, Deputy Secretary for Ageing and Aged Care and Mark Richardson, Assistant Secretary, Residential Care Funding Reform Branch of Health and Aged Care and their teams have been the ANMF's point of contacts.
26. The ANMF found the Department to lack timeliness on occasion in its policy implementation of 24/7 RN and care minutes and at times failed to clearly understand the importance of achieving the Government's policy objective in the most timely fashion.

What opinions, advice or feedback have you provided to the Department or ACQSC on the design and implementation of the 24/7 RN and care minutes reforms?

27. As outlined above the ANMF has not had an opportunity to provide advice or feedback to the ACQSC regarding the implementation of the 24/7 RN and care minutes.
28. The ANMF has, however provided advice and feedback to the Department of Health and Aged Care on the implementation of the 24/7 RN and care minutes. The ANMF has recommended to the Department that the average of 258 minutes of care per day is needed for each resident including 77 minutes from RNs 52 minutes from ENs, and 129 minutes from personal care workers.²⁵ The ANMF also recommended that the direct care workforce in nursing homes should be made up of 30 percent RNs, 20 percent ENs, and 50 percent personal care workers.
29. The ANMF's staffing and skills mix implementation plan²⁶ was provided to the Department and outlined an important planned approach to provide safe, quality care to aged care residents now and in the future.
30. The plan outlined the following five stages:
 - a. Stage 1. 1 July 2022 – 31 December 2022
 - Each nursing home must ensure an average of 200 minutes (3.3 hours) of nursing and personal care per day per resident including 60 minutes of care from RNs, 40 minutes from ENs, and 100 minutes from care workers.
 - Nursing homes must provide 24-hour on-site RN cover with a minimum of one RN per shift.



- b. Stage 2. 1 January 2023 – 30 June 2023
 - Each nursing home must ensure an average of 215 minutes (3.6 hours) of nursing and personal care per day per resident including 64 minutes of care from RNs, 42 minutes from ENs, and 108 minutes from care workers.
 - Nursing homes must provide 24-hour on-site RN cover with a minimum of one RN per shift.
 - c. Stage 3. 1 July 2023 – 30 June 2024
 - Each nursing home must ensure an average of 225 minutes (3.75 hours) of nursing and personal care per day per resident including 68 minutes of care from RNs, 45 minutes from ENs, and 112 minutes from care workers.
 - On day shift, there must be minimum: 1 RN per 30 residents, 1 EN per 45 residents, and 1 care worker per 18 residents.
 - Minimum 1 RN must be onsite for evening and night shifts.
 - d. Stage 4. 1 July 2024 – 30 June 2025
 - Each nursing home must ensure an average of 240 minutes (4 hours) of nursing and personal care per day per resident including 72 minutes of care from RNs, 48 minutes from ENs, and 120 minutes from care workers.
 - On day and evening shift, there must be minimum: 1 RN per 30 residents, 1 EN per 45 residents, and 1 care worker per 18 residents.
 - Minimum 1 RN must be onsite for night shift.
 - e. Stage 5. 1 July 2025 – 30 June 2026
 - Each nursing home must ensure an average of 258 minutes (4.3 hours) of nursing and personal care per day per resident including 77 minutes of care from RNs, 52 minutes from ENs, and 129 minutes from care workers.
 - On day and evening shift, there must be minimum: 1 RN per 15 residents, 1 EN per 23 residents, and 1 care worker per 9 residents.
 - On night shift, there must be minimum: 1 RN per 30 residents, 1 EN per 45 residents, and 1 care worker per 18 residents.
31. The following ANMF submissions were provided to consultations and enquiries on or related to the 24/7 RN and care minutes policies:
- [Submission to the Community Affairs Legislation Committee Consultation: Aged Care Amendment \(Implementing Care Reform\) Bill 2022 \(Senate Inquiry\)](#)
 - [Submission to the Aged Care Data Strategy Consultation Information Guide \(Department of Health and Aged Care and AIHW\)](#)
 - [Consultation Paper no 1: A New model for regulating aged care \(Department of Health and Aged Care\)](#)
 - [Review of Aged Care Quality Standards Consultation \(Department of Health and Aged Care\)](#)
 - [Submission to Aged Care Quality and Safety Capability Review](#)



- [Exposure Draft and Explanatory Statement - Aged Care Legislation Amendment \(Registered Nurse\) Principles 2023 \(Parliamentary Bill\) One](#)
- [Australian Commission on Safety and Quality in Health Care consultation on Review of quality use of medicines publications: Guiding principles for medication management in residential aged care facilities](#)
- [Submission to Australian Commission on Safety and Quality in Health Care: Review of Quality Use of Medicines Publications - Guiding Principles to Achieve Continuity in Medication Management](#)
- [Submission to Australian Government Department of Health Review of the National Medicines Policy \(NMP\)](#)

32. The ANMF representative also provided ongoing feedback to the Department of Health and Aged Care Residential Aged Care Funding Reform Working Group as they worked through the implementation processes.

Has the support and guidance from the Department and/or ACQSC assisted your organisation and members to comply with the 24/7 RN and mandatory care minutes requirements?

33. The guidance from the Department is useful. It clearly outlines the expectations of Government. Often the guidance provided by the Department is focused on educating providers with less regard to the aged care worker. ANMF members are often unclear about Government expectations. It would be useful going forward for the Department to increase their communications to focus information for workers.
34. The guidance provided by the ACQSC is concerning. The current quality standards and as far as the ANMF is aware the updated quality standards to be trialed soon do not clearly identify the Government policies of 24/7 RN and care minutes. This is a substantial gap in the regulation of these essential policies. The ACQSC must clearly articulate these policy expectations and audit/monitor against them in conjunction with ensuring the assessed care needs of residents are met.
35. In regards to funding for the implementation of the 24/7 RN and care minutes, as outlined above providers were funded 12 months prior to the implementation date for care minutes. This was essential to enable providers the time and resource to recruit nurses and care workers.
36. The ANMF supports the Government's decision to only provide the 24/7 RN supplement to aged care providers who are employing RNs all day every day, even if a provider has been successful in securing an exemption. Funding should only be provided where RN coverage is implemented.
37. There has been much agitation from a number of providers pushing back on the implementation date for both 24/7 RN and care minutes even though there is a reasonable implementation period and providers are currently being funded for this increased care time. As highlighted above these changes are essential to improve care outcomes for older people and must be implemented as planned.



How will rostering or other administrative practices need to change to ensure compliance with the new requirements?

38. The expectations of the 24/7 RN and care minutes will require providers to change their administrative practices on rostering which to some extent has already occurred. Providers are required to make available transparent reporting of their staffing and skill mix outlining the employee type and the hours in which they have worked.
39. In addition to the above providers will also be required to report on RN coverage 24 hours per day identifying any reporting periods where a RN is not on-site and on duty.
40. The ANMF has seen changes to provider's rosters across the sector in the last 12 months. The ANMF Victorian Branch for example have seen an increase in rostering restructures. These changes have been supported where they are made in a genuine attempt to ensure 24/7 RN and care minutes compliance. Unfortunately as outlined above, this has also been used to reduce and/or remove the vital role of the EN.
41. The Department has spent significant resource and strongly engaged with aged care stakeholders to develop a user friendly simple reporting application for providers. This application will enable providers to easily upload relevant information relating to 24/7 RN. It will also enable transparent monitoring which will be used to ensure the RN supplement is only paid when the policy is achieved and will be provided to the ACQSC for monitoring and audit purposes.

What are your views on the Department and ACQSC's approach to monitoring compliance with 24/7 RN and care minutes requirements?

42. The ANMF has serious concerns about the approach to monitoring compliance with 24/7 RN and care minutes. Although the policy expectations are clear and regular reporting is required, it is unclear to the ANMF how monitoring will be managed between the Department and the ACQSC.
43. Transparency of the unique care minutes associated with each facility is a significant issue. Through the provider portal, aged care providers are told what the minimum expectations are for their resident cohorts. To date this information is not publicly available. Therefore workers, unions, residents and families do not transparently understand the minimum care minute expectations for residents. Workers are an essential element to support the monitoring of care minutes and keeping providers accountable but to date are not provided this information. Greater transparency around minimum care minutes is required.
44. The ANMF also has grave concerns about the capability and capacity of the ACQSC to firstly manage the monitoring compliance and secondly, appropriately hold providers to account if they are not meeting the expected policy requirements.



45. The Royal Commission outlined the following in their final report: *The primary function of the aged care regulator is to protect and enhance the safety, health, wellbeing and quality of life of people receiving aged care. Ineffective regulation has been one of the contributing factors to the high levels of substandard care in Australia's aged care system.* ²⁷The ANMF shares the view of the Royal Commission that the ACQSC lacks the capacity and capability to perform its regulatory function generally and has adopted a light-touch approach to sector oversight, when strong and effective regulatory action has been needed.
46. On a number of occasions the ANMF and its branches has written to the ACQSC to provide member concerns about nursing homes not meeting quality standards and expected care outcomes. There has been little follow up or response by the ACQSC. Members working within these nursing homes state that there is little impact from the ACQSC in resolving their ongoing concerns.
47. These concerns of ACQSC have been compounded by the increasing expectations being placed on the ACQSC to undertake more and more regulatory roles within the sector. An example of this is the management and implementation of the Code of Conduct for aged care workers and the proposed worker screening check.
48. Further, the ANMF is unclear how the Department and the ACQSC will audit and cross check provider reporting. ANMF members have already identified some concerning behaviour where providers are attempting to game the system and optimise the care minutes and its attached funding. Some examples include:
- ENs: As outlined earlier some providers have changed the way ENs are employed by reducing their hours of work, changing their contracts to be employed as care workers and undertaking procedures to make ENs redundant.
 - Care Workers: As per Government policy, care minutes is the time provided by nurses and care workers for direct care delivery. Care workers who are employed in home maker style models of care have a variety of roles within this model of care and a number of them do not fall under the definition of direct care such as cooking and laundry. ANMF members have identified that some providers are considering these job roles as direct care and count this time as care minutes.
 - Lifestyle staff: ANMF members have reported that lifestyle staff have had their job title changed to a care worker title i.e. PCW or AIN to enable their hours of work to be included in the care minutes for the facility.
 - Allied Health: ANMF members have also identified that there is less Allied Health professional care being provided in some facilities. This is consistent with reports from Allied Health professional organisations.²⁸ This not only impacts care outcomes for residents but it also puts further pressure on nurses and care workers to fill the gaps in care delivery which were once being completed by the multidisciplinary team.
49. It is essential that the 24/7 RN and care minute policies are effectively monitored to ensure they are being implemented as intended or care outcomes for residents will continue to be compromised.



Have you observed changes to staffing levels at residential aged care facilities over the past 12 months? What have you observed?

50. Although, ANMF members are optimistic about the 24/7 RN and care minutes implementation, many report staffing levels at nursing homes over the past 12 months have not significantly improved.
51. Some members have identified that the staffing levels have actually declined. A number of factors have contributed to this deterioration. These factors include;
- removing or reducing EN care time directly impacting the staffing levels and care outcomes for residents;
 - the covid pandemic and the negative health impacts of the pandemic on residents and workers;
 - the increasing expectations for nurses and care workers to manage the ongoing compliance requirements within their day without any additional support. This leads to tension between their direct care roles and administrative tasks;
 - an increase of reliance on agency staff to fill shifts which research indicates can result in a decrease in the quality and safety of care²⁹;
 - the reduction in residents having access to the Allied Health profession puts further pressure on nurses and care workers to pick up the care gaps;
 - Employers viewing care minute targets as an optimum that cannot be surpassed, so reducing staff hours where they are providing more than the projected average number; and
 - Increased workloads, poor support including clinical supervision, training and education.

CONCLUSION

52. The ANMF welcomes the opportunity to provide feedback on the ANAO performance audit of the design and early implementation of residential aged care reforms by the Australian Government the Department and the ACQSC. The ANMF has been influential in progressing and supporting the legislative requirement for 24/7 RN and care minutes. The mandatory requirement for 24/7 RN and minimum care minutes are essential policy changes to improving care delivery for older people in aged care facilities. Their effective implementation and monitoring will directly improve care and care outcomes for older people.



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