From:	Roger G Landsberg
Sent:	Monday, 4 March 2024 3:13 PM
То:	Aged Care Legislative Reform
Subject:	Feedback on proposed Aged Care Legislation
Attachments:	RE: Feedback on proposed Aged Care Legislation [SEC=OFFICIAL]

**Categories:** 

ACTION REQUIRED

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## TO WHOM IT MAY CONCERN

I am the chair of a registered Aged Care Provider facility in a rural town in North QLD. It is community owned and is a an Incorporated Not for Profit Association and operates under the State and Federal Acts. The Management Committee are 9 volunteers from the local community with varied skill sets, from small business operators to clinically trained persons. The facility Manager also sits on the Committee but does not have a vote. The facility has 28 privately owned 2 bedroom houses in a retirement village situation and a 89 bed residential home offering low and high care services. The Facility employs 90 staff.

Our committee is generally supportive of the proposed key sector reforms as recommended by the Royal Commission, particularly with reference to more accountability and the new funding arrangements. However, the following two issues are of major concern to the Committee and our Association membership.

Being in a rural/remote area, sourcing staff is difficult, particularly clinical staff with Registered Nurses almost impossible. During the Covid 19 outbreak this situation was exacerbated by the loss of many RN's from the medical and Aged Care systems due to "burnout" and the ever increasing bureaucratic record keeping duties associated with the role. Many RN's now either work for agencies or have started their own agencies, because they can demand higher rates of pay and have more flexible working hours due to the casual/part time employment contracts. Our facility have lost 4 of our permanent RN's because the inability to financially compete and the ever increasing demand for these trained professionals and the diminishing number of applicants. Because of the dependency on agency RN's, it has been evident that many of these staff, because of the transient nature of the employment, do not fulfil the reporting requirements under the Act with the due diligence that is required. This situation is becoming critical for facilities such as ours in the regions where we live and is going to get worse with the requirement in the new Act to have an RN on duty 24/7. The Federal government is going to have to better financially support regional and remote facilities in order to compete financially for a diminishing number of suitably trained persons and become more active in assisting facilities to source and streamline working visa's for suitable overseas staff.

The other major concern is a recommendation Directors and Managers be personally liable for failings of the provider in the delivery of care to residents and in-home clients. It has been recommended that civil and criminal liability would apply, which exposes directors to the risk of criminal prosecution and/or significant civil fines for the organisation's delivery of care. It is incredibly difficult in rural/remote and regional areas to get suitably skilled people to give up their time to serve in a voluntary capacity as it is, without these onerous and punitive measures being used as a threat to fulfil their responsibilities. The authorities should be aware these people are giving their time because they believe the Facility is needed and valued in the community and the sense of pride in the Facility fulfilling its role, ensures they meet the governance standards required. The idea that directors who do not work at the Facility can go to jail for an accident that occurs in the middle of the night is absurd and will further kill off the spirit of volunteering.

Thank you for your time and I trust my concerns are raised with the relevant authority.

Sincerely,

Roger G Landsberg Chair Dalrymple Villa Incorporated

