



**Royal Commission**  
into Aged Care Quality and Safety

**Statement of Sandra Hills OAM**

**Name:** Sandra Hills OAM

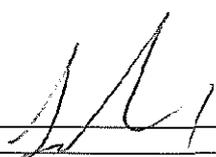
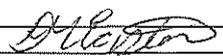
**Address:** Level 1, 789 Toorak Road, Hawthorn East VIC 3123

**Date:** 25 September 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety.
2. This statement is true and correct to the best of my knowledge and belief and is made in response to the Notice to Give Information or a Statement in Writing dated 16 September 2019 from the Royal Commission into Aged Care Quality and Safety.
3. I have been requested to make this statement in my capacity as the Chief Executive Officer of Anglican Aged Care Services which trades as Benetas (**Benetas**). I confirm that I make this statement on behalf of Benetas and that I am authorised to do so.

**Professional background**

4. I have been in the role of Chief Executive Officer at Benetas since 2009. I attended the London Business School in 2015 to undertake the "*Leading your organisation into the future*" executive course. I have a Masters of Business Management, Graduate Diploma of Human Services Management, Graduate Certificate of Human Services Research and Evaluation, and a Bachelor of Arts (Psychology and Sociology). I am also a Registered Nurse however have not held a practicing certificate for a number of years.
5. Prior to working at Benetas I was the General Manager, Aged and Community Care at the Brotherhood of St Laurence from 2000 – 2009, Manager of Community Care at Whitehorse City Council from 1995 - 2000 and prior to this, Manager Aged Care at the Department of Health and Community Services, Eastern Metropolitan Region. I have also been the Chief Executive Officer of Wandin Springs Private Training Centre, and Manager of Disability and Client Services, Department of Community Services, Outer Eastern Suburbs Region.
6. My current memberships include Director, Aged Care Industry Workforce Council; Community Chef Board Director; National Aged Care Alliance (NACA) Anglicare Australia Representative; LASA Members Advisory Committee (Vic); Council Member and Public Officer, Anglicare Australia; Convenor, Anglicare Australia's Aged and Community Care Network.

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

Provide a table setting out the following information about Benetas' direct care workforce as at 30 June in 2017, 2018 and 2019:

- a) total number of full time equivalent staff employed by job role (e.g. personal care worker, enrolled nurse, registered nurse), and

Direct care employees	FTE 2017	FTE 2018	FTE 2019
PCW	383.39	401.88	443.32
RN Div 1	41.60	47.59	53.09
EN / RN Div 2	98.95	92.83	97.56
Client Advisory	24.05	27.74	26.59
Lifestyle	20.73	21.13	20.52
Total	568.73	591.17	641.08

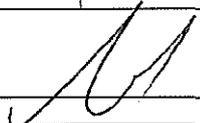
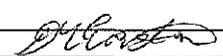
- b) total number of full time equivalent agency staff engaged by job role (eg personal care worker, enrolled nurse, registered nurse). If this information cannot be extracted from existing systems, provide informed estimates and explain how those figures were calculated.

Agency	FTE 2017	FTE 2018	FTE 2019
PCW	30.26	36.09	27.01
RN Div 1	1.6	2.31	4.24
EN / RN Div 2	5.52	4.18	4.62
Client Advisors	0.17	0.09	0.66
Lifestyle	-	-	-
Total	37.55	42.67	36.53

As at 30 June in 2017, 2018 and 2019, what was the total cost Benetas in respect of its direct care workforce as it relates to aged care services? Of that total cost, what is the division between:

- a) wages/salaries for ongoing employees

	FTE 2017	FTE 2018	FTE 2019
Wages / Salaries	\$41,619,048	\$44,812,120	\$49,177,007

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

Total costs	\$44,921,780	\$49,810,579	\$54,357,962
Percentage	92.65%	89.97%	90.47%

**b) payments to third party providers for agency staff**

	2017	2018	2019
Agency Costs	\$2,932,838	\$4,784,637	\$4,767,228
Total costs	\$44,921,780	\$49,810,579	\$54,357,962
Percentage	6.53%	9.61%	8.77%

**c) costs of training and development**

	FTE 2017	FTE 2018	FTE 2019
Employees	\$369,894	\$213,823	\$413,727
Total costs	\$44,921,780	\$49,810,579	\$54,357,962
Percentage	1.42%	0.43%	0.76%

**d) other workforce expenses.**

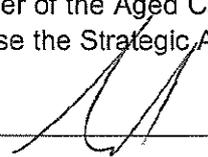
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**What was the percentage of direct care workforce turnover in each of the last 3 financial years at Benetas?**

	Direct care employees	FTE 2017	FTE 2018	FTE 2019
Voluntary Turnover	Permanent / PT	6.5%	10.06%	9.98%
	Casual	12.01%	17.78%	15.56%
	Total	8.06%	11.6%	11.88%

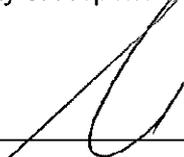
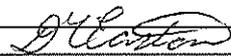
**Does Benetas have specific strategies in place to retain its direct care workforce? If so, provide a description.**

7. Like all aged care providers, we have ongoing challenges with direct care workforce recruitment and retention. While we have a number of approaches which directly and indirectly encourage employee retention, outlined below, we are encouraged by the Strategic Actions that have come out of *A Matter of Care Australia's Aged Care Workforce Strategy*. As a member of the Aged Care Workforce Industry Council we will be looking to aggressively mobilise the Strategic Actions from this report.

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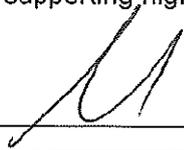
## STATEMENT OF SANDRA HILLS OAM CONTINUED

8. In relation to our own initiatives, we have just launched our five-year Next Generation Strategy (2025) in which one of the four outcomes for delivery is to ensure Benetas is *A great place to work and volunteer*. Our ambition in this regard is to place a strong emphasis on employee experience outcomes; enable leadership and customer experience capabilities; and provide an inclusive workplace that fosters a high performance culture. While we have a lot to do, we are committed to achieving these outcomes.
9. Our workforce is a high priority and we will be implementing a series of initiatives as part of the Strategy aimed at supporting and retaining our employees. We also have a number initiatives already in place as outlined below.
10. Values alignment: We recognise that the right fit of employee, with aligned values and motivations, goes a long way towards achieving greater retention. Research is starting to demonstrate that meaning and purpose at work are valued higher than monetary rewards. We are trying to capture this at the recruitment stage by asking questions around motivational drivers and values to ensure those joining Benetas will have a rewarding experience based on a strong alignment.
11. We further test this with psychometric testing in the selection process for management and leadership roles, given their influence and impact on the experience of our direct care employees.
12. Employee Feedback: In addition, we reach out to employees more formally to gain their feedback, which helps us develop strategies that address their challenges and ultimately help them be happy and effective in their role. Among these are our Employee Engagement Survey, our Diversity and Inclusion Survey and in 2019, a 360-degree Feedback process for the Executive team.
13. Of particular value is the confidential Employee Engagement Survey which achieved a record response rate last year of 70% (1,015 respondents from 1,445 surveys distributed). We were given a frank account of what our employees really think and scored an overall level of engagement of 57% which puts us in the category of a Culture of Ambition. This category typically characterises us as ambitious for new and better ways of moving ahead, not satisfied with the current level of performance or ways of doing things, and tending to be very innovative. Action plans were then developed for all teams and at every site, and progress is monitored and reported to the Executive.
14. An analysis of the feedback received in the 2018 engagement survey enabled us to identify three organisational level priorities. These are leader as performance coach – that is, training our leaders to be effective coaches (more information is provided in paragraph 111); addressing the perceptions of being understaffed – for example, working with our employees to better understand these perceptions, educating them on our roster guidelines, co-creating more efficient processes and developing better ways of working; and improved engagement of part time employees – as it was found that our part time workforce (the majority of respondents) were feeling less engaged than full time or casual employees.

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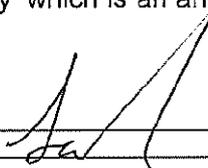
## STATEMENT OF SANDRA HILLS OAM CONTINUED

15. Employee engagement in broader organisational initiatives: We also engage our employees in a number of broader organisational initiatives. We find that involvement of employees in these bigger projects invigorates and builds their passion for their work, and as a result they are more inclined to remain in their role. We also benefit from their direct experience to create outcomes that meet customer needs.
16. For example, one of our four Next Generation Strategy (2025) strategic outcomes is *Integrated and exceptional customer experience*. We undertook an employee workshop to determine the priorities for customer experience and identified the need for a unifying Customer Experience (CX) vision and set of principles to help guide us in our day to day interactions with customers. We involved our employees on Steering Committees, workshops and together, with our customers, created the Benetas CX vision and principles, which clearly articulates the way we want all of our customers to feel.
17. We have directly engaged nearly 140 of our people in this initiative and they are now our strongest advocates for bringing our CX vision and principles to life across the organisation. They are enthusiastic and committed and the process demonstrates the sense of community and positive sentiment that comes from bringing our employees together to create organisational change.
18. Another initiative is the Residential Sales and Admissions Streamlining Project, a dedicated cross-functional project which devoted eight months to untangling the very complicated (for both customer and employees) first enquiry to admissions process for people and their families looking for a place in a residential care home.
19. Again, we conducted an intensive process with a number of employees to unpack the process of admissions and then co-created a single simplified and efficient admissions process, reducing interactions our customers need to have with us during this time from 15 to seven. Many employees have reflected extremely positively on the process and the outcome for both themselves and our customers.
20. Our Best Life Model of Care, implemented in four of our residential homes currently, empowers employees and enhances job satisfaction by framing care around residents' personal choice and enables closer social relationships in a familiar domestic living environment.
21. The model's principal objective is to provide a more home-like environment for residents with smaller self-contained apartments with dedicated small teams of primary carers in each apartment. Residents experience greater continuity of care supporting the development of deep relationships between themselves and their care team, which is ultimately more satisfying for our employees.
22. Although a formal outcomes and financial evaluation is still underway, anecdotal reports from residents and employees confirm that residents find the environment more homelike and pleasant, they sleep better and they are enjoying a higher level of positive social interaction. Strong, empathetic relationships are evident between residents and regular apartment employees, supporting high quality care and improved quality of life.

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

23. Not just beneficial for residents, there seems to be a correlating positive impact on employees, with less sick leave, lower levels of employee turnover and use of agency, and faster response times. This will be confirmed however once the evaluation is complete.
24. As a not-for-profit, values-based organisation, we also invest in research and advocacy to contribute to the aged care sector and wider society, above and beyond providing services. This supports our good reputation which we believe is an important contributor to the recruitment and retention of our employees.
25. With our rewards and recognition program, we encourage managers to recognise both employees and volunteers for going above and beyond in their role, and demonstrating alignment with our vision and values as well as our CX vision and principles. We also submit for industry awards and celebrate long service from five to 30+ years.
26. Recently, we got behind LASA's Aged Care Employee Day in August, an initiative introduced by the Whiddon Group in 2018. In 2019 we introduced a new nominations process which allowed employees to recognise their peers from anywhere across the organisation and winners were announced on Aged Care Employee Day. We look forward to building on this in the coming years.
27. Diversity and Inclusion: At Benetas we are passionate about and actively pursuing a more gender equal workplace, being only one of seven organisations nationally in the 'Health Care and Social Assistance' industry to achieve The Employer of Choice for Gender Equality citation by the Workplace Gender Equality Agency (WGEA) for 13 consecutive years.
28. Among a range of flexible working initiatives available to both male and female employees are:
- Part-time, job-share and flexible opportunities;
  - Purchased leave arrangements, enabling both men and women to purchase an additional two or four weeks of annual leave each year;
  - Superannuation paid to all employees while on paid parental leave; and
  - Eight weeks' paid parental leave for primary carers and two weeks' paid leave for secondary carers (the latter can be staggered over three months to enable part-time work during the period).
29. We are proud to be a White Ribbon accredited workplace and we support anyone affected by family or domestic violence. In support of this our new Residential Services Enterprise Agreement provides five days paid leave in addition to five days unpaid leave for anyone affected by this, which exceeds the National Employment Standards.
30. We aim to ensure our employees of all backgrounds feel welcome and supported by reflecting diversity in our policies and procedures and actively supporting initiatives such as 'Wear it Purple Day' which is an annual LGBTIQ+ awareness day when employees

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

are invited to wear purple to work to celebrate diversity and young people in the LGBTIQA+ community.

31. For employees experiencing difficulties, we offer an independent Employee Assistance Program in which all employees, their immediate family and volunteers can access confidential professional counselling services to address personal and professional concerns.
32. We also hold a biennial event with all employees to enable us to connect and celebrate together. This year it was held at Moonee Valley Racecourse and was a wonderful evening. And we encourage all employees to participate in initiatives such as Steptember, market stalls, multicultural celebrations, community days, intergenerational activities, pet friendly activities.
33. We believe all of these initiatives contribute to fostering a positive culture within Benetas and greater retention of our workforce.

**In relation to the number of direct care workforce required:**

**1) how does Benetas determine the number and mix of skills and qualifications required of its direct care workforce:**

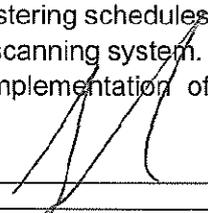
**(a) in each aged care facility it owns**

**(b) in providing home care services**

**(c) in providing services under the Commonwealth Home Support Program?**

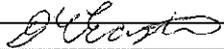
**2) how does it determine the number and mix of skills and qualifications required on any given shift in its residential care facilities?**

34. In our residential aged care services, the Best Life Model of Care sets a framework for the skill set and mix of employees required. We have a roster that has been developed to provide a continuity of care for residents and requires a minimum number of shifts for each permanent employee to ensure employees and residents are able to develop a strong relationship.
35. The Best Life Model of Care roster was created based on experience, industry trends, individual organisational trends and service level trends. The staffing profile of the Best Life Model of Care is designed to support the residential environment being "a home first", and thus consistent personal care employees are the primary carers for residents in apartments. Clinical employees work on more of a consulting model, visiting apartments as required to ensure that the clinical care needs of residents are met, better utilising their full scope of practice.
36. We have recently implemented Kronos, a time attendance system which assists in creating the best-fit rostering schedules for our employees via a simple clock-in and clock-out biometric (finger) scanning system. This is being rolled-out across our homes with five more to go. The implementation of Kronos identified that we have been running

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

- approximately 48 different shift times (e.g. 11am – 3pm or 10pm to 6am) across the organisation. As such we have been able to create more consistent shift times of between 12 and 20 variations, depending on the specific requirements of the home.
37. Variations of the roster at each residential home are due to factors such as the profile of resident's care needs as demonstrated by their care plans, our environmental foot print, our occupancy, the employee skill mix and the Enterprise Agreement. This is something we continue to review however as the needs of residents are constantly changing.
  38. The Best Life Model of Care requires us to look at not only the individual needs of our residents but also the skill levels of employees, the types of skills required, to what extent these skills are required and how frequently they are required. These skills cover nursing, personal care, lifestyle, allied health and pastoral care employees. The needs of the individual compared with the level of support required, that is occupancy versus higher acuity, is constantly reviewed by the Residential Services Manager and Regional Business Manager.
  39. We assess the effectiveness of the employee mix via customer satisfaction, monitoring of clinical data for trends in call bell response times, ongoing continuous improvement programs, education attendance, employee culture surveys, absenteeism, leave management (reduced excessive annual leave balances), incident management and investigation. This information allows us to adjust our rosters to ensure the needs of each individual service are met effectively.
  40. In order for us to deliver quality care to residents and accommodate their individual preferences, it is essential that we employ Personal Care Workers with relevant Certificate III level qualifications, or at least people who are working towards these qualifications through a structured apprenticeship with our organisation directly.
  41. For home care, we assess the skills required based on the packages and needs of our clients.
  42. The pressure to source talented direct care employees is very real. Not only are we competing across the aged care sector for talent but our clinical employees and those with a Certificate III in Individual Care are also sought after by other sectors such as community, hospitals, and NDIS – particularly in rural and remote areas.
  43. In recent times we have seen an increase in the use of agency support to fill vacant shifts or backfill for planned/unplanned absence in our residential services. Not only is this not a financially sustainable position for us it is also having an impact on our workforce.
  44. Anecdotally we know that increasing the use of agency support is leading to disengagement of our employees, given the added burden of having someone on shift that does not know the residents or our operating procedures. This creates additional workload pressures and often a lack of consistency in care which adversely impacts residents and clients.

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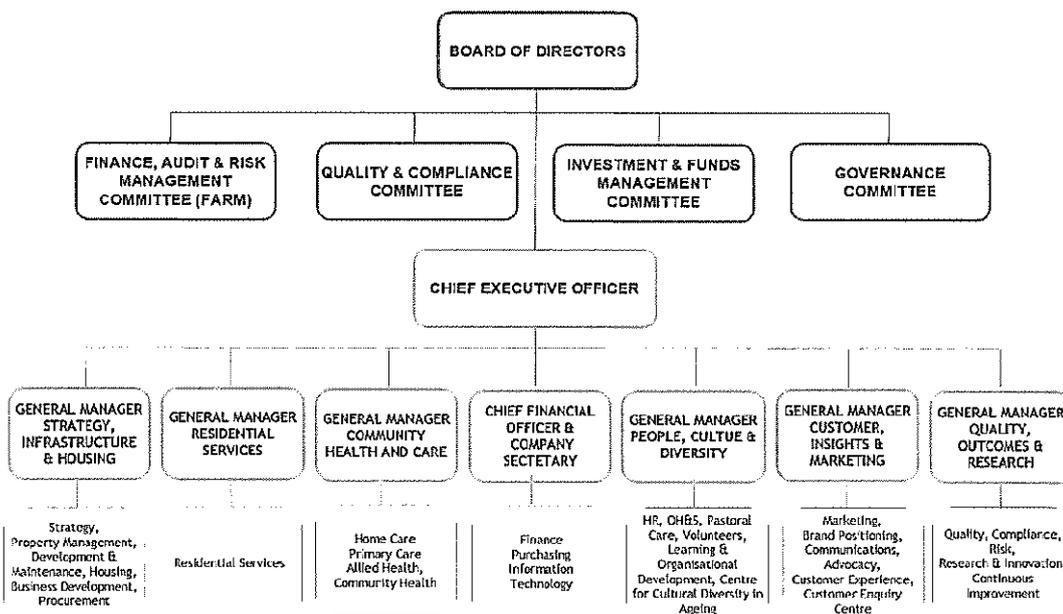
STATEMENT OF SANDRA HILLS OAM CONTINUED

- 45. An oversight group has been established to address the core issues that lead to increased use of agency support. This is something that we must always address as if left alone, the agency support numbers continue to rise.
- 46. We support the strategic action from A Matter of Care Australia's Aged Care Workforce Strategy, to establish a new industry approach to workforce planning, including skill mix modelling.

**Attach an organisation chart, including a depiction of any governance Board and/or committee, of Benetas.**

GOVERNANCE STRUCTURE

As at July 2019



**How does Benetas train and support its direct care workforce to develop and maintain skills relevant to their role and career aspirations?**

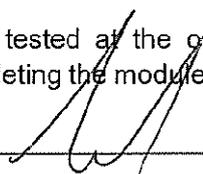
- 47. We are committed to developing the capabilities of our people so they can perform their role well and with confidence. In the last few years, we have shifted from the idea of training to learning. Learning represents a two-way engagement and encourages employee ownership of learning which is key to better outcomes. We have found that more 'training' for an identified need is usually not the answer, with the identified need having to be unpacked and explored to come up with the best learning solution.
- 48. In essence, we ascribe to the 70 – 20 – 10 learning model principle. That is, 70% of learning takes place on-the-job, 20% take place in social learning e.g. coaching and mentoring, and 10% takes place in formal learning e.g. a classroom setting or course.
- 49. There are three general types of learning at Benetas: role-based training and skills development to perform a role to a high standard; professional development that builds

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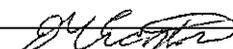
## STATEMENT OF SANDRA HILLS OAM CONTINUED

- further knowledge and behaviours; and leadership and management development for current and potential leaders.
50. Essentially we provide learning which is mandatory as well as learning for each team member's role. This ensures that each person has the skills to perform their role safely and well. Employees are encouraged to make the most of internal and external learning opportunities. Learning requirements for each employee are discussed in their annual performance and development review and guided by coaching from their manager. Learning needs are also guided by the needs of the business.
  51. Learning the Benetas way, is introduced to the direct care workforce from pre-commencement through to the first month on the job by way of a series of online modules. This is supported by an induction orientation and checklist which covers key practice information and expectations
  52. We also have a Buddy program for new direct care workers for the first six months. A Buddy can help considerably to assist the new employee to settle in and become productive more quickly. There are development benefits for the Buddy as well, given the direct influence they have on the positive experience of the new employee to Benetas. At the two, four and six month mark, new direct care workers are scheduled a check-in session with their manager to enable questions and feedback to be exchanged.
  53. In recognition of rapid changes in technology and the need to remain agile, we have managed to achieve a major cultural shift from solely paper based, face-to-face learning to a blended digital learning platform. When a digital platform was introduced in 2016, many employees required one-on-one instruction to enhance IT literacy. Since then, confidence and ability have increased, and we are now developing self-directed e-learning modules, designed to be accessed as needed from on-site and remote locations. Our learning platform also enabled us to provide greater oversight of what learning is being undertaken and whether any gaps exist across our services.
  54. We are currently in the process of developing the 'next generation' of our suite of learning modules which are essential to new starters (compliance required learning). Designed as short 2-5 minute bursts of micro-learning and released throughout the calendar year with clearly defined completion expectations, they will be self-guided modules covering a broader range of subject matter than just the minimum, high level, compliance required learning.
  55. Being run throughout the year, instead of one annual 20 minute module, keeps subject matter front of mind and current – infection prevention isn't just a February issue, neither is elder abuse just a June issue.
  56. We also support competency-based learning pathways as a result of feedback from current employees. This is based on the understanding that employees joining Benetas have an existing level of competency, thus enabling us to move away from traditional 'training' pathways, where the same content is delivered over and over again.
  57. Competency can be tested at the outset with a successful outcome resulting in an exemption from completing the module. Employees only need to focus on actual required

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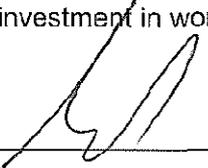


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## STATEMENT OF SANDRA HILLS OAM CONTINUED

- learning, rather than completing modules covering subject matter they are already competent in. This communicates a level of respect and value in the existing knowledge, skills and capabilities of employees. It also promotes and supports a more proactive, self-directed approach to learning and continued professional development.
58. This is not to say that face-to-face learning does not still play an important role in learning. Internal Subject Matter Experts (SMEs), either at site or for example from the Quality Team, regularly design and deliver education updates on best practices in clinical and personal care support to direct care workers. External providers, such as providers of equipment, offer regular education sessions to direct care workers on how to best use their equipment.
59. Toolbox sessions are designed in-house and are used to deliver important information or industry updates at all-employee meetings or at shift handover times. At only 5 – 10 mins in length, they are an effective method that respects the time pressure demands of our direct care workforce.
60. Moving from a traditional, institutionalised and task-focussed delivery of aged care to a more holistic, person-centred model has meant that employees have had to embrace a major mindset shift and 'un-learn' old ways of doing things. In recognition of this and in line with the new Aged Care Quality Standards, we have developed the Benetas Best Life Model of Care micro-learning and coaching campaign.
61. Adopting a peer-to-peer coaching approach, the campaign aims to upskill employees in soft skills such as emotional intelligence, negotiation and meaningful engagement, prioritising and planning. Coaches are being selected from each site's employee pool and are being put through a coaching program on how to be a peer coach. This enables them to guide and support peers through a 12 week campaign where micro bites of learning, goal setting and regular catch ups will help learners assess where they're at and where they need to be in order to deliver the highest standards of care to our residents.
62. Relying on the registered training organisation (RTO), technical and further education (TAFE) and University sectors to attract the right qualified employees in frontline roles (Personal Care Workers, Enrolled Nurses, and Registered Nurses) has presented numerous challenges. Inconsistent governance in the RTO sector has led to inconsistent quality of qualifications offered. Certificate III qualified people are often not job ready despite completing a qualification including placement hours. This results in hidden costs to providers to retrain employees, and in some cases employees quit soon after commencement because the job wasn't what they thought it would be.
63. Certificate III level qualifications appeal to people who do not hold existing qualifications, and can access government funding to complete a low cost qualification. There are significant cost barriers to people who may be a great fit for the sector, but hold existing qualifications in a different field at or above the Certificate III level.
64. *A Matter of Care Australia's Aged Care Workforce* strategy report made it clear that significant additional investment in workforce training will be needed and we support this statement.

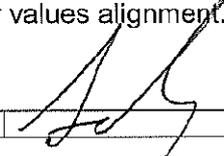
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65. The focus of the delivery of qualifications also reinforces the task-based mindset that we are trying to move away from. Nursing qualifications are focussed on preparation to work in the acute sector, and there is little focus on aged care in nursing degrees or placements.
66. We have discovered that the conventional method of "one size fits all" classroom based learning is no longer a sustainable way of embedding new knowledge and developing skills. We are guided by compliance expectations and identified clinical risks to establish appropriate competency-based education programs and learning resources.
67. The programs are adapted to address key clinical gaps and focused on the relevant clinical group at the site level. This is done via e-learning, toolbox sessions and coaching/mentoring. On-demand learning resources are being developed to support clinicians and help them to perform their role well.
68. In addition we are creating the Benetas Clinical Leadership Program to strengthen the coaching ability of our clinical leaders to be able to better drive education to their teams. By developing our clinical leaders in this way we hope to empower them to take control of the clinical space at their sites. The program is currently being reviewed in the light of the Benetas Best Life Model of Care, feedback from the Benetas employee engagement survey and contemporary learning and development models.

**What career pathways are available for Benetas' direct care workforce?**

69. The traditional career pathway for the direct care workforce in residential services is from the entry level role of Personal Carer to Enrolled Nurse to Registered Nurse.
70. In home care, our In-Home Service Assistants can progress to scheduling roles, service coordination roles then on to case management. In residential aged care, there are team leader roles and clinical management roles which often progress to Residential Manager and Regional Business Manager.
71. These pathways however are not clearly articulated in a framework with an associated competency framework and development program. We therefore strongly endorse Strategic Action 4 in *A Matter of Care, Australia's Aged Care Workforce Strategy*, which is *Defining new career pathways, including how the workforce is accredited*. The aged care sector needs to become a primary and attractive sector for talented individuals rather than secondary to the acute sector. This can partly be achieved through the deliberate creation of long and rewarding career paths.
72. The introduction of allied health to our mix of services in 2018, due to the amalgamation with Macedon Range Health in Gisborne Victoria, presents further opportunities, however we are in the early days of exploring these opportunities.
73. Initiatives currently underway to assist in providing career paths for employees include a succession and development planning process. This seeks to identify potential successors for Executive and manager roles; identify strategies for ongoing development and engagement of employees who are performing but not seen as potential successors; and identify specific development requirements for other employees who need to improve performance and/or values alignment.

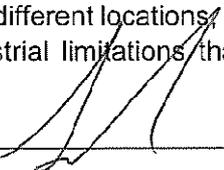
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## STATEMENT OF SANDRA HILLS OAM CONTINUED

74. The succession planning discussion is in relation to each employee down to and including Registered Nurse roles in terms of performance and potential as we have identified these roles as possible successors for direct care and other leadership roles.
75. Enrolled Nurses and Personal Care Workers are discussed by exception with a key focus on strong performers with potential and interest to develop their careers further. Irrespective of this program, all employees are invited to discuss development and career planning as part of their annual performance review.
76. Our direct care employees are also presented with opportunities in their current roles to join various projects (e.g. research project advisory groups), committees (continence, wellness, palliative care), or train the trainer programs such as manual handling, emergency response, and employee orientation acting as Buddys.
77. All direct care employees have the ability to apply for relevant internal roles and are supported to do so. We have examples of direct care employees who have progressed through to payroll, property, learning and development and quality opportunities. Others have taken a more clinical path and returned to study to be an Enrolled or Registered Nurse. Direct care employees in home care often take on roles in residential care and centre based respite to extend their skill set and provide further opportunity for career development.

**What development opportunities (beyond any training already described) are available for Benetas' direct care workforce?**

78. The Benetas Development Program supports early career direct care supervisors and emerging leaders to network, align themselves strategically and build their leadership skills. Participants meet two to three times per year.
79. This is complimented by our Leadership Development Program that undertakes similar activities at a more senior level, including Residential Services Managers and Regional Business Managers across Residential Services and Community Health and Care.
80. These programs have been successful for a number of years and have particularly enhanced self-awareness through the roll-out of the Team Management System (TMS) and Profile (TMP) tool. They have also supported better communication and collaboration across the business. We believe it is time for a change however and are currently working on a leadership capability framework that will set us up for success throughout the course of the next five years in line with our Next Generation Strategy (2025).
81. In addition, we are currently finalising a business case for the establishment of a Benetas Relief Team, an innovative solution to meeting our *ad hoc* workforce needs. In place of using agency support, which has been known to negatively impact our employees when used in high volumes. This team will mobilise to fill shifts on a short term basis before rotating to another Benetas service that may have short term needs.
82. We believe that this will present development opportunities for employees looking to work more flexibly, across different locations, contributing to different teams and cultures. Once we resolve the industrial limitations that do not support mobility of employees across

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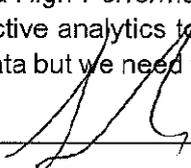
## STATEMENT OF SANDRA HILLS OAM CONTINUED

different service streams, due to differences in entitlements and conditions (including rates of pay), we hope to present the Relief Team and other employees with more diverse options such as working in the home care setting.

83. Benetas also actively encourages and supports our direct care workforce to complete their qualifications. We offer a Scholarship Program which offers employees access to learning opportunities they might not otherwise be able to afford. The program awards up to \$6,000 financial assistance toward professional learning and development, which can be used for course fees and/or training materials for a course or formal qualification at university or TAFE.
84. Plus full time employees can seek approval for five days paid study leave per year under the provisions of an enterprise agreement covering direct care workers, depending on their specific enterprise agreement.

**To the extent not already addressed in response to questions above, is Benetas undertaking any form of workforce analysis, planning and development? If so, provide a description of such work.**

85. Historically we have had a Workforce Plan aligned to our organisational strategy and we have recently undertaken an analysis of external factors and pressures as we developed our Next Generation Strategy (2025). We needed to build on our already strong foundations and take employee experience to the next level to enable us to achieve our objectives in exceptional customer experience.
86. In this context however, there is increasing and competing demand for quality care workers and the need for highly skilled local management and clinicians. We need to increase our management, leadership and customer experience capabilities, and encourage innovative and agile work practices.
87. We are also looking to scale up our already 600 strong volunteer base, all of whom provide so much more than just their time and skills. They enable strong connections between our customers and their local community and relationships that endure. We celebrate our volunteers with an annual lunch in which all are invited. We will be finalising a Volunteer Strategy that aims to harness the power of their collective contribution.
88. We work hard to provide a workforce that is consistent with the community in which it sits to enable us to meet the cultural, linguistic and other needs of customers. It is well documented that older people have a strong preference to remain in their home for as long as possible. This therefore presents an opportunity to deepen the scope of practice for the aged care professional, focusing on preventative measures. Frailty screening and approaches to health and wellbeing, for example opens up opportunities for directly providing a range of restorative care services. This is both from a home care and residential perspective, but these services need to be properly funded.
89. One capability we will be looking to further advance, linked to our Next Generation Strategy Outcome of a *High Performance Organisation*, is Business Intelligence and the use of data and predictive analytics to better inform decision making. We have the right systems generating data but we need to utilise real time information together with collation

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

and connection of the right data to understand key drivers and use these to inform decision-making and timely response.

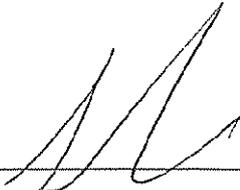
90. True workforce planning that leads to informed job design, followed by talent sourcing and targeted development and retention programs, requires sophisticated skillsets across a number of roles. We will look to build workforce planning and recruitment capability across our human resources team in the first instance while we develop our data analytics and reporting capability. Strategic Actions six and seven of Australia's Aged Care Workforce Strategy *A Matter of Care* are very much in line with these priorities.
91. Another activity of our Next Generation Strategy (2025) is to have workforce plans for our services complimented by an over-arching Talent Plan for creating consistently positive employee experiences across the full employment lifecycle. One example is in relation to enhancing the experience of both candidates and hiring managers during the recruitment process, whilst working to reduce the time it takes to fill vacancies.
92. In the meantime we also plan to undertake a capability review to identify any skills gaps required for the successful delivery of our Next Generation Strategy (2025). This was a successful approach from our last strategy and we hope to complete this toward the end of 2019 with a leadership capability framework to follow.

**To the extent not already addressed in response to questions above, does Benetas have specific strategies in place to attract:**

- e) men to the aged care industry**
- f) young people to the aged care industry**
- g) migrants to the aged care industry**
- h) people in rural and remote areas to the aged care industry?**

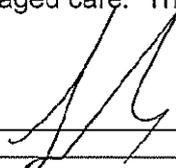
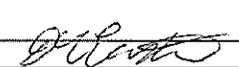
**Describe any such strategies.**

93. Our 'Given the Chance' program which kicked off in 2015, sees us working with the Brotherhood of St Laurence to employ disadvantaged job seekers. Each year, we aim to have three participants undergo a six month contract working as a Personal Care Worker at our residential sites.
94. We work closely with the manager and the candidate, as does the Brotherhood of St Laurence, to ensure we are in a position to employ the candidate as a permanent Benetas employee at the end of the six-month program. We see this as an important initiative to quite literally give a chance to people who have the necessary qualifications but for various reasons, may not have any experience or had trouble finding employment in the field.
95. In 2019, we finalised a new workforce Diversity and Inclusion Strategy and Implementation Plan. The implementation plan covers many initiatives to address gaps within the industry, such as:

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

- Attracting men into care roles through ensuring gender-neutral language in our communications, campaigning for male applicants, 'showcasing' our current male employees etc;
  - Attracting younger people into care roles by looking at our employee experience and becoming an employer of choice. Additionally, ensuring we have adequate knowledge in how to manage a multi-generational workforce; and
  - Providing opportunities to migrants and/or disadvantaged job seekers, such as the Given the Chance program, and respecting and celebrating cultural diversity.
96. Our current 'Flexible Workplace' policy is being reviewed to ensure a more consistent and fair experience for all employees across the organisation. The review will look at our current practises in managing flexible work arrangements, and what resources might be needed to ensure employees feel comfortable in having a conversation about flexibility, and managers are equipped to navigate such requests without negative impact on the organisation, team or individual. Among many well-researched benefits, we hope that being a more flexible workplace will also assist us in attracting more young people to the workforce.
- In your view, who should have stewardship for leading workforce planning in the aged care sector?**
97. Each approved provider is responsible for workforce planning in their organisation. We will strongly align our new Employee Experience/Talent Strategy with our Next Generation Strategy and are in the final stages of implementing our most recent workforce plan. As stated earlier however, workforce planning as a skill/capability remains in its infancy. However, stewardship for leading workforce planning in the aged care sector requires more than the collective efforts of approved providers.
98. We would like to see Government, aged care providers, education providers and other stakeholders all work in more deliberate partnership in this regard. The future design and delivery of our aged care system cannot be done by any party in isolation. The Aged Care Industry Workforce Council is in a unique position to lead the way for the sector as we believe it has stewardship in this role.
99. The industry needs to lift capability collectively and educational providers need to partner with industry to design programs that are fit-for-purpose and aligned with the workforce strategies.
100. We continue to forge relationships and collaborate with TAFE and Higher Education providers to design and deliver programs that support the establishment of a capable, passionate and engaged workforce.
101. There is much more that can be done to strengthen the pipelines of candidates for aged care and the perceptions of the sector – both areas which we continue to explore. For example, high school career counsellors could encourage students to contemplate a rewarding career in aged care. This is an idea we are yet to progress at this stage.

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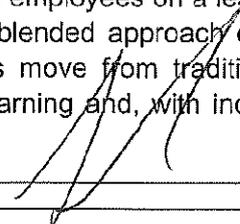
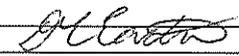
## STATEMENT OF SANDRA HILLS OAM CONTINUED

**Describe any specific innovative approaches that have impacts for the direct care workforce, that have been trialled, implemented or are under consideration by Benetas with respect to:**

- a) use of technology
- b) cultural change
- c) working conditions
- d) work health and safety
- e) communication
- f) other.

**Use of technology**

102. We have recently implemented Vocera Hands Free Communication Devices at two of our aged care homes on a trial basis. This is an innovative communications technology designed to support direct care employees to communicate with one another in a timely and efficient manner. The device is a small, voice-activated badge which allows employees to contact each other as well as integrating with existing call bell systems. It replaces the need for cordless phones or mobile phones, and has additional features including the capacity for multi-user calls, handover recording, and note taking.
103. The evaluation of the trial, conducted in March this year found many positive results. For example, sites without Vocera had 14.7% - 23.8% of call bell response times greater than 10 minutes, compared to 2.2% - 7.3% for sites using Vocera. That is, sites using Vocera had a 54% - 66% reduction in call bell response times of greater than 10 minutes, and a 13% - 31% improvement in call bell response times of less than five minutes. Seventy-five percent of employees also perceived residents as safer with Vocera.
104. In addition, communication between employees improved (81% agreed), they were able to get help from another employee more quickly with Vocera (82% agreed), employees felt better supported with Vocera (78% agreed), less isolated (67% agreed), and safer (77% agreed). Qualitative comments included having more time to spend with residents and undertake care tasks. We will continue to roll out Vocera at all of our residential homes.
105. Our direct care workers in home care have also been provided with data-enabled mobile devices. These devices can be used as a phone and a tablet and allow them to access their rosters in real time, read and update client notes, provide feedback on care plans, access policies and procedures, and log hazards or incidents into the Benetas Risk Management System.
106. As previously mentioned, the introduction of our digital Learning Management System (BLearning) has taken employees on a learning journey away from paper based or face-to-face learning to a blended approach of both face-to-face and digital learning. The platform has seen us move from traditional hour-long learning pathways to shorter, competency based learning and, with increasing workforce IT literacy and confidence,

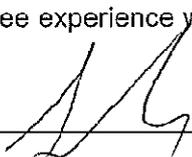
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## STATEMENT OF SANDRA HILLS OAM CONTINUED

moving toward a proactive, self-directed, 'just in time' approach to learning and professional development. The addition of new hardware has also made learning a lot more mobile and accessible as, when and where needed.

### Cultural Change

107. Customer Experience Vision and Principles: As we have been engaging with employees on the Customer Experience Vision and Principles, we are witnessing some wonderful insights into the changing mindsets of our employees as they engage creatively and enthusiastically through this education process.
108. Employees are now thinking beyond the tasks they need to do and policies and procedures that guide and govern their work. They are starting to focus more mindfully on understanding how they can make a difference to create 'memorable moments' for clients and customers and to support them to feel safe, valued, empowered and appreciated.
109. Pastoral Sensibility workforce culture: The cultural, emotional and spiritual well-being of our clients, families and team members is central to the ethos and mission of Benetas. All employees have a pastoral sensibility and are encouraged to display high levels of empathy and a relationship rather than task orientation. Potential new managers are also screened for emotional intelligence to ensure that they can embrace the Benetas approach.
110. Pastoral Sensibility recognises we all have a unique spiritual side and is brought to life through person centred care and a culture of inclusion. Education is provided to employees in Pastoral Sensibility via an e-learning module titled 'Pastoral Sensibility Every Person Every Day'. The scenario based learning tool encourages communication skills of empathetic listening, respectful communication and genuine care. Lastly, employees are taught when to refer clients to Pastoral Care Practitioners and other specialists for further support.
111. Leader as Coach: We have identified the development of a coaching culture as an important enabler of success in the future. Our 'Leader as Coach' philosophy is focussed on the skills of leaders to engage employees through regular one-on-ones, and to focus on a coaching approach that builds capability, engagement and problem solving.
112. It is a departure from the assumption that the leader needs to have all the answers - an approach that ultimately builds dependency and reinforces hierarchies. The GROW model is used for coaching conversations that enables a leader to lead a conversation through four distinct phases - Goal (what would you like to achieve in this conversation?), Reality (what is the current situation? what have you tried so far?), Options (what ideas do you have to solve this problem?) and Wrap Up (what are you going to commit to doing, and by when?)
113. A coaching culture builds capability, agility and problem solving skills. It fosters an improved employee experience, a culture of feedback, and supports retention of talent. An improved employee experience will ultimately benefit the customer experience of our clients.

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

**Working Conditions**

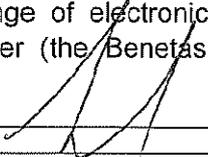
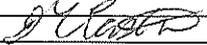
114. We have had a focus on our workforce for a long period and through the Home Care Workforce Committee incremental improvements have been made in the community space. For example we established more regular supervision for direct care employees and provided access to 24/7 professional advice via our after-hours Nursing Coordinator.
115. The Benetas Relief Team, as mentioned above, is an innovative solution in meeting our *ad hoc* workforce needs. In place of using agencies, this team will mobilise to fill shifts on a short term basis before rotating to another service that may have short term needs. We believe that this will ease workload pressures, instil a culture of collaboration and enable development opportunities for employees.

**Work Health and Safety**

116. The introduction of mobile devices for home care and access to 24/7 support has improved work place health and safety in these services. This is evidenced by the reduced number of employee calls after hours and by the logging of incidents in real time.
117. The safety of our workforce is a priority. Aside from meeting our compliance obligations we encourage a culture of reporting, risk mitigation and prevention. Our Employee Engagement Survey includes a detailed set of questions around occupational health and safety (OHS) to ensure feedback is sought. These questions rate highly on consecutive surveys.
118. In addition, we are committed to health promotion initiatives with a three-year strategic Health Plan. We are currently running a Wellbeing campaign associated with the Plan which includes 17 teams participating in Steptember to increase physical fitness, celebrating RUOK? by sharing personal stories and promoting employees to *trust the signs and trust their gut* in supporting colleagues who may be struggling with life, followed by a series of mental health seminars across multiple locations.
119. A recent working group has also been established to mitigate the risk and exposure to occupational violence in the workplace. Aside from short-term measures to help employees de-escalate and combat aggression from residents/clients, their relatives and members of the community, the group will investigate the prevalence and impact of responsive behaviours from cognitively-impaired customers. The hope is that we can develop strategies and learning that reduces such incidents through the thoughtful actions of our employees.

**Communication**

120. In addition to the initiatives mentioned above that contribute to communication (e.g. Vocera, digital devices etc) Benetas Team Leaders, Client Advisors and coordinators attend regular workforce team meetings to discuss and respond to workforce service delivery concerns and issues. All client compliments are passed onto the employees and positive recognition of compliments is made at team meetings.
121. We also have a range of electronic employee communications in place such as a fortnightly e-newsletter (the Benetas Broadcaster) all employee Bulletins, electronic

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

Quality and Compliance Updates, and all employee emails from myself and the Executive team.

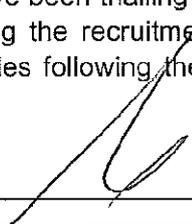
122. In addition, I personally meet one-on-one with each member of the leadership team and visit each site and regional office twice a year. I find this extremely beneficial in receiving feedback from employees and also providing them with insights that they may not otherwise be exposed to.

**Other - Recruitment**

123. In 2016, we considered the capability of our existing direct care workforce and the education being provided to ensure that the workforce could provide a standardised approach to care that was meeting the needs of our customers.
124. We identified that there was room for improvement and had concerns with the quality of training provided to candidates of Certificate III Individual Support programs (formerly known as the Certificate III in Aged Care). We considered whether to embark on the journey of becoming an RTO or whether some form of partnership model was more relevant to our business needs.
125. This led to the development of the SPARK Aged Care Apprenticeships program. Specifically, it is about sourcing people with the right values first and then backing ourselves to teach them the skills they require. We source people from varied backgrounds through community partners that are interested in working in aged care. These people go through a series of 'gates' for evaluation.
126. The program includes site visits, work experience shifts, learning about a resident's life and reporting back. The site and the person then decide if they want to progress. If both agree, then a 12-month contract is offered as an apprentice during which time they are paid to study and learn, including Benetas-specific education (at Benetas services), on-the-job learning (initially alongside a Benetas Buddy who is a direct carer) and TAFE training that is also conducted onsite at our homes. We are in the second trial period in its current form, and have 15 apprentices employed across four of our metropolitan services.
127. We have been fortunate to partner with a TAFE that shares similar values and has allowed us to contribute to the program to ensure it meets our needs. Work place observation and structured study days are built into the paid apprenticeship. Aged care lends itself well to the apprenticeship model and we feel growing our own employees, from the conception of their aged care careers is a meaningful way to attract, recruit and retain our future workforce.

**Describe any specific innovative approaches relevant to the direct care workforce that were trialed but not continued at Benetas. Explain why such approach did not work or was not continued.**

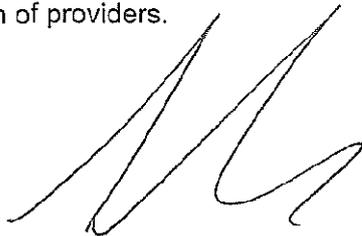
128. As mentioned, we have been trialling different ways to help us get the right person, with the right values during the recruitment phase. One approach was introducing Video Interviewing for all roles following the submission of written applications, including the

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## STATEMENT OF SANDRA HILLS OAM CONTINUED

direct care workforce. It was hoped that the quality of candidates would improve when this tool was used.

129. Video interviewing was fully utilised in a six-week home care recruitment campaign in 2018. There was evidence that the quality of candidature was higher for those who participated, but the tool caused delays, leading to the loss of potential candidates. The low participation rate (approx. 40%) and a reluctance from candidates to engage, also led to talented candidates potentially being overlooked. We have since ceased use of video interviewing across the business as similar and consistent feedback was received from across the business.
130. A number of years ago we also introduced psychometric and aptitude testing for support roles, particularly those joining as managers or leaders. Given the success of this selection tool a risk-based version was introduced for the direct care workforce.
131. Whilst the organisation was optimistic about this tool leading to better hiring decisions, the data did not support this. Psychometric and aptitude testing also caused delays in the recruitment process but did not necessarily lead to better hires. We have also ceased use of the tool for the direct care workforce and are now considering other tools that may assist in reducing the time it takes to seek references. Our aim is to create more capacity for our direct care managers by reducing the burden and impact of recruitment.
132. Finally we've looked at a Victorian Certificate of Applied Learning (VCAL) program funded by state government focused on those in Year 11. However there needed to be a minimum number of participants in a region and the target numbers were not reached. While this was not successful at the time, we feel this is worth pursuing but potentially with a collaboration of providers.

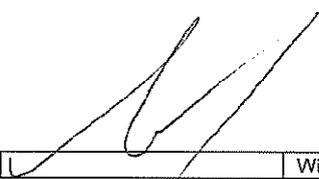
Signed: 

Date: 25 September 2019

Witness: DJ Easton

Date: 25 September 2019

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