



Workforce governance and management

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In this fact sheet we address the expectation that providers will have appropriate and robust workforce governance and management processes in place to ensure consumers have continuity of safe and quality care and services in anticipation of any external workforce pressures.

The Aged Care Quality and Safety Commission (the Commission) recognises that there are external workforce pressures impacting the aged care sector which affect aged care providers' (providers) ability to attract and retain a suitably skilled and competent workforce.

Providers have responsibilities under the [Aged Care Act 1997](#) and associated legislation (including the [Quality of Care Principles 2014](#))

to provide safe and quality care and services. Consumers also have the explicit right to receive safe and high quality care and services as stated in the [Charter of Aged Care Rights](#).

As required under the [Aged Care Quality Standards](#) (Quality Standards), all providers must have appropriate numbers of staff with the range of skills they need to deliver safe and quality care and services at all times.

For residential services, providers are also required to ensure that specified nursing services (clinical care services) are carried out by a nurse practitioner, registered nurse or enrolled nurse, or other professional, appropriate to the service (care task) and acting within their scope of practice. For more information, see Schedule 1, Part 3 of the [Quality of Care Principles](#).

Providers are expected to undertake comprehensive workforce planning to manage both short- and long-term workforce supply, ensuring the delivery of quality care and service to consumers as part of their governance responsibilities.

Quality Standards

For the Commission's performance assessment activities, a provider's performance is assessed against the Quality Standards.

Relevant requirements under the Quality Standards relating to effective workforce governance systems and use of a skilled and qualified workforce to deliver and manage safe, effective clinical and/or personal care and services, may include but are not limited to:

- Standard 3 requirement (3)(a) - each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care
- Standard 3 requirement (3)(d) - deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner
- Standard 7 requirement (3)(a) - the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services
- Standard 8 requirement (3)(c)(iv) - workforce governance – including assigning clear responsibilities and accountabilities.

Recognising the possibility of exceptional circumstances such as a COVID-19 outbreak or a natural disaster that may impact a provider's workforce, providers are expected to appropriately plan for these types of events and promptly activate these plans to ensure that continuity of safe and quality care can be delivered. These contingency plans should always be flexible to factor in new risks and priorities as they emerge to ensure continuity of care and services while minimising impact on consumers.

Dealing with workforce supply issues

Examples of workforce supply issues

Short-term causes include:

- infectious disease outbreak and furloughing of staff
- natural disasters
- seasonal illness
- changes to employee pay and conditions.

Long-term causes include:

- lack of available workforce pool
- ageing workforce population
- disruption to skilled/unskilled migration
- increased demand for aged care services.

Workforce supply issues are caused by many factors. Contingency and workforce planning should address a range of scenarios, from short-term unexpected absences due to illness or the stand down of staff, through to more systemic and long-term workforce supply issues. Providers should consider and implement strategies to recruit suitable staff to their workforce, identify options to access temporary surge workforce, manage staff availability and address staff retention.

Short-term workforce planning

Short-term workforce planning should consider and mitigate the risks associated with disrupted care and services arrangements, such as when staff shortages necessitate the use of a larger number of agency staff. Providers must ensure that all staff members (including any temporary staff) can readily access up-to-date care information for every consumer. There should also be processes in place for staff to identify each person in their care quickly and correctly.

During adverse weather events, approved providers of home services should be particularly aware of vulnerable consumers who may be at risk due to service disruption caused by temporary workforce supply issues.

Providers need to ensure that there is a system in place where senior leadership are either onsite or contactable (including on-call arrangements on evenings and weekends) to address immediate staffing constraints and to support staff in their delivery of safe and quality care and services. Onsite leadership can identify risks and issues, problem-solve on the ground, prioritise care and redirect staff to areas of urgent need.

Preparation includes maintaining awareness of national guidance resources and individual state and territory public health directions relating to staff stand down requirements and isolation periods in aged care services.

Deploy staff differently

Providers may temporarily consider deploying staff differently to manage workforce efforts, noting that such deployments are unlikely to be suitable when addressing long-term workforce supply constraints. These may include:

- in a residential service setting, moving to longer shifts (e.g. 12-hour shifts instead of 8-hour shifts) as a temporary measure
- in a home service setting, negotiating with consumers to change service times to align with workforce availability where reasonable
- recalling staff from recreation, annual and long service leave where possible
- deploying staff in agile ways (e.g. residential lifestyle or office based staff may assist with some personal care or provision of services where appropriate, or home service social support may occur virtually rather than face to face)
- relieving staff temporarily of expectations to undertake nonessential work processes and requirements
- redeploying staff from other services (where a provider operates multiple services)
- subcontracting services such as cleaning and laundry to enable staff to perform other functions (residential services)
- seeking assistance from other nearby organisations that can subcontract workers to deliver services (agency arrangements).

Utilise workforce remotely

Providers could engage any stood down workforce to assist with tasks that can be performed remotely. These may include:

- rostering and shift replacement
- on-call arrangements to support staff delivering care and services
- remote access to digital records to assist with monitoring and review work (e.g. monitoring care plans and progress notes for consumers, and escalating any concerns)
- contacting consumers and/or consumer representatives remotely to undertake a welfare check
- trouble shooting or answering questions for agency staff.

Implement a Partnerships in Care program

Residential services are strongly encouraged to implement a [Partnerships in Care program](#) to support safe visitation and to enhance consumers' wellbeing and quality of life. This is best implemented in advance so that it is fully operational when most needed. It is essential that consumers are able to maintain connections with loved ones who have regularly provided day-to-day care and support, subject to public health guidance.

There is a broad range of activities that a partner may undertake with a consumer, including but not limited to:

- physical activity and exercise
- grooming
- massage
- assistance with meals
- leisure activities e.g., reading, music
- access to and supervision in outdoor spaces or the community
- companionship, conversation and social engagement
- meaningful support when the individual is nearing the end of their life.

The Partnerships in Care program supports consumers and their family or close friends to continue their relationship of care and companionship even during periods of infectious disease outbreak. Although this may assist with continuity of care while the provider's workforce is impacted by exceptional circumstances, and enable staff to focus more on consumers requiring additional care, it should not be considered as a supplementary workforce to address immediate staffing level shortfalls or a solution to longer term workforce constraints.

Ensure appropriate clinical coverage

Providers must ensure that they are providing safe and effective clinical care to consumers using qualified and skilled staff including registered nurses (RNs) who are competent and have knowledge of the consumers.

Providers should have in place appropriate clinical governance systems to support planned approaches.

In order to ensure that consumers receive safe and effective clinical care and are not placed at risk of harm, providers must be able to demonstrate:

- that they have identified the clinical care needs of each consumer and this is contemporaneously documented and communicated in a way that enables prioritisation of clinical care to those who need it most urgently
- how clinical care needs will be met by the service's available staff and the use of any alternative or external clinical supports, such as on-call arrangements, General Practitioners and locums, and access to other local health services support including through Primary Health Networks, hospital outreach services and inpatient management
- that staff are aware of and act on the plan, which is developed/approved by a clinician and/or senior leadership, for how an individual consumer's clinical needs will be managed outside times when an RN is onsite in a residential care setting or where there may be availability issues with RNs in a home service setting
- an understanding of individual consumer needs, especially with unusual or complex clinical circumstances, acute clinical deterioration, a clinical incident, or condition change requiring assessment and management by an RN

- that there are appropriate mechanisms to communicate clinical risks and management strategies for each consumer such as clinical handover process, and appropriate processes to monitor, detect and escalate clinical care and risks
- an established process for reassessing and incorporating changes to consumers' clinical needs, including strategies for ensuring changed needs are documented, communicated, and met.

Long-term workforce planning

To ensure a long-term sustainable workforce, providers should have appropriate strategies in place to recruit a suitable workforce and retain them. Providers should consider:

- creating strategies for attracting and retaining talent
- what remuneration and conditions can be offered
- identifying and addressing long term operational needs
- identifying skills, knowledge and training needs and putting steps in place to address them
- creating a positive workplace culture where staff feel supported, valued, safe and proud of the work they do
- developing succession plans and pathways, including opportunities to upskill the workforce
- accessing and utilising workforce advisory services and programs. See Additional resources section.

Monitoring of workforce management

The Commission monitors providers' compliance with workforce governance and management requirements through regulatory processes, to protect and improve consumers' safety, health, wellbeing, and quality of life.

Regulatory officials (including quality assessors) will seek relevant information through interviews, documentation reviews and observations (if onsite) during regulatory activities that may include performance assessments, investigations, reportable incidents follow-up and/or complaints resolution processes.

For example:

- regulatory officials may gather feedback from consumers or their representatives on staffing levels or breaks in care delivery, specifically if the staffing levels have had a negative impact on consumers' clinical/ personal care and services delivery
- regulatory officials may ask questions focusing on consumers with diverse or complex care needs such as pressure injuries, pain, complex wounds, palliative care needs, restrictive practice application, recent or current condition change or deterioration, including:
 - are there enough staff to meet your ongoing care needs? If not, when does this happen and how does this affect you?
 - do you have access to a nurse when needed? If not, how does the service manage the situation and support your care needs?
- regulatory officials will seek information and evidence from a service's senior leadership team and staff about workforce arrangements to ensure the delivery of safe and quality care and services for consumers. This may include:
 - documented contingency plans that have been shared with the workforce

- governance processes that are in place to manage and address both short-and long-term workforce supply issues
 - organisational systems and policies that guide how the service identifies and responds to possible negative impacts on consumers (such as social isolation) caused by workforce supply issues
 - clear documentation of roles and responsibilities detailing how the service manages the safe and effective provision and oversight of clinical care to consumers, especially when there are workforce supply issues
- regulatory officials may review consumers' care documentation and records to verify continued safe and effective personal and clinical care provision. These records should demonstrate appropriate actions taken by the services such as timely responses by a suitably qualified and skilled workforce, such as an RN, to any clinical deterioration or changed condition in a consumer
 - regulatory officials may observe consumer and staff interactions to verify staffing levels and consumer care delivery.

Responding to non-compliance

The Commission will act promptly where consumers are at risk of harm. If non-compliance is identified, the Commission will take a proportionate and risk-based approach. The Commission takes into account all relevant considerations having regard to the scope and purpose of the *Aged Care Act 1997*, *Aged Care Quality and Safety Commission Act 2018* and the *Aged Care Quality and Safety Commission Rules 2018*.

A provider may be found non-compliant where they have an insufficient workforce to deliver safe and quality care and services to their consumers.

The Commission may take administrative actions or enforceable regulatory actions to respond to non-compliance. Where there is an immediate and severe risk to the safety, health, well-being, and quality of life of consumers as a result of the provider's non-compliance, the Commission may issue a Notice to Agree and/or Notice of Decision to Impose Sanctions.

Further information on how the Commission will respond to and manage non-compliance can be found on the [Commission's website](#).

Additional resources

There are a number of workplace programs and advisory services that can assist your organisation to plan for immediate and future workforce needs.

1. Governing for Reform

Governing for Reform in Aged Care provides governing body members and executives with a tailored learning pathway allowing in-depth learning into critical leadership and governance challenges as they apply to their organisations. This is a government funded initiative, free of charge for eligible participants.

<https://gfr.agedcarequality.gov.au/>

2. Workforce Advisory Services for Aged Care Providers

Free and confidential advice to support aged care providers to improve the capability and capacity of their workforces and human resource management practices (focusing on care-based workforce). Delivered by PriceWaterhouseCoopers.

<https://www.pwc.com.au/health/aged-care-workforce-advisory.html>



3. Home Care Workforce Support Program

The Department of Health and Aged Care is funding 6 organisations to support home care providers to attract, train and retain new and existing workers in home care.

The organisations support home care providers with activities to:

- attract and recruit new personal care workers
- support new care workers to complete high-quality training
- upskill the existing workforce.

<https://www.health.gov.au/initiatives-and-programs/home-care-workforce-support-program>

4. Aged Care Transition to Practice Program

A program to provide registered and enrolled nurses who are new to aged care with training, mentoring and support.

www.health.gov.au/initiatives-and-programs/aged-care-transition-to-practice-program

5. Rural Locum Assistance Program for Aged Care

A government funded scheme to support and recruit suitable locums to enable rural professionals to get away on leave, and enable organisations to back-fill their positions to support ongoing service delivery. Rural Locum Assistance Program Aged Care is designed to focus on the aged care workforce in rural and remote Australia. This includes, but is not limited to registered nurses, enrolled nurses and facility managers.

<https://www.rurallap.com.au/aged-care>

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

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