INTRODUCTION

1. This brief submission seeks to summarise for the assistance of the Commission the most important aspects of the evidence advanced in the course of Adelaide Hearings 1 relating to the examination of the need and proposal for mandated staffing levels and skills mix in residential aged care.

2. The Commission will recall that Ms Butler (Federal Secretary of the Australian Nursing and Midwifery Federation) gave evidence about an evidence based staffing methodology for minimum staffing levels and skills in residential aged care. Other witnesses gave evidence about the issue of staffing using different terms such as ratios.

AN EVIDENCE BASED STAFFING METHODOLOGY FOR MINIMUM STAFFING LEVELS AND SKILLS IN RESIDENTIAL AGED CARE

3. The model discussed in oral evidence by Ms Butler and the subject of her Statement is to be found in the following material:

   (a) Exhibit 1 – 16 WIT.0020.0001.0001 Statement of Annie Butler

   (b) Exhibit 1 – 20 ANM.0001.0001.3151 National Aged Care Staffing and Skill Mix Report

   (c) Exhibit 1 – 21 ANM.0001.0001.3308 Financial and Cost Benefit Implications of the Recommendations of the National Aged Care Staffing and Skills Mix Final Report

   (d) Exhibit 1 – 22 ANM.0001.0001.2102 ‘Ratios Save Lives’ Supporting Research

   (e) Transcript pages 257 to 277 (13 February 2019)

4. The key features of the model are as follows:

   (a) It is evidence based;
   (b) It has been the subject of rigorous academic and practical analysis and assessment;
(c) It is capable of broad practical application;
(d) It recognises that the safety and quality of care delivered to residents is associated with the level of staffing and skills mix available and that to ensure safe and best practice care, staffing levels and skills mix which are demonstrated to meet the specific care needs of typical resident groups in residential aged care are required;
(e) It is sufficiently flexible to accommodate different care needs and settings within residential aged care;
(f) It outlines proposed minimum staffing levels and skills mix to address varying personal and nursing care needs of residents in residential aged care but does not address other needs (e.g. allied health, medical, pastoral, lifestyle and other social needs) which still need to be addressed to improve safety and quality in aged care.

A CONSENSUS

5. There was broad consensus from a range of witnesses for a number of factors relating to staffing levels and skills mix which would lead to improvements to safety and quality in residential aged care.

6. The need for mandated minimum staffing levels was expressly supported by a number of witnesses including:

(a) College of Nursing (through Professor Parker)
    See Exhibit 1-15 (WIT.0017.0001.0001) at WIT.0017.0001.0011

(b) Combined Pensioners and Superannuants Association of NSW Inc (CPSA)
    (through Mr Versteeg)
    See Exhibit 1-9 (WIT.0009.0001.0001) at paragraph 65

(c) The Older Persons Advocacy Network Ltd (through Mr Gear)
    See Exhibit 1-8 (WIT.0007.0001.0001) at WIT.0007.0001.0016

(d) United Voice (through Ms Coad)
    See Exhibit 1-52 (WIT.0018.0001.0001) at paragraph 50
    See Transcript at pages 507 to 508, 509 (20 February 2019)

(e) Australian Medical Association (through Dr Bartone)
    See Exhibit 1-56 (WIT.0015.0001.0001) at paragraphs 32 to 33
    See Transcript at page 551 (20 February 2019)

(f) Health Services Union (through Mr Hayes)
    See Exhibit 1-60 (WIT.0019.0001.0001) at paragraph 69(d)

(g) Royal Australian College of General Practitioners (RACGP) (through Dr Nespolon)
    See Exhibit 1-40 (WIT.0016.0001.0001) at WIT.0016.0001.0006 and WIT.0016.0001.0013
CONCERNS REGARDING RATIOS

7. There were some questions and concerns raised by a number of other witnesses during Adelaide Hearings 1 relating to ratios in aged care. These concerns were largely drawn from the view of the Productivity Commission’s 2011 Report (Exhibits 1-31, 1-32 and 1-33) in which it observed, “...the imposition of a simple staff ratio is a blunt instrument...” (emphasis added) The witnesses included:

(a) Leading Aged Services Australia Limited (through Mr Rooney) who, while supporting increased hours, adopted the Productivity Commission concern about simple staff ratios and the observations of the Aged Care Workforce Strategy Taskforce that rigid staff to resident ratios may not be the appropriate solution. (our emphasis)
See Exhibit 1-46 (WIT.013.0001.0001) at paragraphs 119 to 120

(b) Aged and Community Services Australia (through Ms Sparrow) also supported increased staffing but expressed reservations about ratios by reference to Dutch research directed to the relationship between raw staff hours and quality of care and to the Aged Care Taskforce’s concern about static models and set staffing ratios.
See Exhibit 1-45 (WIT.0014.0001.0001) at paragraphs 68 to 69
See Transcript at page 431 (19 February 2019)

(c) Catholic Health Care Australia (through Ms Mersiades) also referred to the 2011 Productivity Commission Report observations about simple staff ratios and expressed concern about such an approach failing to take account of resident profile or facility size. He described simple ratios as a “cookie cutter” view of residential aged care.
See Exhibit 1-50 (WIT.0011.0001.0001) at paragraphs 69 to 70
See Transcript at page 477 (19 February 2019)

(d) Ms Beauchamp (of the Commonwealth Department of Health) expressed what was a personal view that “a blunt instrument on numbers” would not suffice on its own.
See Transcript at page 338 (18 February 2019)

8. Professor Pollaers in a letter to the Commission (see Exhibit 1-64 ACW.9999.0001.0001 at ACW.9999.0001.0018 to 0021) commented about ratios. His concerns were two-fold: the ANMF’s model did not extend far-enough to encompass all staffing and is not the sole measure required to address quality issues. He nonetheless supports minimum staffing levels and skills mix (see ACW.9999.0001.0021).

9. To those concerns, the ANMF directs attention to the evidence about the model proposed. It is:

(a) The evidence based staffing methodology proposed by the ANMF does not recommend inflexible or rigid staff ratios nor does it recommend a single fixed ratio for all residents or all settings. Rather it recommends the minimum nursing and personal care hours and skills mix required to meet a range of care needs for residents in residential aged care. It is not directed to all categories of staff.
(b) The evidence based staffing methodology proposed by the ANMF’s research takes account of six different resident acuity profiles typically found in residential aged care facilities and recommends the minimum nursing and personal care hours and appropriate skills mix required to meet the differing nursing and personal care needs of residents in each of those profiles.

(c) The evidence based staffing methodology proposed by the ANMF does not propose a set, fixed staffing ratio as the fundamental solution to improving quality in residential aged care. Instead it sets out the minimum care hours required and, critically, the appropriate skills mix of staff required, to meet a range of resident care needs in residential aged care settings. Further, it does not recommend that implementing the recommended staffing methodology alone will ensure safety and quality in aged care but rather, that it will not be achieved in residential aged care without it.

(d) The Productivity Commission report referred to above was released in 2011. At that time, the Commission had no evidence or research to draw from or rely upon in making recommendations around the staffing models required for residential aged care. The research commissioned by the ANMF now provides the evidence for the staffing levels and skills mix required to ensure the nursing and personal care needs of residents in residential aged care are met.