RESTHAVEN INCORPORATED

Nursing Home Subsidies - Response to the Position Paper of the Productivity Commission

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The Productivity Commission's paper has attempted to summarise the full breadth of views illustrated in the submissions received. It has been interesting to read these divergent views.

The Commission acknowledges that it has not been able to attempt to verify the accuracy of the submissions. Resthaven has been alerted to the potential inaccuracy of submissions by TriCare's handling of information in its submission and details presented to the Commission.

Resthaven wishes to bring to the Commission's attention that although we are listed in TriCare's submission as a point of contact in South Australia, we have no recollection of any interaction with TriCare in recent times, nor did we understand they were to infer, or imply, in their submission that we may have been part of a formal research involving all states that would culminate in a submission to the Commission.

Resthaven also wishes to convey to the Commission that TriCare has listed the incorrect award that applies to Resthaven's nursing staff. The award we use is the Nurses (ANF-SA Private Sector) Award.

Resthaven, therefore, rejects the outcomes of the TriCare submission as they relate to South Australia that seem to have been heavily relied upon in the Commission's paper.

Resthaven has participated in the various debates within ACA and the industry that occurred prior to the announcement of the Inquiry. These debates focussed on differential RCS rates between states and our view that South Australia was disadvantaged.

The scope of the Commission's Inquiry was broader than the key issues that caused the calling of the Inquiry. Our anxiety has been that the broadening and inclusion of issues not in the initial debate would dilute the outcome.

Resthaven supports the conclusions of the Commission of.

1. A uniform basic subsidy be implemented.

2. Special needs funding should be part of the fund package, e.g. rural and remote.

Our anxiety is that the various other issues within the paper will take priority over the State differential issue and delay the Government's need to resolve these matters.

The issue of assessing the benchmark of services will be critical. We urge a process that is transparent, not one adopted in the past that has resulted in such inequity as an outcome.

Productivity Commission Proposal 1

> *The coalescence of basic subsidies for high care residents in nursing homes and hostels should not proceed in its current form. Rather, a movement to nationally uniform basic subsidy rates should occur as part of a wider package of changes to address deficiencies in the current subsidy arrangements.*

I agree in principle. From a South Australian perspective the critical issue is "which" basket of services is costed. Hence it is with this focus for different states that providers may argue their positions based on perceived relative advantage.

Productivity Commission Proposal 2

> *In combination with resident charges, government funding should be sufficient to support the level of care required to meet the accreditation and certification requirements.*

I agree with the proposal but highlight that defining a 'sufficient to support the level of care required to meet the accreditation and certification requirements' may involve outcomes more divergent than it assumes.

Outcomes in accreditation will be reported on as "Commendable" or "Satisfactory" with three year accreditation or, "Unsatisfactory" with one year accreditation, and then "Critical" with no accreditation.

What level will be included in the "basket of services" - "Commendable" or "Satisfactory", particularly in reference to the Government funding the minimum acceptable standards.

Is the ratings process going to be monitored for "consistent" outcomes?

The "Commendable" assessment of the system as currently proposed appears to emphasise innovation based on the organisation's own benchmark, not from a benchmark arising out of "Best Practice" approaches in the sector. This has implications for using the Accreditation process as the measure from which we cost the standard of care to be provided.

Productivity Commission Proposal 3

> *Basic subsidy rates should be linked to the cost of providing the benchmark level of care in an efficient sized facility using an average input mix. Additional funding support for smaller nursing homes in rural and remote areas should come from a special needs funding pool.*
>
> *The industry cost base should reflect nursing wage rates and conditions applicable in the aged care sector rather than in the acute care sector.*

3.1 Reiterates again the degree to which "benchmark level of care" can be objectively defined for an efficient sized facility.
The use of a 60-bed sized model may unfairly penalise smaller (and the majority) of facilities the size of which has been largely determined by Government allocation models and philosophy tending towards *small* and *single storey* facilities

3.2 We are supportive of the special needs funding argument, however, the pool should be from additional money as recommended.

3.3 1 do not agree with the Paper's arguments to base the nursing wage rates and conditions on the aged care sector, not the acute sector. I believe these arguments appear lacking in depth regarding the relationship between the Award system (Federal award for professional nurses) in the two sectors.

It seemed the Commission was adopting general views that sectors are different etc, however, there are critical issues relating to the relationship between the two sectors and the wage outcomes for nurses.

1. The Aged Care sector does not see itself as different to the Acute sector in terms of competing for qualified nurses. The Aged Care sector is dependent on the training provided in the acute sector and in the majority of situations attracts qualified nurses with base level experience in the acute sector. The nature of the Aged Care sector is one that does not allow for graduate nurses to be employed because usually qualified nurses have to be of sufficient experience to work in isolation rather than along side more senior qualified nurses.

2. The Aged Care sector is directly competing with acute sector for nurses and wage differentials between the two sectors is a key element in the choice of individual nurses making employment decisions. The Aged Sector has always been given a lower priority by Registered Nurses as a preferred work environment. Furthermore, there is an inference in the Paper that nurses working in the acute sector have greater demands upon them and may argue for higher pay outcomes. In practice this is not the case. It is my view that nurses find Aged Care particularly demanding in comparison to the acute sector from a perspective of working in isolation from close on call medical practitioners, workload and in isolation from other registered nurses.

3. There is a shortage of qualified nurses in South Australia and when combined with historic challenges identified in points 1 and 2 above adds to the concern that providers have in this regard.

The only evidence cited in the Paper is TriCare's enterprise bargain outcomes. Our view is that these outcomes are the same type of outcome that are potentially feasible in the acute sector, as the same conditions /award applies across the majority (if not all) of Providers, whether aged care or acute. j

In reality, TriCare has achieved an outcome that State Governments have not come close to, hence when comparing TriCare and the South Australian State Government, we find the 'efficiency gain' in recent acute sector EB outcomes have diluted efficiency outcomes for higher pay outcomes, e.g. SA Health Sector gave nurses 10.2% over 3 years for minor efficiency gains or award changes compared to TriCare's 3.6% over two years. **Refer to Attachment 1**.

This type of stark contrast actually argues against the Paper's proposal rather than for it, as agencies like TriCare will have limited scope to maintain such fundamental 'efficiency' gains in the future, and are likely to fall well behind on wage outcomes being offered in the acute sector with little efficiency gains.

Simply put, this is evidence of the increasing potential for aged care professional nurses to have a significant relative pay decrease. This being contrary to the casual view offered in the Paper that the gap has reduced over the past five years by 70%

Productivity Commission Proposal 4

Increases in basic subsidies under the new regime should be based on annual increases in the cost of the standardised input bundle necessary to deliver the benchmark level of care, less a productivity discount. When it becomes available, the ABS productivity index for the nursing home sector should be used to determine the discount.

There should also be periodic reviews of the industry's cost base and of the adequacy of subsidies in the light of changes in care requirements.

Comments identified in discussion of Proposal 1 to 3 apply to this proposal. I support ACA's concerns about the time issues involved in this proposal.

It is a concern that the Commission's recommendations could imply that the calculations used for the current subsidy rates virtually have no objective base. 1 am concerned about what this implies regarding the role of the Department of Human Services and Health to accurately identify such data and transform this to an equitable subsidy rate. It also brings into question the accuracy of the base data used to formulate the RCI rate differentials in 1987 when this system was introduced. The secrecy surrounding this information has never allowed for this data to be checked by the Providers, the bureaucracy often arguing in the past some restrictions by Treasury preventing the transparency of information. The impact has been the institutionalisation of an inequitable funding scheme. It was not until the current Government removed the existing safeguards of guaranteeing award increases that Providers began questioning these issues. It was not because there was not inequity but because the Providers were working in the "dark" with regard the information used by the Department. An objective and transparent bureaucracy may not have had need for the Commission to undertake the study and its findings.

I ask the Commission to note in its findings the unexplainable inaccuracy of the data used by the Department and that this points to the Government giving far greater rigour and transparency to the work undertaken by the Bureaucracy.

Within recommendation 4 reference is made to the use of a productivity discount (discussed on page 48). It is difficult to respond to a 'productivity discount' concept without any experience of such a concept and having no benchmark from which to evaluate the comment other than the existing inadequate indexation systems. With respect to wage increases we as a sector are currently not able to maintain parity with the acute sector after the acute sector has factored in a diluted productivity dividend (refer attachment 1) - it would be grossly unfair to single out the aged care sector for a productivity discount not being achieved elsewhere in the health sector particularly as we argue that there is less opportunity for such productivity outcomes in the highly regulated aged care funding process

Productivity Commission Proposal 5

> *The pensioner, oxygen, enteral feeding, respite and hardship supplements should be retained in their current form in the new subsidy regime.*

I agree.

The issue of 'pensioner supplement' needs to be in the context that it has been removed from having parity with 'rent assistance', which over time may result in a significant differential effect.

1 also believe we could encourage higher bond levels contributions. This could be achieved by increasing the 'qualification' upper limit for pensioner supplements to a level higher than the standard currently applied, that is, $93,000. This can be argued on the basis that providers need to keep their pensioner supplement and there is a window between $93,000 and, say, $140,000, where it does not pay to charge a higher bond (i.e. the loss of pensioner supplements is not offset from interest earnt from higher bonds). Hence, a gradual reduction of the 'pensioner supplement' for payments above $93, 000 may offer an incentive for higher bond payments to providers.

Productivity Commission Proposal 6 and discussion of payroll reimbursement system

> *Commonwealth should take steps to ensure that the payroll tax supplement is only payable to facilities that are registered to pay payroll tax on their primary payrolls.*

We need to clearly establish what is a facility "registered to pay payroll tax on their primary payroll". Some states give nursing agencies an exemption from payroll tax for staff employed in 'Not For Profit' agencies, but this does not apply to their outsourced services.

The issue also possibly opens the door to some 'contradictions' in arguments in the Paper.

1. Payroll tax fluctuates according to different state government policy. A set rate should apply as a 'minimum standard' approach adopted in the Paper. The same way Workers Compensation is argued in the Paper. Why has the Commission adopted a different standard on such matters?

2. Given the level of inaccuracy in the current RCS differentials and that they have no link to real costs, how can we be confident of the differentials applying to state payroll reimbursement having any relationship to actual cost differences. I believe the Commission should seek to verify that these Payroll differential payments are based on objective data.

3. Clarification of outsourcing issues should be identified to avoid a deterrent to outsource, e.g. Resthaven's linen service may pay payroll tax, and hence consider efficiencies in such an option.

4. The current process encourages organisations with smaller levels of payroll tax (say through outsourcing) to receive a higher net reimbursement. This seems inflexible and costly to Government.

Productivity Commission Proposal 7

> *Commonwealth contributions towards workers compensation costs should continue to be provided through the basic subsidy regime.*

As per discussion of Proposal 6.

Productivity Commission Proposal 8

> *Government-run homes and those transferred to the non-government sector should receive the same level of basic subsidy as their private and charitable counterparts.*

Agree in principle, but should include:

1. Top up funding to the pool of funds to achieve this outcome for Government owned (or former) nursing homes.

2. Not have priority over state differential payment adjustments, which is at the core of the inequity.

3. Consideration given to how these former homes have negotiated this matter in the transfer process, and be given some preferential treatment by State Government. Will state governments continue to give separate capital grants to state-owned nursing homes?

Productivity Commission Proposal 9

> *There should be a rebalancing of Commonwealth support for residential aged care towards special needs funding for services in rural and remote areas. To this end, the Commonwealth Government should develop and cost new special needs funding arrangements in consultation with providers, resident groups and State and Territory Governments.*

Agree with the principle and add an emphasis that 'additional funds' are required to increase this 'pool' to achieve this outcome. There is the need to cost what the additional variables are and ensure they reflect the location not simply different management approaches to costs.

Productivity Commission Proposals 10 and 11

> *There should be no requirement for providers to acquit subsidy payments under the proposed regime.*
>
> *Subsidies should continue to be paid to providers rather than to residents.*

Agree.

Productivity Commission Proposal 12

> *Regulations of extra service provision should be reduced:*
> - *the controls on what constitutes an extra service; where in a facility extra service places are provided; and the price charged for such services should be abolished;*
> - *the current reduction in the basic subsidy for residents receiving extra* service should be abolished - this defacto income-tested charge should be

incorporated in a budget neutral way into an income test applying to the basic subsidy; and

- *the Commonwealth Government should give consideration to replacing the current quota on extra service places with a monitoring system aimed at identifying any cases where extra service provision is reducing access to basic care. It should also look at the scope to simplify the concessional resident ratios.*

12.1 The proposal has merit but seems to be re-inventing the concept of variable fees which was dismissed as 'outrageous' by the current government when hostel 'providers' were accessing the benefits of variable fees.

12.2 I assume a cost neutral outcome would be around a 30 to 40% subsidy reduction and income off-set.

12.3 Generally agree with the proposal on replacing the quota but Providers of Extra Service should then need to maintain some minimal levels of Concessional residents.

Productivity Commission Proposal 13

Subject to any recommendation from the Residential Aged Care Review for an increase in total Commonwealth funding for residential aged care, funds earmarked for indexing current subsidies should be redirected to increasing basic rates for the currently low subsidy states.

Timelines implied do cause a number of possible concerns. Our key concern, and that of the Inquiry, was to resolve the inequities between states. The broad issues discussed, e.g.

- Adequacy of the pool of funding for remote and rural areas
- Equal funding of Government (or former) homes
- Issues, if any, between "For Profit and "Not For Profit tax benefits

should not take priority over the pressing issue of equity funding between states.

Those lower paid states, e.g. Queensland and South Australia, were critical of the Coalescence 7 year time period because of the major impact being at the later stages of this period. A different 'timing' outcome is expected, with key outcomes earlier.

The Productivity Commission also Invited additional discussion comments on:

- *whether there are more efficient alternatives to carrying payments to homes each time a new resident replaces a previous resident with a different RCS classification;*
- *whether the current two-tier concessional resident supplement is appropriate, and on the implications of any changes in the structure of the supplement for the assisted resident and transitional supplements;*
- *the impact of input taxes, other than payroll tax, on private providers' costs and whether these should be recognised in the subsidy arrangements;*
- *whether there are strong arguments against moving to a cost reimbursement sys tem for payroll tax payments,*
- *whether, in moving to a new subsidy regime, another round of changes to income and asset tested resident charges should be contemplated;*

- *the merits of, and scope to, combine the resident daily fee and the accommodation charge;*
- *the likely effects of the Commission's preliminary subsidy proposals; and*
- *an appropriate timeframe for implementation of the full proposals, the inter-relationships with the Residential Aged Care Review, and whether new arrangements should be phased-in or simply introduced after a grace period.*

1. Funding Adequacy (Page 45) - Cost of Licences.

1 am challenged by discussion and inferences reflected by the cost of bed licences when sold. Challenged because there is never any 'objective' data to compare the number of beds being sold etc. Do such prices reflect every sale;
do they involve large numbers?

These types of commentaries on the industry are used by the Department to infer funding levels are more than adequate, with some further inference that there must be sufficient funds to meet the standards required.

I think this is not the case, and that it is more likely high licensed values inferred (if accurate) are a result of perceived 'regulation' and 'guarantee' of funding, from which "For Profits" face less risk in their operations relative to other sectors.

1 believe a spiralling and inflationary licence price process increases the risk both in servicing debt in the current environment, and in the risks within a higher interest rate environment - an environment we had not too long ago.

Recommendation:

(1) 1 believe licence fees should be regulated by an Independent Board, similar to the Taxi Board process. There should be a limit to the sale price.

(2) If beds are sold they should attract a penalty of some type, e.g. withdrawal of exemptions provided by FBT etc.

2. Page 46 - Are there efficient alternatives to varying payments:

The Commission has sought comment about how payments could be improved. It is not possible to resist the urge to inform the Commission that the first priority is for the payments system to be accurate. We are still dealing with errors associated with the payment system that stem back as far as the October commencement period. In addition to this the whole sector has been funded at the $12 a day concessional rate irrespective of their entitlement. This will be recovered when the Department has managed to fix the software problems. Will this cause a cash flow problem for some Providers? Is such a recovery reasonable?

Another key issue being faced at the moment relates to the process of Income testing that has been implemented. This is causing significant confusion for the elderly and adds to the workload of the Provider. The key issue is the nature of advice and adjustments to the subsidy. Even with relatively small numbers in the system residents and Providers have experienced an absolute fiasco of adjustments regarding this matter. Resthaven's most recent example involved a distressed resident receiving three letters of adjustment on the one day involving some 14 separate adjustments on our part and the resident being required to back pay significant amounts. This issue must be dealt with now before a far greater proportion of the resident population becomes involved in Income Tested Fees.

These two matters are more critical than the changes to the method of payment system from our view.

I believe there is an argument for a minimum subsidy payment for anyone assessed by ACAT as high care (yet assessed on the RCS as low care).

3. Page 50 - Concessional Ratios Comment

I think we have a problem with the overall funding level and disincentives that have been caused for residents with modest assets, that is, residents making a Bond payment of up to $50,000 or Accommodation Charge less than $12 per day.

We need to resolve the disincentives to admit people who pay these amounts. However, it raises other questions about the level of beds available generally, given we are told such difficulties are being experienced. It implies demand exceeds supply to the degree Providers can choose new residents based on financial classification.

1 am not as certain about the issues of greater need for a higher concessional supplement in nursing homes than hostels. The actual cost of building needs to be considered in this context. If, say in Hostels, the average bond is $60,000, we are still only averaging this from those who pay bonds, maximum 75% of admissions. Yet building costs without land, are in the order of $80,000. Where does the balance come from? The issue is a matter of relative disadvantage being greater in nursing homes possibly.

1 believe the Commission is wrong to assert the view that the "large majority of aged care residents qualify as concessional". There is no base for this assertion if applied to the admissions profile since October. 1 do not believe this will reflect the likely outcome of the total number of concessional residents over 5 years when the system is fully implemented. The Department using ABS statistics identified that the aged population has 27% of people who would qualify as Concessional. This is by no means a majority. I believe Concessional levels higher than this reflects more the incentive that was given in this new scheme to initially admit more than 40% to achieve the higher subsidy. Overtime 1 expect the level to move back towards the 27% which is consistent with the earlier models. If this is not the case then we would be having to hypothesise why the financially disadvantage population is significantly over represented in residential aged care. This is a possibility and may warrant a recommendation of further research as it applies to such decisions and whether it also implies a shortage of beds.

4. Page 51 - Issue of Input Taxes

The Commission seeks comment regarding the benefits awarded the 'Not For Profit' section, 1 believe the discussion is presented in a circular context - "In practice, however, it is not clear whether these other taxes are sufficiently significant to justify supplementation". The Commission's discussion involves either substantiating the significant value of these exemptions, in which case the Commission argues they should be passed on to the 'For Profit' Providers as part of the Commission's historic "even playing field " arguments on this matter; or it is argued there is no significant advantage, which could open the door to the Commission arguing that these benefits should be removed as they have no practical role in the scheme of things .

This matter should be considered with an understanding of the impact of the introduction of the GST and the FBT exemptions being proposed. What will be the outcome once the GST has been introduced? The proposed reforms of the Coalition Government in the area of Fringe Benefit Tax exemption regulation will curtail the access for the 'Not For Profit' providers. If the Government were to extend these exemptions to the 'For Profit' Providers then the differences left between the two sectors are the issues of tax on profits, payment of payroll tax and accessing a tax deduction for donations (although we understand the GST will be applied to fundraising activities).

It is argued that from a 'Not For Profit' perspective the move to restrict the FBT exemption in the manner proposed has serious implications for the 'Not For Profit' sector which has argued for regulation in the form of a set percentage of staff having access and percentage of benefit eg 30%. The impact of these changes have been underestimated with none of the suggested longer adjustment periods being identified by the Commission in its sensitivity to other challenges of higher RCS paid states and adjustments they are asked to undertake with a uniform subsidy system.

We are yet to see the actual impact of the GST but at an assumed level of 10% it will automatically reduce the relative benefit to 'Not For Profits' given the maximum sales tax exemptions were well above this amount. There is insufficient knowledge to judge what the impact will be for the 'Not For Profits' from the relatively less advantaged position, is it simply that others will receive more, eg 'For Profits', or will the overall impact of the GST be inflationary and therefore the real value will be lost which would require significant adjustment by Providers. Clearly the fact that 'Not For Profits' do not have to pay certain charges at the state level does not offer an offset against the exemptions of the GST that will be extended to the 'For Profits' who currently pay the equivalent existing taxes.

The value and history of tax exemptions given to 'Not For Profit' sector relate to the nature of the sector. The Commission takes a relatively simple view that the 'Not For Profit' agencies are given an unfair advantage by the additional resources allocated indirectly through these tax exemption practices. The Commission has ignored the issue of whether such additional resources being offered to the 'For Profit' sector would be simply adding to their "profit" or would they be used to improve the outcomes of residents.

1 would argue that the 'Not For Profit' providers are providing significant "other" community supports because of those additional resources that are available. These other supports being in the form of participation in developing models of care, e.g. Community Aged Care Packages, Intermix, continence and dementia programs and resources, acute sector interface pilot programs, and as the Commission itself identifies, 75% of all rural and remote facilities are 'Not For Profit' (does this include Government facilities?). The Commission should consider the degree to which the 'Not For Profit' sector has shown initiative to improve the standard of care for the elderly and to explore options of care. These improvements have been to the advantage of Government offering lower cost options of care for the elderly etc. eg, Community Aged Care Package options.

1 do not believe the 'Not For Profits' want to be afforded advantages that cause residents in the 'For Profit' sector to be given relatively lower standards of care. Equally, 1 do not believe that the Commission should support outcomes of increased revenue to the 'For Profits' that simply involves greater profit to the owners. Clearly where the assumptions being adopted on these matters are not based on data but part economic models (i.e. encouraging an even playing field in a totally regulated market), why has not the Commission focussed on the history of the 'Not For Profits' in aged care and acknowledged the good and innovative work they have undertaken in addition to the minimum standard of the day that is acceptable. We are dealing with an issue that there is no researched data to support what the impact of these tax advantages actually has, yet there is anecdotal evidence of the innovative and supportive impact that the history of 'Not For Profit' aged care has contributed to the community in addition to the minimum care requirements of the day.

- My "subjective" view does not have me simply fall back to a notion of an "even playing field" being the panacea of all things, but focuses on the history of value-added offered by a 'Not For Profit' sector. 1 do not wish to imply that there are not elements in the 'Not For Profit' sector cannot further improve, clearly there are, as with the 'For Profit' sector. Possibly the Commission should seek more objective data on this matter before committing itself to an outcome and identify what the 'Not For Profits' actually do with the value of these tax exemptions that they receive, if they are significant at the end of the day.

5. Recommendation 7 - comments on Workers Compensation

Any study we have undertaken clearly shows South Australia as having the highest basic workers compensation levy, not Tasmania as reflected in the Commission's report. However, there are differences in the maximum and minimum penalties applied above the base rates in each state. Currently in South Australia the maximum is in the order of 10%. Significantly, South Australia's levy rates include the value of superannuation payments, thus further inflating costs.

1 would encourage the Commission to comment on the benefits of a national scheme which would remove these anomalies in levies.

6. Page 65 - New round of changes to income testing

1 believe the Commission needs to continue to be sensitive to the political reality of recent debates regarding the selling of the family home and its relative impact on policy in the near future.

1 believe this can be achieved not by a new key policy, but quietly extending the 'accepted' concept of "Extra Service Places" to include greater deregulation.

7. Page 66 - Combining residents fees etc with charges has two problems:

(1) It removes an independent income source from the Provider - adds further to the regulation of income streams for Providers.

(2) Will potentially add to the administrative problems encountered in the current system such as those experienced with "Income Test" assessments and issues associated with daily reviews of residents' incomes etc. Significant administrative workload is required by Providers for such regular adjustments, and the Resident becomes very confused.

RICHARD HEARN
4/11/98

ATTACHMENT 1

Comparison of recent Enterprise Bargain outcomes between TriCare (Queensland) and South Australian Government Acute Sector

1. TriCare

Conditions of employment throughout TriCare have been standardised:

- Permanent nursing staff who work regular shifts without rotation lose a week's annual leave. The reduction to four weeks attains consistency with other categories of staff.
    - Sick leave entitlements have been reduced from 10 to 8 days per annum for all staff.
    - Penalty rates for Sundays have been reduced from 175 per cent to 150 per cent.
    - Night shift penalties now apply only to actual hours worked rather than staring time.
    - Seniority based progression has been abolished in favour of competency based progression.
- Demarcations which prohibit the efficient delivery of care and service to residents have been abolished. Staff must now perform an task within their range of competency.
- The team based structure inherent in TriCare's best practice program has been enshrined as the core unit of workplace activity and review.
- The new wage increase amounts to 3.6 per cent over two years. A CPI adjustment will follow after a year.

2. South Australian Government Acute Sector

- Conditions of employment
    - Sick leave, carer leave, other leave - reduced from 21 days to 15 days.
- Maternity leave - 2 weeks paid leave
- New wage increases amounts to 10.2% over three years at the base level, significantly higher wage outcomes at various promotional levels.

Resthaven's view is that this comparison reflects the difficulty of State Governments achieving "efficiency" gains, and this will be the momentum for a widening disparity of wage and condition outcomes between the acute and aged care sectors. It seems unreasonable that the acute sector is not having the 'productivity discount' concept applied to it with any vigour, yet aged care will be required to achieve this outcome.