

Statement of Kevin David McCoy in response to the Notice from the Royal Commission into Aged Care Quality and Safety

Name: Kevin David McCoy

Date of Birth: [REDACTED]

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Occupation: Chief Executive Officer, Independent & Assisted Living, Australian Unity

1. This statement made by me accurately sets out the evidence 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 (**Notice**) from the Royal Commission into Aged Care Quality and Safety (**Royal Commission**).
3. I have been requested to make this statement in my capacity as Deputy Chair (and currently Acting Chair) of the board of directors of Aged Care Workforce Industry Council Limited (**Council**). I confirm that I make this statement on behalf of the Council and that I am authorised to do so.
4. Please note that I have provided responses to all of the questions set out in the Notice however I have responded in an order other than set out in the Notice as I believe this provides the Royal Commission with a better view of the establishment and work to date of the Council.

Professional background

5. I have been the Chief Executive Officer of the Independent & Assisted Living platform within the Australian Unity Group since 1 July 2017. Prior to that, I was the Group Chief Financial Officer for Australian Unity.
6. I hold a Bachelor of Commerce in Accounting and am a Chartered Accountant. I also hold a Project Management Professional certification with the Project Management Institute and am a Graduate of the Australian Institute of Company Directors.
7. My role at Australian Unity includes accountability for our seven residential aged care facilities and the delivery of home care services to older Australians in Victoria, New South Wales and Queensland. In order to see different world best practice models of care in action, several members of my executive leadership team and I recently embarked on a two week long international study tour of the United States and France. I also participate on the Customer Advisory Board for Complia Health, a multinational aged care software provider.

8. Prior to working at Australian Unity, I was a principal with Remedy M&A, which is a project consulting company. I successfully led a number of significant merger, integration and other transition projects. In this regard, during my tenure with Australian Unity, I was appointed as the Project Sponsor for the Group's successful acquisition of the Home Care Service of NSW business from the NSW Government in February 2016 and the subsequent integration and transformation project that followed.

Establishment of the Council

9. The establishment of the Council was one of 14 strategic actions (the **Strategic Actions**) recommended in the 'A Matter of Care Australia's Aged Care Workforce Strategy'¹ report (**Taskforce Report** and also referenced in this statement as the **Strategy**).
10. Strategic Action 14 relates to transitioning the existing workforce to new standards and states as follows:

"This is focused on an approach by which industry can lead execution of the strategic actions in a coordinated and systematic manner through an Aged Services Industry Council. The council, made up of industry chief executive officers (**CEOs**), would establish the voluntary code of practice and implement a transformation program based on six cross-industry work streams. Each would be led by a CEO and cover the principal strategic actions with clear accountabilities and timelines for completion."

11. The Council seeks to lead structural change across the industry. The stated object of the Council as a legal entity is to:

"improve aged care in Australia by improving the Workforce to ensure that:

- the Workforce provides aged care services that can meet the care needs of older Australians now and into the future; and
- older Australians have equitable access to aged care and the dignity to age well, irrespective of setting."²

Membership of the Council

How was the membership of the Council developed and agreed?

12. I understand the Commonwealth Department of Health (**Department of Health**) engaged Miles Morgan, which is a policy and project consulting firm, on 5 December 2018 to support the establishment of the Council. Miles Morgan then facilitated a meeting of aged care industry leaders on 12 February 2019 to discuss how the industry would lead the implementation of the Strategy.
13. In summary, I understand the following was acknowledged by those present at that February meeting:
- The Council should become the first industry leadership group dedicated to transforming the aged care sector's workforce.

¹ Aged Care Strategy Taskforce, June 2018 (Exhibit 1-4, UVH.0001.0007.0001).

² Section 2.1 of the Constitution of Aged Care Workforce Industry Council Limited.

- Establishment of the Council is something that government and the community have called for, and an opportunity that cannot be missed.
 - The Council must be agile and take the lead in the implementation of the Strategy. In so doing it will comprise industry leaders who will be responsible for delivering the intent of the Strategy.
 - The Council will be separate to the existing peak bodies and focused on delivering sustainable improvements.
14. I was not directly involved in the selection process for the Council's members. However, I understand that following the February meeting, there was further engagement by Miles Morgan with at least 40 interested parties. I also understand the peak bodies were also approached to nominate suitable candidates. From this, the 10 industry members of the Council (in other words, its board of directors excluding the Independent Chair) were selected, based on their capacity and capability, and recognising this role will require a significant commitment of time and resources for a period of no less than three years.
15. Given the number of stakeholders with a specific or direct interest in the implementation of the Strategy, I understand the selection of Council members was a complex process and that attempts were made to ensure all parties were able to be heard and their interests could be broadly represented.
16. The current members of the Council³ are:
- Ian Hardy AM, (Interim) Independent Chair (I understand that Ian has recently resigned his position on the Council. This will be formally acknowledged at the next meeting of the Council.)
 - Kevin McCoy, Australian Unity (Deputy Chair)
 - Melissa Coad, United Voice
 - Graham Dangerfield, Bapcare
 - Sandra Hills OAM, Benetas
 - Ross Johnston, former CEO of Regis (I have been provided with notice that Ross has decided to resign from the Council with effect from 25 September 2019, given his recent departure from Regis. This will be formally acknowledged at the next meeting of the Council.)
 - David Maher, Catholic Healthcare
 - John McCallum, National Seniors Australia
 - Lucy O'Flaherty, Glenview
 - Graeme Prior, Hall and Prior
 - Ian Thorley, Estia Health

It is anticipated that Cathy Thomas of BlueCare (part of UnitingCare), will also be formally appointed to the Council shortly. This may require an amendment to the Council's current constitution, but is anticipated to occur before the end of 2019.

³ See [Attachment 1](#) for a company extract dated 19 September 2019.

17. The Council was formally incorporated and registered as an Australian public company limited by guarantee with the Australian Securities and Investments Commission on 17 May 2019.
18. A copy of the Council's Constitution is attached at Attachment 2 to this Statement. I understand the incorporated status of the Council was pursued to enable it to enter into a formal funding agreement with the Department of Health.
19. The members listed above have all been appointed as directors of the company. All directors (other than the Independent Chair) act in a voluntary and unpaid capacity.

As a member of the Council, do you represent a representative selection of providers in the aged care industry, or a peak body, or someone or something else?

20. As noted above, Council members (directors) have been appointed in their own right, based on their experience, skills and pragmatism to support the required lift in aged care industry standards. Whilst some Council members are also members of industry peak bodies, they are not directly representing those bodies on the Council.
21. The Council brings together, for the first time, several Chief Executive Officers of approved providers (both not-for-profit and for profit), a member representing the interests of employees and a member representing the interests of consumers. Please also note my comments at paragraphs 37 to 52 (inclusive) below in relation to the Council's interaction with other industry stakeholders.

How long have you committed to being a member of the Council?

22. In line with the Council's constitution, I have committed to be a director for a minimum of three years. This minimum three year timeframe aligns with the recommended time required to implement the actions in the Strategy.
23. The Council's constitution allows for the Council to continue operating past this point, and the Council members recognise that driving lasting cultural change (in other words, embedding the Strategic Actions) across the industry may take longer than three years.

What do you consider to be your personal responsibilities as a member of the Council?

24. My personal responsibilities as a member of the Council will be to work with fellow members to ensure the Strategy is implemented in a manner that enables the industry's workforce challenges to be addressed and to ensure consumers receive the care they deserve across the industry.
25. As set out in the Strategy, we must be able to use the Strategy to drive real, lasting cultural and behavioural change across the industry.

Accountabilities, positioning and relationships of the Council

Outline the Council's accountability and reporting requirements. To whom does the Council report on its activities and how often?

26. The Council's Constitution defines that it will operate openly and transparently, with governance arrangements in place to ensure stakeholders are aware of its operations.

27. More recently, the appointment of Miles Morgan in a secretariat function to organise meetings, documentation and most communications on behalf of the Council will assist to ensure the government has visibility of the Council's operations (as Miles Morgan are funded through the Department of Health).
28. The Council itself does not have explicitly defined reporting lines to the Minister for Aged Care, nor the Department of Health or the industry more broadly. However, the Council has developed a stakeholder engagement plan (see Discussion Paper 5 at [Attachment 6](#)) that calls out these cohorts, and will be actively looking to engage with them as the Strategy is implemented. The Council's draft engagement plan is currently being refined to reflect the discussions at the previous two Council meetings and the immediate priorities of the Council.
29. The Council is also looking to engage directly with the Minister for Senior Australians and Aged Care, so as to ensure the Minister has visibility of the implementation of the Strategy. To support this, the Council is seeking to establish a Memorandum of Understanding with the Department of Health to ensure Strategic Actions that are to be led by government are actioned in a collaborative way with the Council supporting the Department of Health.

What mechanisms does the Council have to implement reform?

30. The former Minister for Senior Australians and Aged Care (The Hon Mr Ken Wyatt AM, MP) mandated an industry workforce strategy be developed. Based on my discussions with the Taskforce Chair (Professor John Pollaers OAM) during its development, I understand the brief was to ensure the Strategy had implementable recommendations to enable industry, government and the community to work together to deliver necessary reform. I also understand the mandate was driven by a recognition that past reviews had failed to drive actionable change to address long standing workforce needs.
31. The establishment of the Council is in response to Strategic Action 14. Its establishment was supported by government, peak bodies and industry. As such, I consider the Council has the mandate of all to lead the implementation of the Strategy.
32. However, the Council cannot implement reform by itself. It can lead the reform, using the networks of its members to demonstrate change within the industry, but it needs to collaborate with its key stakeholders, notably the peak bodies for providers, consumers and the workforce, to bring about a more cohesive dialogue and action between the industry, government and the community.
33. I have explained in further detail at paragraphs 47 to 52 (inclusive) and 77 below, the further support I consider is necessary to enable the Council to achieve its endeavours.

The strategic actions in the Taskforce Report are stated to 'position the industry for the next four to seven years'. Should the Council play a role in workforce development beyond that seven year period, and if so what role would that be?

34. The Council's Discussion Papers 1 and 2 ([Attachments 3 and 4](#)) set the scene for its short and medium term focus. However, I consider it important that the Taskforce Report be viewed as a holistic set of recommendations that all work together.
35. The Council members are currently working to ensure the manner in which the Strategy will be implemented remains aligned with shifts in the landscape that have occurred since its

release in September 2018 (most particularly, the potential impact of the establishment and recommendations of this Royal Commission on the Strategy).

36. At this stage, the Council remains focused on the implementation of the Strategy in a prioritised manner. That said, delivering the cultural and behavioural change necessary to drive the industry forward will take time. The Council will be better placed to answer this question in the first half of 2020, once it has engaged more fully with the industry, has a better understanding of its funding envelope and, therefore, can be more confident about what can be done in the immediate and short term.

Does the Council consult with consumers on matters of reform, and if so, how?

37. As noted above, the Council's members include the CEO of National Seniors Australia, a consumer representative organisation. It is intended that the Council will also work with other relevant stakeholders, including the Council on the Ageing (COTA), to ensure that consumer issues are addressed and the consumer voice is actively engaged throughout implementation of the Strategy.

38. The Council's Discussion Paper 4 ([Attachment 5](#)) sets out its draft communication plan.

Does the Council consult with workers in the aged care sector on matters of reform, and if so, how?

39. As noted above, the Council's members include a representative of United Voice a workforce representative organisation. It is intended that the Council will also work with other relevant stakeholders who represent workers in the aged care sector, including the Australian Nursing and Midwifery Federation (ANMF) and Health Services Union (HSU), to ensure that employee issues are addressed and the voice of the workforce is actively engaged throughout implementation of the Strategy.

Does the Council consult with aged care providers or peak bodies on matters of reform, and if so, how?

40. The Council's membership includes the Chief Executive Officers of eight approved providers. As a collective, these approved provider representatives also represent membership of Leading Aged Services Australia (LASA) and the Aged & Community Services Australia (ACSA) (and previously the Aged Care Guild, prior to the resignation of Ross Johnston).
41. Discussion Paper 5 ([Attachment 6](#)) outlines the Council's draft stakeholder engagement plan, which is currently being refined to reflect the discussions at the previous two Council meetings and the immediate priorities of the Council. The Council will continue to engage with the provider peak bodies as they form part of this engagement plan.
42. The Council is not, and does not intend to be, a peak body. Its remit is clearly aligned to the implementation of the Strategy.

Does the Council interact with the Aged [Services] Industry Reference Committee (Committee), and if so, to what extent? Describe your understanding of what the purpose of the Committee is, and its priorities.

43. Industry Reference Committees (IRCs) are the formal channel for considering industry skills requirements in the development and review of training packages. Each IRC is made up of people with close links to industry, and advise the Australian Industry and Skills Committee

(AISC) about the skills needs of their industry sector. I understand that the AISC was established by the Council of Australian Governments Industry and Skills Council in May 2015 to give industry a formal role in approving vocational education and training (VET) training packages for implementation. Professor John Pollaers OAM currently chairs the AISC.

44. The Aged Services IRC was established to respond to relevant recommendations in the Strategy and to ensure that the national education and training system is able to deliver an agile workforce that can provide safe and quality care to older Australians in a variety of settings. This includes addressing the current and future competencies and skill requirements for new workers entering the sector and existing staff needing to up-skill in both the VET and higher education sectors.
45. I understand the Aged Services IRC is responsible for⁴:
- reforming national training package qualifications and skill sets needed by the aged services industry;
 - examining new approaches to career structuring and progression in the sector, and the education pathways needed to support these;
 - scoping opportunities for collaboration across VET, higher education and a range of industry sectors to tackle the challenges of an ageing society; and
 - working with other IRCs which have an interest in qualifications relevant to the aged services sector to ensure industry needs are considered and met.
46. The Council has been actively engaged with this Committee, as the Council's first Independent Chair (Ian Hardy), was also the Chair of the Committee. Further, the Council's workforce representative member (Melissa Coad) also sits on the Committee. The Council will continue to actively engage with and support the Committee as required to deliver Strategic Actions 3 and 4.

Does the Council interact with the Department of Health and/or other Commonwealth Departments and if so, with whom and to what extent? Is any aspect of the Council's task dependent on government involvement? If so, why is that necessary and do you consider that the Council is receiving the requisite support?

47. The Council has sought engagement with the Department of Health since its formal establishment in May.
48. The Department of Health participated in a phone dial-in with the Council at its September 2019 meeting. The Council hopes to develop a more meaningful and collaborative dialogue with the Department of Health in the future, given several of the Strategic Actions require specific work by government.
49. The Council's secretariat services (provided by Miles Morgan) will also provide a conduit to engage with the Department of Health, but the Council is keen to ensure the Department of Health's role can be formalised through a Memorandum of Understanding (still to be developed, as described above in paragraph 29).

⁴ See Aged Services IRC webpage located at <https://www.aisc.net.au/irc/aged-care-industry-reference-committee>.

50. The Council will look to work with other government departments such as the Department of Employment, Skills, Small and Family Business, given the nature of Strategic Actions 3 and 4 that reside with this portfolio. The purpose in doing this is to collaborate with all government departments that might have an interest in or could provide benefit to the aged care sector. For example, the Council would be interested to work with that department to up-skill disadvantaged workers so that they could obtain gainful employment in an aged care organisation that currently has a shortage of workers. We are also aware that the training and qualification requirements for aged care workers might be changed by a government department, potentially in response to a recommendation of this Royal Commission. The Council will be keen to understand what the changes include, and how they are to be obtained.
51. The Council also recognises that aged care issues, particularly in rural and remote locations, often require collaborative discussions that involve multiple arms of government across local, state and Commonwealth departments or agencies.
52. Four of the Strategic Actions require specific government involvement (by the Department of Health, in the first instance). While this involvement does not appear to have been present to date, the Council hopes that the Department of Health's leadership and commitment to working in partnership with the Council will enable a collaborative working relationship.

Activity and priorities of the Council

What activities has the Council undertaken to date, and what are the outcomes of those activities?

53. As noted above, the initial workshop to frame the establishment of the Council was held in February 2019. As a result of this meeting, the Council was registered on 17 May 2019 and the Council members appointed. The Council held its fourth monthly meeting (since its incorporation) on 12 September 2019.
54. The following progress has been made by the Council in the four meetings held since incorporation:
 - election of a Deputy Chair and search underway for a permanent Independent Chairperson (noting that the role of Ian Hardy AM was only on an interim basis);
 - all members have signed statements of commitment;
 - priority action items have been established;
 - development of an employment and engagement enablement survey has commenced; and
 - preparation of a voluntary code of practice has commenced.
55. The Council has an agreed forward plan of monthly meetings, currently scheduled to December 2020.
56. The Council is also in the process of updating its implementation and engagement plan to ensure its engagement across industry is targeted and meaningful.

Has the Council identified issues or areas of priority for the 2019/2020 period? If so, explain why such issues or areas are prioritised.

57. As noted above, the Strategic Actions that lay out how workforce issues need to be addressed in a programmatic manner. They must be fully implemented, given the interconnectedness between each one of them.
58. The Council's examination of the Strategic Actions, together with their accompanying recommendations, provides the following overarching themes:
- Leadership and re-shaping workplace culture (Strategic Actions 5, 6 and 14).
 - Workforce design, knowledge, skills and competencies (Strategic Actions 3 and 4).
 - Attraction, retention and the right fit (Strategic Actions 7 and 10).
 - Scoping the future (Strategic Actions 9, 11 and 12).
 - Collaborating on underlying challenges (Strategic Actions 1, 2, 8 and 13).
59. The following Strategic Actions have begun to be implemented since the release of the Strategy in September 2018:
- Strategic Action 3: Reframing the qualification and skills framework—addressing current and future competencies.
 - Strategic Action 4: Defining new career pathways, including how the workforce is accredited.
 - Strategic Action 11: Establishing a remote accord.
 - Strategic Action 14: Transitioning the industry and workforce to new standards.
60. The remaining Strategic Actions are prioritised as follows for the current financial year:
- Strategic Action 2: Consider the application of a voluntary industry code of practice. Given the changing regulatory environment, coupled with greater community focus on the industry as a result of this Royal Commission, the Council is committed to fostering the adoption of one voluntary code of practice (or Charter) across the industry. It represents the intent of Strategic Action 2, and would unify the sector in a way that has not been achievable to date. This would provide a clear commitment to consumers and the general public and represents the most significant short term priority for the Council.
 - Strategic Action 4: Defining new career pathways including accreditation (aligned to Strategic Action 3), noting the intersection between vocational education training (VET) and higher education as part of the tertiary education framework.
 - Strategic Action 6: Establishing a new standard approach to workforce planning and skills mix modelling.
 - Strategic Action 12: Establishing an Aged Care Centre for Growth and Translational Research, noting this will likely be a multi-year initiative to be implemented in close consultation with government. The Council considers that this Strategic Action needs to be driven by the government and have funding committed.
 - The Council is also keen to understand the proposed changes to the funding instrument (as an alternative to the Aged Care Funding Instrument (ACFI)) currently being trialled. The Council would seek to understand the extent to which this may:

- begin to address Strategic Action 13: Current and future funding, including staff remuneration; and
 - impact (directly or indirectly) on Strategic Action 7: Implementing new attraction and retention strategies for the workforce.
61. The Council is currently exploring a cost-effective and reliable way to support Strategic Actions 3, 4 and 7, through an industry-wide employee engagement and enablement survey. Its application is intended to be twofold:
- to have an industry-wide view of workforce issues; and in so doing to be able to measure the impact of the Strategy over time; and
 - to enable the views of the industry's workforce to be clearly heard and acted upon. Pursuing this would provide an immediate benefit to Strategic Action 11 (Remote Accord), as this team is also looking to commission a similar survey.
62. The remaining Strategic Actions are to be implemented in the following two financial years, and an assessment of these will continue to be made this current financial year to ensure programmatic focus is maintained for the full implementation of the Strategy.

Has the Council identified issues or areas of priority for the 2020/2021 period? If so, explain why such issues or areas are prioritised

63. Discussion Paper 3 (Attachment 7) captures the Council's proposed approach to deal with the out years.
64. The Council has prioritised these Strategic Actions as it considers these steps will enable the Council to gain momentum and make the greatest improvements in the short term. The Council is focused on implementing transformation, which fundamentally is about capability improvement. This has two core objectives - building trust with key stakeholders, strategy execution and building the foundations for future years to come.

Funding of the Council

How is the Council funded?

65. The government's funding commitment to the Council of \$2.6 million (see the budget announcement at Attachment 8) is yet to result in a direct funding agreement, other than as explained at paragraph 70 below.
66. I understand that a separate \$2 million in government funding has been allocated to Strategic Action 11, the Rural and Remote Accord. This has been directed to UnitingCare Australia and ACSA, who will be responsible for implementing the expanded programs.⁵
67. The Council has received in-kind support from Council member's organisations (for venue and catering provision so that the Council may hold its meetings), as well as media and communications support from Benetas. The legal support necessary for the preparation of this Statement, and my likely appearance before the Royal Commission on behalf of the Council, is currently being funded by Australian Unity.

⁵ See UnitingCare Australia and ACSA joint media release dated 6 April 2019 at Attachment 9.

68. Otherwise, the Council is acting with no funding and, other than as set out above, and it does not have any insight into when funding is expected. The Council will need government funding support, particularly in the early years to drive the changes recommended in the Taskforce Report with the speed required by the sector.
69. At this early stage, it is not clear what the nature of the long term that the Council requires will look like. There are many options including that it may be partially funded by the industry, or from alternative sources that are yet to be determined.

How is funding allocated? What obligations or accountabilities are associated with that funding?

70. The Council's secretariat function is currently funded by the Department of Health until 30 June 2020 (this enables Miles Morgan to provide secretariat services for the Council and to help establish its operational rhythm). I understand this forms part of the government's funding commitment as mentioned in paragraph 65 above. I also note that Miles Morgan acted on a pro bono basis between 31 May 2019 to 5 September 2019 (the period during which the initial funding had ended and a new funding arrangement had yet to be established).
71. Once a funding agreement with the Council is reached with the government, funds will be allocated towards achievement of the Council's priority goals and Strategic Actions.
72. It should be noted that government funding, or funding procured in the future from alternate sources, will not be allocated towards paying members of the Council, except for the Independent Chair. As noted above at paragraph 19, all members of the Council (with the exception of the Independent Chair) act on an unpaid basis.

How long is any current funding in place for, and has the Council considered funding requirements beyond that timeframe? Do you consider that providers of aged care services should contribute to the funding of the Council and why or why not?

73. As stated above, the funding arrangement with the government is still to be confirmed. The Council can, therefore, not be sure how long the funding will be in place for.
74. The Council considers that its establishment gives the industry an opportunity to fund its role in conjunction with the Department of Health. This is likely to be the approach taken after the first year of Council operations. The manner in which this is done needs to be closely examined, noting that many providers are currently struggling financially.
75. Industry self-funding would be appropriate in an environment that enables industry self-regulation and allows the industry to determine how to invest for the future. Currently, the government is the steward of the aged care system, the regulator and the funder. Ideally, the Council's activities in implementing this Strategy will help to shift this current positioning - to see a more collaborative funding interaction between government and the industry.

Is the ongoing operation of the Council dependent on whether Government funds its operation, secretariat, work program? If yes, why?

76. The establishment of the Council has been supported by the Department of Health, through its funding of Miles Morgan to provide the Council's secretariat services.
77. As noted, funding to support the Council's establishment and operation was committed by the government, but this funding has not yet been received. In the short term, the Council

continues to self-fund its operations—largely through the support of the Council member's organisations, as described above at paragraph 67 and more broadly to enable Council members to attend meetings without expense reimbursement mechanisms in place.

78. The Council's ability to deliver the Strategy in the prescribed timeframe is significantly impacted without the committed funding (particularly for initial activities such as the industry-wide workforce survey, as described above).

The Aged Care Workforce Strategy

In relation to the 14 strategic actions set out in the Taskforce Report:

Which strategic action(s) do you consider should be prioritised and why?

79. In the view of the Council, Strategic Action 1 – The creation of a social change campaign to reframe caring and promote the aged care workforce and Strategic Action 2 – Voluntary industry code of practice, are the key priorities for the aged care sector as a whole. The first focuses on changing negative attitudes to ageing, the elderly, death and dying and recognising that reframing care is a social challenge. The second represents the industry's acknowledgement of its own role in reshaping the sector. These factors both strongly contribute to changing the attitudes of people who may currently perceive that aged care is not a career of choice.
80. The Strategy is the catalyst to drive long lasting cultural and behavioural change necessary across a sector that manifestly share an interest in having a respected, skilled and well supported workforce.

Which body do you consider to be responsible for taking the first steps toward implementation of each strategic action and why?

81. In the view of the Council, this will depend on the Strategic Action.
82. Some organisations may already be well advanced on a particular area of focus, such as workforce planning or capacity to implement a voluntary code of practice. However, we will need to work collaboratively to lift this capability across the industry.
83. A key objective of the Council is that we should avoid duplication wherever possible and try to leverage what has already been achieved. The Council needs to take a lead in generously and publicly acknowledging those who demonstrate the leadership behaviours and program delivery capabilities that make the Strategy succeed—and in so doing share and amplify these experiences across the community.

What is the progress that has been made to date in relation to each of recommended strategic actions directed to the Council, and what hurdles (if any) have you encountered in implementing those strategic actions?

84. Please see the responses in the paragraphs above under the heading 'Activity and priorities of the Council'.
85. As indicated above, and specifically at paragraphs 66 to 68, the major hurdle that the Council has incurred to date is the lack of clarity around funding. Other foreseeable hurdles include defining the peaks role and ensuring directors are familiar with their role.

What challenges have you encountered to date in progressing or implementing the strategic actions?

86. A lack of clarity of funding for the Council has prevented a meaningful search for an Independent Chair. This has recently been compounded by the illness and unavailability of the interim chair, Ian Hardy.
87. The establishment of the Council as a truly representative body as envisaged by the Strategy has also taken significant industry engagement to ensure that all voices are heard and can have a say. As an example, I understand the Constitution of the Council itself is contentious amongst various industry stakeholders (for example, because there is no specific representation of government or provider peak bodies). It is likely this will be something the Council continues to review and potentially address over time, as the Council begins its work more substantively.

What challenges do you anticipate in the future implementation work of the Council? How could these be addressed?

88. The key challenge will be ensuring collective buy-in to the Strategic Actions from all relevant stakeholders. The typical challenges of a major transformation program such as clarity of scope, differing opinions, risk management, competing priorities and buy-in will all be at play here. The number of stakeholders to engage on each Strategy Action will also be challenging both in quantum and expectations.
89. Other areas that may hinder would be lack of industry collaboration and poor accountability of the industry to the objectives of the Strategy. Funding for the Council and its work will also be an ongoing challenge.
90. These issues can be addressed through strong leadership and governance from the Council and by ensuring full and transparent engagement with all stakeholders across the industry. Consistent support from the Department of Health and government as necessary will also be key, as well as maintaining focus on the Strategic Actions.

The Taskforce Report states that the strategy it sets out 'can be executed in one to three years' U VH.0001.0007.0001 at .0008. Is this timeframe achievable? Provide an explanation for your response.

91. I do not know with the information I have now whether that timeframe is achievable. As noted above, the implementation will depend upon the leadership of the Council, peak bodies, consumer groups, employee representative groups and the consequent collaboration across all stakeholders.

The majority of the 14 strategic actions described in the Taskforce Report are directed at industry to implement. What is the significance of industry involvement in an aged care workforce strategy?

92. The industry is responsible for the workforce as an employer and for customer outcomes as a service provider. It is therefore sensible that the industry should take a lead role in this transformation for the betterment of the aged care sector as a whole.

Does the Council have any oversight responsibilities in relation to strategic actions that are not specifically directed to it? If so, how is the Council overseeing that implementation and what progress has been made in relation to these strategic actions to date

93. The Council considers that it has oversight responsibilities over all of the Strategic Actions. Strategic Actions that are the responsibility of other bodies will report though to the Council as standing agenda items.
94. In the view of the Council, the four Strategic Actions that the government should take a lead on are:
- Strategic Action 1: Creation of a social change campaign to reframe caring and promote the aged care workforce.
 - Strategic Action 9: Strengthening the interface between aged care and primary/acute care.
 - Strategic Action 10: Improved training and recruitment practices for the Australian Government aged care workforce.
 - Strategic Action 12: Establishing an Aged Care Centre for Growth and Translational Research (noting that funding for this centre will primarily come from government, but its activities will likely be driven by industry (i.e. the Council)).
95. I am not sure what progress has been made to date on these actions. I have, in preparing this submission, made enquiries with the nominated representative of the Department of Health. In response, the Department of Health has indicated they will be making their own statement regarding workforce matters to the Royal Commission. I expect their statement may address this matter further.

Dated: 27 September 2019



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 Kevin David McCoy
 For and on behalf of
 Aged Care Workforce Industry Council Limited