

The CHAIR: Thank you. We will go now to Ms Crozier.

Ms CROZIER: Thank you, Chair. And thank you both very much for the evidence that you have provided this morning. I want to come back to some of those comments from Ms Shing, but I am interested in the comments when we could not see the presentation, some of the comments from the residents which were really heartbreaking. I have written down ‘I’d rather be dead’, ‘End of life was never meant to be like this’, ‘I’ve been cut off from my family’. They are very strong impacts on residents’ mental health. What about the physical impacts—the ability to have meals and those impacts on elderly residents being fed properly? Were there any issues for your residents around those impacts?

Ms JAMISON: In lockdowns the only real issue there was residents could not go to the dining rooms to have meals with other residents. Our residents still received food, nutrition, in their rooms.

Ms CROZIER: That is good. So they were provided with that. They were able to access that, and that was maintained. What about just in relation to the visitors coming in? Because we heard, I think you said, that you had to stop visitors coming into homes, but we have just heard evidence from Ballarat Health that they did not have any restrictions to any visitations, which I questioned them about. I thought that was quite an extraordinary statement they made, knowing that through the lockdowns visitations did not happen into hospitals and aged care facilities. So I am just wondering whether you were speaking to the private aged care facilities around the state, such as Ballarat Health, and why they were allowing visitations when clearly you were following directives, as I pointed out to them, from the Chief Health Officer’s orders that were restrictive based on a number of aspects around rapid antigen testing and vaccination status. You have spoken about the difficulty you had with accessing rapid antigen testing. So can you comment on what you were hearing across the sector and why perhaps Ballarat Health Services did not restrict any visitations?

Ms JAMISON: Firstly, I am quite surprised to hear that. Over the whole two years of COVID and since the implementation of directives we have gone to great lengths to ensure we comply with those directives, so I do not know how they possibly were able to do that, given they would have been in contravention of the directives. Certainly for us, we have spent a great deal of time balancing out those directives and implementing a process to comply with those directives. We put in a computerised system at test stations to record visitor details. Visitors have only come in to visit in line with the directives, and we have been very, very clear about that. Certainly when people have had to come in to provide end-of-life care or support for residents with behaviours where they really needed to see a loved one, we have allowed visitors to come in, but we have been very conscious of complying with the directives all the way through. With the RAT testing in omicron particularly, we went to great lengths, when we did not have the available RATs, to actually close our home to visitors because we did not want more COVID coming in. We have just spent two months at our four aged care homes either being in outbreak mode or exposure mode. That started in early December, and our last home should be out of exposure mode today I would hope. So for us it has been about the protection of our residents and only doing things that were in harmony with directives so we would not be criticised, because we were very conscious of the fact that our community were looking at the directives and things that were on the state government website around the coronavirus and how it applied to aged care.

Ms CROZIER: Thank you for that. I know that a previous witness, from Goulburn Valley Health, said it was difficult because the orders were changing so quickly and they needed to understand the legalities of the orders. Clearly you have referenced their assistance with assisting you, which I think is a great example of how you have been able to manage that. But can I go to the point where I think in your presentation you said that you have spent \$350 000 to meet screening initiatives so that you comply with those orders. Can you give to the committee a little bit more detail about those screening initiatives? Is that \$350 000 spent over the last two years of the pandemic or is that more recently?

Ms JAMISON: That is per annum, recurrent.

Ms CROZIER: Sorry, \$350 000 per annum?

Ms JAMISON: Correct.

Ms CROZIER: So you have spent almost \$1 million in screening processes?

Ms JAMISON: Not quite.

Ms CROZIER: Well, three-quarters of a million.

Ms JAMISON: Yes, we have spent quite a considerable amount of money there. How that works for us is that we have had to comply with the directives around screening. To do that we had to keep our homes locked. You cannot just walk into a Shepparton Villages aged care home without encountering our door monitoring staff. You are immediately temperature tested, and then you have to do a declaration and provide your details. We have implemented an online booking system so not everybody turns up together, and then we have had to have door staff there and we have had to set visiting times for those door-monitoring staff to absolutely check and control the entries through into the home. Particularly with the directives, we have not been able to allow visitors just to wander off into our homes; they have had to go and have visits either in gardens or courtyards or in the resident's rooms. That all takes additional resources to do.

Ms CROZIER: Yes, enormous resources. And, look, I know that you said sadly six residents succumbed to COVID. That is six too many, as we would all agree, but considering the number of residents that you have and the inputs that you have put in, you have done remarkably well. But I do note that you have said that there have been significant impacts to those residents' mental health—the impact of the lockdowns and the requirements to keep everybody safe.

Can I go back to the vaccination issue? What was the communication between the federal government the state government to enable you? Because there were so many issues across the board, with booking systems in the hubs—I have not got time to go through it all. I am interested in the communication that you were getting between the two levels of government.

Ms JAMISON: Look, we relied on our peak body for communication around vaccination first and foremost. From the state government, because we had such a good relationship with our PHU, they would come and do vaccinations on site when they had available resources because they knew we needed that to happen, and that is why I said we were grateful for our on-the-ground relationship with Goulburn Valley Health. And I have to say, when we have had everybody together, particularly in outbreak mode, we have often had to give the state government the same information that we have had to give the federal government. So there has been a duplication of effort for both parties, so that of course takes extra time for us to be able to do.

Ms CROZIER: That is very helpful. Thank you very much indeed.

The CHAIR: Thank you, Ms Crozier. We will move now to Mr Bull.

Mr J BULL: Thanks very much, Chair. And thank you, Jeanette and Veronica, for presenting today to the committee. As Ms Shing noted, Jeanette, great to see you back within a parliamentary process. I also want to acknowledge the work that has been done by you both and of course the staff over this incredibly challenging and difficult time and of course the volunteers as well, and I do note that other committee members have acknowledged the passing of the six residents that you mentioned in your introductory remarks, so I acknowledge those members of our community as well.

I did just want to go to the evidence that, Veronica, you provided to Ms Shing, which was that you felt that the state—and correct me if I am wrong—should have immediately stepped in, particularly around providing vaccines to assist residents within your facility. Is it not in this instance that what you are really saying is that the commonwealth needed to do their job properly?

Ms JAMISON: Look, I would say that the vaccination program from the commonwealth government was slow to roll out, and they were impacted by the resources to be able to do that. Where did the problem lie? It lay somewhere between the commonwealth government, the PHN and the organisation that the PHN had contracted to deliver the vaccine program.

Mr J BULL: Thank you. Just to go to the evidence that you provided to Ms Crozier, the relationship between the commonwealth and the state, where you discussed that you were effectively providing the same information to both levels of government: what are the practical steps that you think could be implemented so that that information is shared? And as a supplementary question to that: being a federally regulated aged care body, is it not the federal government who receives that information first?

Ms JAMISON: Look, on the first part of your question, I think to prevent duplication of effort there should just be one body managing COVID-19 in residential aged care. Given your second question was ‘Should the information go to the commonwealth government first?’, it depends what information is required. If it is a public health matter, surely public health is a matter for the state in this instance. They would want that information from us. That is the two masters piece.

Mrs POWELL: Can I just add to that as a board member?

Mr J BULL: Sure.

Mrs POWELL: We found it really difficult during the time because there has been conflicting information and our residents and families and staff do not really know whose directions they are, whether it is commonwealth or whether it is state, but they still are not happy and they are still angry, and as you go out into the community a lot of people just wonder why they cannot see their loved ones. And you have heard from our residents themselves, which we thought was really important because we often hear it from the staff about their concern for the ones that they are caring for and the impact on their wellbeing and their health when they are being continuously locked down, and then we are having to get to the next of kin and let them know, communicate to them. And that is what our staff do very well and the CEO—communicate to us as a board and communicate to the residents but also communicate to the families, because there was a lot of pressure to allow visitors to come in, particularly over Christmas, particularly over special events and particularly over birthdays.

Obviously, this is going to look at what could be done better, and I think what could be done better is the communication and some of the directions and making sure before the directions are made that the support is there first. We as an organisation really want to comply with all of the issues that we have to comply with, but at the end of the day you have heard our CEO talk about the impact on us as an organisation and the fact that because there has been such a bad reputation about people dying in aged care, people are now not sending their loved ones into aged care facilities because they are worried about what will happen to them in there. So as well as the bottom line it is actually meaning we have people out there that are caring for their loved ones that are probably very vulnerable themselves. Their mother or father or wife or husband should be getting the care they need, and they are not. So if there are any messages to be gained from this, one should be that if directives and policies are going to be made, make sure there is an understanding of what that impact will be on the residents, the staff and the next of kin. I think that is probably one of the lessons that should come out of perhaps this committee or something looking forward into the future.

Mr J BULL: Thank you. I think they are points very well made. I just wanted to ask: do either of you think that the state standards around workforce and regulation should apply to private aged care? And is this an example of where it has fundamentally gone wrong?

Ms JAMISON: Look, you are talking about ratios there, and as I have said, we staff to the acuity of our residents, so I do not believe it is an issue of where it has fundamentally gone wrong at all. Having been a CEO in the public healthcare system as well as being the CEO of this organisation, I have seen that it does not matter how many staff you have—it does not mean the resident will still get the best level of care—it is how the staff go about delivering that care in line with the model of care.

The CHAIR: Thank you.

Mr J BULL: Thank you, Chair.

The CHAIR: We will move now to Ms Emma Kealy. Thank you.

Ms KEALY: Thank you very much, Jeanette and Veronica. We greatly appreciate your input today and your presentation. I just wanted to go back to some of the comments made earlier, particularly in relation to the vaccination program and your comments, Veronica, around seeing aged care residents in the public sector being vaccinated but then not being vaccinated in the private aged care sector. Given the mantra that we have heard over the last couple of years has always been, ‘We’re all in this together’, did you feel like the Victorians in private aged care in your facility were not actually in it together and not being treated as part of the overall risk factor—all of our vulnerable and aged care community should be prioritised for vaccination, and we should put politics aside in all of it?

Ms JAMISON: Absolutely, Ms Kealy. Actually it was quite disappointing and disheartening to me when I heard that at the public facilities in this region residents were being vaccinated, and we were trying to get a date for when our residents would be vaccinated. We are in all of this together and therefore I would have liked to have seen vaccination being given the highest priority. It does not bother me who does that vaccination as long as it comes in a timely manner and everybody, regardless of whether they are in the public sector, private sector or not-for-profit sector, is being treated equally. At the end of the day a vaccination in the arm in a timely matter is the thing that helps stop COVID in its tracks.

Ms KEALY: Fabulous. Thank you very much. Jeanette, can I follow up on some of your comments. I thought it was quite poignant to hear about the impact on the residents unable to have their family and friends around them to celebrate special events. We heard in the opening remarks a number of—really it sent a chill down my spine to hear the impact on the residents in terms of them preferring to die or be chopped up and feeling like they were living in a prison. What did you see, perhaps as a board member? And perhaps this is best put to Veronica: what were the impacts on the cognitive decline in the residents, particularly those with dementia—or other overall mental health impacts—of being cut off from their friends and family and in times of lockdown being basically put in lockdown in their small room, which would only be a couple of metres by a couple of metres, and not being able to even have dinner together?

Ms JAMISON: Look, Ms Kealy, clearly it did have an impact. We did our very best to provide our residents with physical fitness programs and exercises to do in their rooms, but being locked in a very small room for a long period of time—

In one of our homes, Maculata Place, in the first outbreak those residents were locked in that home for nearly six weeks and had to be tested four times. That was shocking for those people—six weeks to be locked in very small rooms, waiting for the advice that they could be let out. So of course it impacted on them.

Ms KEALY: Veronica, who were you waiting for advice from? Were they state orders?

Ms JAMISON: At that time it was the state government. It was the state government managing that outbreak. It was the first outbreak that we had, back in 2020—August 2020—and it was the state government managing that outbreak. We did our best to make them understand the impact of protracted and ongoing outbreaks and ongoing testing. I remember having quite stern words with somebody in the Department of Health at 50 Lonsdale Street about, ‘Well, really, don’t you think three rounds of testing is enough?’. She said, ‘No, we have to have a fourth round of testing’. I said, ‘Well, this is just ridiculous. These people would have been locked in their rooms for six weeks. Don’t you understand that?’. She said, ‘The most important thing is we make sure that everybody doesn’t have COVID’, and we had to accept that. We did our best to advocate at that time for our residents, to little avail.

Mrs POWELL: Can I add to that as a board member: we had a meeting yesterday of a subcommittee for quality in clinical governance, and one of the executive managers was saying that she walked through one of our homes, one of our residences, and she could feel the difference in the residents there. There was just a lack of vibrancy around it—people just walking around—and she said it was a tangible feeling in that home. They know they are going to get out of lockdown, but they do not know when they are going to go back into lockdown. She could feel in that home a visible change of the atmosphere of the residents in that home, which for board members is something that we feel very strongly. So it is not just affecting the residents and their families. As a person that goes into the community a lot, I hear all the time about, ‘Oh, I went to visit my loved one’—‘my father’, ‘my mother’—‘and I couldn’t get in because it’s locked down again’. We are getting reputational damage as an aged care facility, whether you are public or private, because people continually are hearing that we are required to lock down. The staff are getting the anger and the frustration, and it is not their decision; it is a state government decision. It is a directive by government to say, ‘This is what you need to do’, and yet the community organisations are getting the blame because people are just so frustrated at having to make appointments to visit their relatives, not being able to visit them or visiting them for a short time. That is not what people want at the end of their life. Even though they are not palliative, it still is at the end of a life, and we want them to have the best experience living in our homes that we can give them.

Ms KEALY: One of the comments that was cited earlier was, ‘My human rights were impacted by the lockdowns’. Would you both agree with that—that the state government pandemic orders have impacted on the human rights of the residents in your facility?

Ms JAMISON: Absolutely. You know, for people to be told that they are unable to leave their rooms—that is effectively restraining them, isn't it? That is impacting your human rights to be able to participate in your community in an active way or in a manner in which you choose.

Mrs POWELL: And even as far as the choices go—I know this sounds flippant; it is not meant to be—some residents, some female residents, miss being able to go to the hairdresser in our village or having their nails done. That is a weekly thing that they look forward to, not just for the person that is giving them the service but for the others that are around there and having the chats and the cup of tea. They were not able to do that, as most of us were not when we were in lockdown—go to the hairdressers. Our residents really felt that because sometimes that is a human contact that they have on a weekly basis.

Ms JAMISON: And if I may add to that, even the directives, the guidance material, at that time excluded hairdressers working in residential aged care, and hairdressing really contributes to our residents' mental health and their physical wellbeing. I found that absolutely ludicrous: that hairdressers could not come into residential aged care, even if they had been tested and vaccinated.

The CHAIR: Just as a follow-up there, did you find that ludicrous when your residents were unvaccinated, or did you take a different view of it when they were vaccinated? There are two different periods you are talking about—there is the vaccinated and the unvaccinated—I am just wondering if you could distinguish a bit between the two. And the current orders that have been in place since 11 January, have they resulted in Shepparton Villages denying visiting rights to people since then?

Ms JAMISON: Look, Ms Sheed, since 11 January things have got a lot better for allowing visitors to be able to come into Shepparton Villages, and that is one of the things that is currently working really, really well. If you could just repeat the first part of the question, I would appreciate that.

The CHAIR: Well, I suppose it seems to me there were two different periods. Everyone was in high protective mode—

Ms JAMISON: Correct.

The CHAIR: when no-one was vaccinated or not sufficiently vaccinated, but since 11 January—and we really have had the whole peak of omicron in the later part of January—have people been able to visit and see their loved ones during that period under the new orders, or if there was an outbreak were they still locked out?

Ms JAMISON: Under the new orders people have been able to come in, and certainly when we have been in outbreak mode we have been able to allow at least one support person to be able to come in. But we have had to ensure that those people are vaccinated and we have had to ensure that they know how to wear PPE, so we have had to instruct them in the wearing of PPE.

The CHAIR: Thank you. We will go to Mr Erdogan now.

Mr ERDOGAN: Thank you. Thank you both, Veronica and Jeanette, for all the work you have done. I know it has been a very challenging period for the aged care sector, and obviously that tension has increased with the global pandemic. I guess a point was made about the frustration raised by some residents during this period about not being able to see loved ones. I know as someone who has a grandparent in an aged care facility I have shared that experience. But the reason that was given to me over the Christmas period was the availability of rapid antigen tests. Did your facilities have that restriction as well or struggle with the availability of rapid antigen tests over the Christmas period?

Ms JAMISON: Over the Christmas period we did struggle. We then went and approached our federal member, the Honourable Damian Drum, to assist us with that, and he quickly ensured that we got a supply of RATs. I have to say Goulburn Valley Health even offered to lend us some RATs so we could continue with our visiting program, which is what we did, and we took the step of supplying free rapid antigen tests for visitors to come in, because keeping COVID out of our homes was the most important thing.

Mr ERDOGAN: Can I just ask: when did Mr Drum secure those rapid tests, because like I said, there was obviously a big national shortage at the time throughout December and early January. When was that?

Ms JAMISON: That would have been early January that we actually put in an order for 20 000. We never got 20 000, I might add, but small numbers started to flow after we went to see Mr Drum.

Mr ERDOGAN: I know you touched on earlier how the vaccine rollout was relatively slow in Australia. Would it be the same that our country was also slow in acquiring rapid antigen tests or enough supply?

Ms JAMISON: Correct.

Mr ERDOGAN: How has the switch to rapid antigen tests affected the satisfaction of your residents or patients?

Ms JAMISON: Look, I think things have greatly improved. I think for our residents and our staff people feel much safer and secure. For our staff to be able to do a rapid antigen test before they come to work—if they happen to test positive on that test, they do not come to work. They do not have that doubt in their mind, ‘I might pass COVID along to the residents’. In particular our community have been really appreciative of the fact that we have made free rapid antigen tests available to them out of our resources. So that of course has had a positive impact for residents, because they can get more visitors, can’t they?

Mr ERDOGAN: That is right. There was also a shortage of supply and the cost as well, so that is right—the two factors there. I also wanted to ask: recently the mask mandates have changed in some settings; has that affected your services at all?

Ms JAMISON: No. People still need to wear masks in residential aged care.

Mr ERDOGAN: I do have a question which is going to be a bit different from masks in aged care, just about the mandatory vaccinations. Do you believe the mandatory vaccinations have assisted the management of COVID-19 in your facilities and broadly in your catchment area?

Ms JAMISON: Absolutely, without a shadow of a doubt. I think the mandatory vaccination program has been absolutely fantastic and it is great to see as a country where we have got to with the vaccination rollout.

Mr ERDOGAN: I agree. I think it has been fantastic to see the uptake of vaccines. Also, one final question: your facilities are located in a regional setting and you talked about the staffing shortages and challenges that have been brought about by, in particular, the omicron wave but also COVID in general. Besides staffing, what are the other challenges you have faced due to being in a regional setting?

Ms JAMISON: Certainly we faced during lockdowns not being able to admit into our homes. There are two challenges there: one for our community—people have had to stay at home a lot longer, and that has had an impact on them and the people caring for them; and of course there has been a financial impact on us, you know, when we cannot admit. We have calculated that we have lost over half a million dollars year to date not being able to admit because of COVID, so there is the financial challenge and there is the health and wellbeing challenge in this community around that. If people cannot come into Shepparton Villages, more often than not when they need a residential aged care bed they have to leave this community and go to other centres. They may have to go to Echuca, over 100 kilometres away. They might have to go to Kyabram, 70 kilometres away. So it is actually the outbreaks and the exposures and lockdowns that have forced some people to have to leave our community because they cannot get a bed at Shepparton Villages.

Mr ERDOGAN: Mrs Powell discussed the reputational issues faced by the private aged care sector. What would you like to see that has come out of the royal commission? Is a solution greater federal funding for the aged care sector?

Mrs POWELL: We listen to the community. I think it is more about making sure that any directions or policies that come out are going to be ones that we can comply with without it costing us huge amounts of money, because while you say we are a private organisation, we also are a community organisation. The board is voluntary and we have many skills on our board, so it is a highly skilled board and we do understand all the governance and all the issues financial. But at the end of the day I think what we need to take out of this is: talking about staffing for aged care, if you cannot get the staff because they are at home isolating or people do not want to go into aged care because they do not want to wear all the full PPE, it is very difficult for us to be able to do quotas or anything else because you do not have the pool of people that you can ask to come to your

home. So in some instances it was very difficult to be able to fill shifts. Our staff stepped in. In making changes, I think we have to be realistic, when you are going through a pandemic, that there is a lot more support about making sure that aged care particularly can have the resources available—and very quickly rather than waiting for weeks or months.

Ms JAMISON: If I may add to your question, I would like to see the aged care workforce better remunerated for what they do. I think that is one of the solutions to retaining our workforce and attracting our workforce. They are absolutely under-remunerated now for what they do.

Mr ERDOGAN: I think that is something we can all agree on. I think definitely pay rises for aged care sector workers is something we should all be advocating for. On that point, Chair, I will hand back to you. Thank you very much, Veronica and Jeannette.

The CHAIR: Thank you, Mr Erdogan. In the absence of Mr Wells, I will go back to Ms Crozier.

Ms CROZIER: Thank you, Chair. If I could go back to Ms Jamison, who is not on the screen at present—Mr Erdogan, you are on the screen. I want to go back to the point where you said that in August 2020, when the outbreak happened in your area, the state government stepped in to manage the COVID outbreak—yet it is in contrast to what you were saying about the vaccination. If they are stepping in to manage that outbreak at that point in time, when the vaccination became available—and of course everybody would have wanted everyone to be vaccinated when the vaccinations first became available, but we know that there were bigger outbreaks in the rest of the world, and considering the rollout delays. I am just wondering—they stepped in at that time to manage the breakout. Is that your point: if they stepped in then to manage the breakout, why didn't they step in and help with vaccinating your elderly, vulnerable residents?

Ms JAMISON: That is part of my point, Ms Crozier. The real point I am trying to make: let us forget about governments here; let us just have one body managing COVID in residential aged care so everybody gets treated equally.

Ms CROZIER: Yes, and it goes to your comments about the inconsistencies across the board. Whether it was with RATs or whether it was managing an outbreak or managing the vaccination rollout, there were so many inconsistencies that occurred over the last two years. Do you think then that both the federal and state governments are aware of those inconsistencies and are addressing them?

Ms JAMISON: I would actually like to think they are aware of those inconsistencies. I know our peak body and the Australian Aged Care Collaboration have actually put a lot of work into making sure both governments are aware of the inconsistencies. Whether they are being addressed is not a question I can answer.

Ms CROZIER: Well, it goes back to my very first question, because again, I was just stunned that in the public aged care sector run by Ballarat Health there were no restrictions to visitation. It sounds like you did everything to comply, you put in so much effort and you put resources in place to ensure the screening process was there—at a very big cost, as you said—because you did have to restrict visitation, yet they did not.

Ms JAMISON: I was quite dumbfounded to hear that, given—

Ms CROZIER: So was I.

Ms JAMISON: the amount of work, Ms Crozier, that we have had to put in. I could not begin to tell you the amount of work in reading all the changing directives every day—the amount of material—and having then to meet with the executive and the emergency management teams to actually finesse our communications and put those communications out. It is a significant ask, and we have been doing that for two years without any additional resource, all to ensure the health and wellbeing of our residents and our staff and people who visit our homes.

Ms CROZIER: I think you have done a remarkable job, and I think you actually highlight—and you have highlighted to this committee—the depth of commitment and the enormous effort that you have put in to keep your residents safe, so congratulations on that.

I want to go back to the impacts to staff around the lockdowns too and how they felt for their residents. What were the impacts on the staff, knowing that the residents were locked in their rooms? Can you just describe to the committee some of the feedback that you have received from your staff?

Ms JAMISON: First and foremost, our staff have been the absolute stars of the show here. They have not wanted to let their residents down; they love their residents. We love our residents. The residents really are members of our community. Those staff have parents, they have relatives, they have friends of friends who are in our homes, so I would say Shepparton Villages is a subset of the Greater Shepparton community. If it is generally known at Shepparton Villages, it is known in our community. Our staff really treat our residents like extended family members, so for them it has been heartbreaking to think, 'If I go home, there's no-one to cover that shift now. I'm going to have to stay'. So everybody has given over and above. Our executive manager of care services was on holidays, and she actually reduced her holidays. She was still on leave—she was at home on her farm—and she came in because she knew there were not enough people to help with showers of a morning on that particular day. I could not believe it. So our staff have really just given over and above. They worked very, very long hours to ensure the residents did not miss out on any care that they needed to keep going.

But that has been really, really difficult for people, and people now are fatigued. People are burnt out, and what we are seeing now with our staff is that people are saying, 'You know what? I don't want to work full-time anymore. I'm just going to work part-time', because people do not want to walk away from the residents.

Ms CROZIER: That is a great observation, and I am sure that is across the board with so many not only in aged care also in the acute care sector. They have done a tremendous job, and they are feeling fatigued. I think if the general community is feeling fatigued, you can only imagine how they are feeling fatigued as well. Just on that, though, if your staff are feeling so fatigued and they are saying, 'We can't do this full time any longer, we need to go to part time', what plans have you put in place to be able to manage it? Because I know that Mrs Powell said that the reputational damage has been there and that the local community do not want to bring their loved ones in, so it is putting more impact on them to be caring for those loved ones at home. So it is counterintuitive. It is having a contradictive impact.

Ms JAMISON: Ms Crozier, first and foremost, once upon a time Shepparton Villages did not need to use agency staff. We are now spending \$15 000 a week on agency staff to come in and work on shifts. We then also are continually trying to recruit staff to come into the organisation. We actually have a refer a friend program that we decided to put in place to try and encourage staff to encourage their friends to come and work with us. If someone refers a friend, we give that friend \$250, and we give the staff member \$250 if they stay at Shepparton Villages for six months at a time.

Ms CROZIER: That is a great incentive, but just in terms of the risk to those elderly people that are staying at home and their relatives that are caring for them, I am concerned about that risk and how that will have a flow-on effect into other areas of the health system because of the reality of what you are dealing with and the practicality of what you are dealing with.

Ms JAMISON: Look, if people stay home and they have a fall, they will not necessarily come to aged care; they will go to the acute care first up.

Ms CROZIER: And that is my point. It puts more pressure on the acute health system because people are not getting the support they need necessarily. Thank you so much indeed for your evidence today.

The CHAIR: Thank you, Ms Crozier. We will move to Ms Shing as Ms Ward has had to leave early.

Ms SHING: Thank you very much, Chair. I want to take you to comments, Ms Jamison, that you made earlier in relation to funding not being there to cover the shortfalls that you have experienced over the course of the pandemic. I would like to see what would close that gap as far as funding is concerned. You have made a number of comments around financial investments that you have been required to have in place around screening and other steps to meet those precautionary standards and benchmarks, but what is the size of the envelope that you have been missing as far as your accounts are concerned, particularly most recently as it relates to staffing, program delivery, vaccination, RATs, PPE and anything else you have got on that list?

Ms JAMISON: Almost \$1 million, Ms Shing, we have seen in lost revenue and unforeseen costs.

Ms SHING: All right. Thank you. And you are funded by the commonwealth?

Ms JAMISON: We are funded by the commonwealth, yes.

Ms SHING: All right. So if you were in a position to ask the federal minister for aged care for that \$1 million, on what basis would you say that it is needed in terms of your recovery and getting that service delivery and care back to the standard that you and staff and residents and visitors deserve?

Ms JAMISON: Firstly, the standard of care has not changed in this organisation. I would like to say that—

Ms SHING: No, no, and I do not mean to cast aspersions on that. So please do not take that—

Ms JAMISON: Thank you. I appreciate the clarity on that, Ms Shing.

Ms SHING: No, not at all. Absolutely.

Ms JAMISON: What I would like to say is I would like the government at least to be able, when we are in outbreak mode, to understand that we cannot admit into our homes and to fund us at least to the level of the occupancy that we have budgeted for for that period, and I would like to see the government pay for all of the associated door-monitoring costs on an ongoing basis for all of our homes. Those two things would go a long way to helping this organisation being more sustainable in the longer term.

Ms SHING: And would you believe that that is something that applies more broadly across private aged care, given the discussions that you have no doubt had with your peers and contemporaries in these settings across the pandemic?

Ms JAMISON: I would say both private aged care and public aged care. Let us face it, public aged care also works on occupancy and sets its budgets on occupancy, so it would have to apply to both public and private aged care.

Ms SHING: Do you acknowledge that public aged care receives more funding? I mean, that has been your evidence in terms of the way in which standards have applied to public aged care throughout the course of the pandemic as it has been administered by the state government.

Ms JAMISON: What I would say to that is that public aged care in Victoria, the public sector aged care work to a ratio basis. I am not sure if they are getting more funding for that, but I would suggest that they probably are.

Ms SHING: Yes, okay. Thank you very much for that, Ms Jamison. Any addition to those comments, Mrs Powell, before I hand back to the Chair, who is looking at me in a—

The CHAIR: No, it is okay.

Ms SHING: No? All right. Thank you, Chair. I am now gun shy about the amount of time I am taking. Sorry, Mrs Powell.

Mrs POWELL: Can I just add that as an organisation we have to absorb those costs. We do not pass them onto the residents. What we do is that we have to take those costs on board and then we go into a deficit. So if there are directions and policies that are going to be a cost to this organisation, whichever government's cost it is, that we are recompensed for that.

Ms SHING: Excellent. Thank you very much for that. Finally, you have talked very recently about staff burnout saying that they are spent, exhausted. We have heard that from so many witnesses to this inquiry. I would like to ask you about how it is that steps could be taken to improve staff and workforce morale, recognition and indeed assistance in doing the work that they do, please.

Ms JAMISON: Yes, certainly, Ms Shing. I would say firstly remuneration needs to improve. That will certainly retain people in our industry. People, if they feel they are appropriately remunerated for the hard work they are doing, will continue to do that work in a manner that suits them. Certainly I would like to see more

programs around helping people with their own mental health, and I know there are a number of initiatives, but perhaps a nationwide campaign around that for people so it is very prominent in people's minds.

Ms SHING: So frontline worker mental health and wellbeing—I think that sounds to me like what you are talking about within the aged care setting?

Ms JAMISON: Correct, absolutely. But at Shepparton Villages we do have an employee assistance program available, and all levels of our management and leadership work very, very hard at looking after our staff.

Ms SHING: And what will you be doing over the next little while to make sure retention is forefront, given you have talked about how people are considering leaving for a variety of different reasons or indeed scaling down the fractions of their employment?

Ms JAMISON: Well, I actually overheard one of our registered nurses was leaving. Do you know what I did? I took her out for coffee off the premises to sit down and actually work through her issues. As soon as we hear about things we sit down and try and unpack the reasons why people want to go and work out how we can best keep them and what that is. You know, that was a great hour for me to spend with that nurse, and you know what? She said, 'You know, Veronica, I was really shocked that you would come and have coffee with me'. I said, 'Well, why not?'. I said, 'We need as many registered nurses as we can, and I don't want you to leave, so what can we do to keep you?'

Ms SHING: And she referred to those sorts of things that you have just touched on in your answer?

Ms JAMISON: She certainly did, but she talked more about the young leadership within her team, about her work being respected.

Ms SHING: And workplace culture it sounds like is something that you are focusing on there as part of recovery.

Ms JAMISON: Absolutely.

Ms SHING: All right. That is it from me, Chair, so on that basis I am going to finish early maybe. Thank you very much.

The CHAIR: Thank you, Ms Shing. I would like to thank you both very much for the time you have spent giving the evidence you have. You are clearly a very well respected organisation in your community. I know it well. It has been a very challenging time, and I think you have thrown up some really important issues, so thank you very much. I wish you and your organisation all the best.

Ms JAMISON: Thank you.

The CHAIR: I will just read one little bit more before you finally go, just to let you know that you will receive a copy of the transcript of today's hearing within the next week for you to review and any questions that were put on notice to you—although I am not sure that there were any—will be highlighted and given to you. At this stage we will break for lunch. Thank you.

Mrs POWELL: Thank you, and we would like to thank you for your interest in our organisation as well.

The CHAIR: Thank you.

Witnesses withdrew.