

Responses to requests from 4 Corners (as at 27 August 2018)

Aged Care Workforce Strategy

When will the Aged Care Workforce Strategy Taskforce report, A Matter of Care – Australia’s Aged Care Workforce Strategy which was delivered to Minister Wyatt on 29 June 2018, be made available to the public?

- It is still being considered by government and will be released in due course

Can you confirm when the Aged Care Workforce Strategy Taskforce delivered its report A Matter of Care – Australia’s Aged Care Workforce Strategy, to Minister Wyatt?

- The Aged Care Workforce Strategy Taskforce delivered its strategy to Minister Wyatt on 29 June 2018.

When will the Government release its response to the Taskforce’s report?

- The Government committed \$1.92 million in the 2017-18 Budget to establish an industry-led taskforce to develop an aged care workforce strategy aimed at supporting industry to grow and sustain its workforce to meet the care needs of older Australians in a variety of settings. The strategy has been developed with the intent that industry will drive its implementation. The Government is considering the implications of the strategy for its ongoing aged care reform agenda.

Aged Care Financing Authority

Aged Care Financing Authority - Could you please confirm the latest figures available are contained in your 2017 Annual Report, which refers to the 2015-2016 financial year. When will the 2018 Annual Report will be publicly available.

- The latest figures available are in the 2017 report.
- The next report is expected to be published by the end of the month.

Aged care accreditation and staffing issues in residential aged care

The department says that of the 14 aged care services that have had their accreditation revoked in the past 14 months (since July 2017), human resource management was a significant issue identified by the Quality Agency at 12 of the sites.

- **Did any of the 12 have their accreditation revoked purely because of understaffing?**
- **Related to that, did any of the 12 have their accreditation revoked purely because of human resource management?**
- Residential aged care services must be accredited to receive Commonwealth subsidies.

- They are also required to meet the Accreditation Standards (the Standards) to ensure quality care and services are provided to all care recipients. Under the Standards residential care provider must have adequate numbers of appropriately skilled staff to meet individual care recipients' needs.
- The Australian Aged Care Quality Agency (Quality Agency) assesses and monitors the performance of residential aged care services against the Standards, including through:
 - unannounced re-accreditation site audits
 - at least one unannounced site visit per year
 - assessment contacts (used to monitor compliance with the Standards)
 - review audits (undertaken when there are reasonable grounds to believe that the provider may not be complying with the Standards).
- While assessing an aged care home the Quality Agency surveyors observe care practices and interview staff and at least 10 per cent of care recipients and/or their representatives. Information from these processes informs decisions about whether quality standards have been met, including human resource management.
- Following a re-accreditation site audit or a review audit, the Quality Agency must make a decision in relation to the service's accreditation. The decision following a site audits can be to re-accredit, not to accredit, or to revoke accreditation of the service. Following a review audit, the Quality Agency may revoke the service's accreditation, vary its period of accreditation or leave its accreditation unchanged. The decision and the report are published on the Quality Agency's website.
- Since July 2017 the Quality Agency has revoked the accreditation of 14 aged care services. All these services had significant non-compliance across a range of expected outcomes. For 12 services, this included noncompliance against Expected Outcome 1.6 Human resource management.
- If a provider is not meeting its legislative obligations, the Department may take regulatory action, including imposing sanctions.

Aged Care Financing Instrument

How many aged care providers have been prosecuted over alleged ACFI gaming/rorting? And if not, why not?

- All approved providers of residential aged care receive an Australian Government subsidy to support the ongoing care needs of their residents.
- The subsidy is claimed by providers using the Aged Care Funding Instrument (ACFI) to assess the individual care needs of each resident.
- It is the responsibility of approved providers to conduct assessments in a proper manner.

- The Department of Health educates providers on their roles and responsibilities under ACFI and also conducts ACFI reviews to check claims from approved providers to ensure they are applying the ACFI appropriately.
- Where appropriate the Department will downgrade the level of subsidy paid if the original claim is not able to be substantiated.
- No providers have been prosecuted over ACFI claiming, however in more significant cases the Department may issue ‘notices of non-compliance’ in relation to providers failing to meet their ACFI obligations and has done so 15 times since 2013. These notices require the provider to respond with actions (for example, re-train staff, change processes and enlist the assistance of advisers) to ensure compliance in the future.

Material provided for Minister Wyatt’s interview with Four Corners

Tune and Carnell / Paterson reviews

The number of Tune Review recommendations already addressed or partially by the government

- The Tune Review considered the impacts and effectiveness of a number of aged care reforms implemented over the last five years and makes 38 recommendations for future reform.
- The More Choices for a Longer Life Package includes nine aged care measures that respond to 18 Tune Review recommendations.
- The Government previously said that it does not support two of the recommendations:
(13) inclusion of the full value of the owner’s home in the means test for residential care; and
(15) the removal of the annual and lifetime caps on means tested fees.

The number of Carnell Paterson Review recommendations already addressed or partially by the government

- All 10 recommendations of the Carnell-Paterson Review have been adopted in whole or in part by Government through the 2018-19 More Choices for a Longer Life – healthy ageing and high quality care package. The detail of the recommended actions will be considered as part of the implementation of these measures.
 - Better Quality of Care – Establishing an Aged Care Quality and Safety Commission – responding to recommendation 1 of the Carnell/Paterson Review.
 - Better Quality of Care – Improving aged care quality protection – responding to recommendations 2, 6, 7, 8 and 9 of the Carnell/Paterson Review.

- Better Quality of Care – Greater transparency of quality in aged care – responding to recommendations 3, 4, 5 and 10 of the Carnell/Paterson Review

The section number of the Aged Care Act 1997 dealing with standards

- The Aged Care Act 1997 (the Act) provides for the Quality of Care Principles to set out:
 - Accreditation Standards (Section 54 2)
 - Home Care Standards (Section 54 3)
 - Flexible Care Standards (Section 54 4)
- In the Quality of Care Principles 2014, established under the Act:
 - Accreditation Standards are specified in Schedule 2
 - Home Care Standards are specified in Schedule 4
 - The standards applicable to short term restorative care are set out in Part 4, Division 2.

Note, the Aged Care (Single Quality Framework) Reform Bill 2018 proposes changes to these standards.

Summary of how the new standards will strengthen protection

- From 1 July 2019, the Aged Care Quality Standards will apply to all aged care services including residential care, home care, flexible care and services under the Commonwealth Home Support Program.
- The new Standards focus on quality outcomes for consumers rather than provider processes, and make it easier for consumers, their families, carers and representatives to understand what they can expect from a service.
- Providers will be required to demonstrate that their care and services are safe and effective, and delivered in accordance with each consumer’s needs, goals and preferences to optimise health, wellbeing and quality of life.
- In addition to a stronger focus on outcomes for consumers, clinical care must be best practice. Going forward, providers will also be required to have a clinical governance framework that includes but is not limited to antimicrobial stewardship, open disclosure, and minimising the use of restraint.
- The new Standards have an increased emphasis on organisational governance, with the governing body being held accountable for safe and quality care and services.
- Organisations will also be required to demonstrate how they engage consumers in the development, delivery and evaluation of care and services.

For further information, please refer to <https://agedcare.health.gov.au/quality/single-set-of-aged-care-quality-standards>.



THE HON KEN WYATT AM, MP

Minister for Aged Care
Minister for Indigenous Health
Member for Hasluck

TRANSCRIPT

Anne Connolly: So Minister, I'll just explain to you as I did before, that we had a massive response to our callout from families and staff members as well, and one of the things raised by staff in particular was the issue of understaffing in aged care. Why can't Australia have staff to resident ratios here in aged care?

Ken Wyatt: Look, under the act, particularly section 54 of the Aged Care Act, all aged care providers are required to provide a safe environment in which quality of care is paramount. To have the privilege of becoming an aged care provider they have not only the act, but they have a set of quality standards. Now, I would expect every aged care provider to provide the level of staffing to meet those standards and when the Aged Care Quality Agency have gone into some facilities they have found understaffing and those agencies have been sanctioned. So, when that occurs people should notify the Quality Agency and allow them to follow through. And certainly sanctions aren't light, they are significant.

Anne Connolly: Well, staff say it happens everyday, on a daily basis, so I suppose they couldn't be ringing the Agency everyday to complain about that. So why not mandate it and therefore assure people that the aged care facilities are staffed correctly?

Ken Wyatt: Well, there's two parts that I'll respond to. One is, [indistinct] happens at a practice there is a confidential line that staff can call and staff have called that confidential line and the Quality Agency have got in. In working through the issues part of what I've looked at is overseas research and certainly when I was at the G20 talk with some of the G20 Health Ministers, they didn't have ratios, they have an expectation that providers will meet the standards and the legislation that they have in place. But in addition of the point of John Pollaers to undertake a workforce review, working with the sector to look at not only the workforce that we require, because at the moment we have 266,000 staff working in aged care. But by 2050 we will need 940,000. There's 19 professions within aged care, it's not just assistance, nor is it just registered nurses. So, John's looking at that whole gambit of workforce issues and that will see his report now being addressed by the sector, because I want the sector to address many of the issues that have been raised in respect to workforce, including staffing [indistinct] because technology is having an impact and the number of people that have complex conditions, who are going into aged care now are also important considerations in whatever staffing is provided.

Anne Connolly: So, you are relying on the provider to do the right thing and we are told that the providers don't always do that - that they are regularly understaffed; if we have ratios in child care and hospitals, why not have them in aged care?

Ken Wyatt: Let me step back just one moment, Oakden was ground zero for me in respect to aged care. Now, that had a high ratio of nurses to individuals within that facility, yet things still went wrong. Because in establishing and responding to what came out of Oakden, I would expect every aged care provider to provide registered nurses, certainly because of the clinical practice and they have the experience in which to identify a range of health issues that an individual may face on any given day. But equally, to have a level of staffing that ensures that the keywords of quality and safety within that facility; if they're not doing that then they're not meeting the obligations of the act.

Anne Connolly: So we're told that they don't meet the obligations of the act, I mean if the Quality Agency goes in it's once every three years, isn't it – unannounced visit once a year. So on those other occasions when no one is inspecting, there's understaffing happening; why not just have mandated ratios? What is the problem with having them? The industry doesn't want them, do they? Because it is costly if you do have a staff to resident ratio.

Ken Wyatt: Well look, I've had discussions with the sector and certainly with industry, and in our response to workforce they know that that is part of the discussion. But the mandated ratios would have to be considered in the context of the geographic diversity of this nation. [Indistinct] aged care providers who fly in staff from capital cities because we just won't have people who move to the bush. Now, but I would expect every aged care provider to have the mix of staff that is important to look after anybody who lives in that facility. That is their home and therefore their home should be a safe environment in which they are provided with support and quality of care. Now, the Quality Agency has gone into providers who have not had the staffing ratios because it has been made abundantly clear to me; I've asked the Quality Agency to go into aged care facilities including weekends and they have put into place sanctions for those who failed to meet what is expected under the act and under the standards.

Anne Connolly: I think we both know that no one is sanctioned for understaffing, that just doesn't happen.

Ken Wyatt: No it has happened.

Anne Connolly: Not for understaffing alone. I mean, unless somebody's at serious risk, they're not going to be sanctioned for understaffing.

Ken Wyatt: Well, if you're understaffed you can't meet some of the other quality standards in respect to clinical care and in respect to those matters that go to the importance of how an individual is cared for. So they have failed and there was a sanction applied just recently in Queensland, for a provider who did not have the staffing on the weekend.

Anne Connolly: So if you know that industry is not doing the right thing, why not step in? You are basically saying that the standards already exist, yet it's known that those standards aren't always met. At the moment...

Ken Wyatt: [Interrupts] But just on that point Anne, what we used to have is four sets of standards. Now, what we've done is we've worked across the sector with consumers and we now have one set of standards. Now those set of standards are being legislated, the legislation is in the Senate where it's being held up. But the industry and the sector have agreed to those standards and they will apply from 1 July. Now, the expectation of any government is that the compliance with the standards is absolutely critical. As I've indicated, 14 aged care facilities have been closed because they did not meet their standards and that also included in some instances, not having sufficient staff to take care of the people who were in those beds.

Anne Connolly: So I think everybody in aged care agrees that in society at the moment, people entering aged care are more frail and [indistinct] than ever before; we're an ageing population, people live longer. But aged care provides are getting rid of their registered nurses and their clinical staff and they are employing personal carers, some of whom have as little as six weeks training. They make up the majority of the workforce; how can that work if you're talking about a population which needs more clinical care than ever before?

Ken Wyatt: Well, part of the workforce requirement arose- well, the work that I've asked John Pollaers to do arose out of the fact that I visited a number of people across Australia, including Noleen Hausler, I spent at least an hour and a half with Noleen, in which I asked if I could see the video clips that she had taken within the aged care facility. What became evident to me was that the standard of training for staff in one particular individual's case was not at the level that I would have expected. And you see that because of the number of aged care facilities I go into. And let me say that staff who work in aged care are very compassionate; they're extremely committed to taking and giving the best care. But the industry does agree that the six weeks training, if you're doing it online, does not prepare an individual to go into an aged care facility and provide the level of comfort, the level of empathy, the level of understanding, and the level of care that is absolutely critical to that individual. And training will change.

Anne Connolly: So are they going to get rid of those six week online courses?

Ken Wyatt: Yes we are. We're looking at- we've established an industry reference council that will now prepare a workforce strategy for the aged care sector, it's the first time we've ever done that as a nation. Now, the sector have agreed to that. We will now identify the training that is required for that, IRC will link with other elements of the Australian education and training system for skills development because I would expect universities equally to look at some of the courses they're providing that would enable a better fit and a better type person to be a worker within the aged care sector.

Anne Connolly: What do you think of one registered nurse being responsible for 50 to 100 residents?

Ken Wyatt: Well, it depends on the location and where they are. But I would expect a minimum of one registered nurse on each shift because I think it's absolutely critical in terms of clinical care...

Anne Connolly: [Interrupts] So, one RN for 100 [indistinct]?

Ken Wyatt: [Talks over] No, I'm just saying one clinical nurse at least. The aged care facilities I've gone into, they have had more than one registered nurse. Now, we've not mandated a staffing ratio, partly because it is each aged care provider is a business in its own right. But if I find that there is continued failings after we establish the commission and after the new standards come into place, then certainly there'll be further discussions in respect to workforce but equally I will allow the workforce strategy that we're developing to evolve and turns its mind to the skills that are needed within the workforce for looking after senior Australians.

Anne Connolly: So you're not ruling out mandating registered nurses to residents?

Ken Wyatt: Well, let's see what evolves out of the workforce's work and then we'll consider...

Anne Connolly: [Interrupts] The workforce hasn't actually started yet, has it?

Ken Wyatt: Well, the report's been handed down [indistinct]...

Anne Connolly: [Talks over] Yeah. We've been waiting to find out what [indistinct]...

Ken Wyatt: ...I am going to Cabinet to have a cabinet discussion and then for the report to be released and the strategy I proposed to be endorsed by cabinet, so that will enable us to address the workforce needs for an Australian population in which we will see increasing numbers ageing over the next three decades, so that we've got the right people providing the right care.

Anne Connolly: So how many staff- oh sorry, how many residents do you think a registered nurse should be responsible for, what's an okay ratio in terms of [indistinct]?

Ken Wyatt: [Talks over] Look, I'm not going to talk about the proportion of it because part of it is around...

Anne Connolly: [Interrupts] Just for a second, I wouldn't mind just trying to nail this down actually because people have told us that they are working in aged care facilities where there's one registered nurse for up to 100 residents. They say that is an impossible situation. The Aged Care Quality Agency obviously can't be there all the time and they cannot see it weekends and nights. So in your opinion what do you- do you think that is acceptable?

Ken Wyatt: No, Anne, not in isolation it's not. But we've also got to consider what is the team's staff mix within their facility because it is not just the registered nurse, there are other staff who are appointed and who are in those aged care facilities. Now, the structuring of the staffing has been left to aged care providers. Now, that is unsatisfactory and we continue to find that that is not working, then certainly

governments will turn their minds to how we deal with workforce. But I also want to allow the sector to work with government and with the new IRC to identify the workforce skills that are needed because what's also evolving is the use of technology and technology also is playing a major role in the way in which care is provided both within an aged care facility but equally for people who want to stay at home for longer periods, we will see more Australians wanting to remain independent, live at home for as long as they can and then at some stage make a decision to go into residential care.

Anne Connolly: Some of the people who've contacted us in terms of staff, have told us that they have about five to six minutes each day to get somebody up, showered dressed, and to breakfast. Do you think that's acceptable?

Ken Wyatt: Well, if we consider the normal time of getting somebody up, showering them and getting them dressed, it will take a lot longer than six minutes. I think the practical reality, even us on a daily basis as individuals when we get up, we take anywhere from half an hour or longer depending on what it is that we do. So your six minute timeframe seems to be extremely short given that whole process of waking, getting somebody mobile, undressing them and putting them in the shower and then dressing them again, a lot longer than six minutes.

Anne Connolly: Well, what they're saying is if in order to get everybody up at that particular time that's how it comes down to it, that's how much time they have, they're so pressed for time that they have to leave people in bed, they can't shower people. Have you heard those sorts of stories?

Ken Wyatt: I know aged care providers that are having different models now where they allow people to remain in their PJs longer. I've been into facilities where there was a group that was sitting around a table either showered and dressed or sitting in their PJs making their breakfast and having a discussion about the day. So what I'm seeing in Australia now, are different evolving models. What I do like is the scrutiny of families who do raise issues and question aged care providers. Providers are under much more scrutiny now from families because they expect a quality of service and care for individuals.

Anne Connolly: So if what we're saying- talking about right now is the biggest cost to aged care providers is their staffing, staff and families tell us that they scrimp on this to save money to keep a profit, how can a market-based industry like this be in charge of vulnerable people?

Ken Wyatt: If, again, the funding they receive from the Commonwealth is about 70 per cent of their income is derived from the Commonwealth, we expect providers to ensure that they meet the obligations of the act. And if they don't, then we have taken action. Now, in terms of margins, they vary across the nation; on the border towns of South Australia and Victoria I've met organisations who tell me that their margins are less than 10,000, the quality of care that they provide is what their purpose and goal is. And then I meet others in capital cities who have margins, the quality of care is still there. Now, where that doesn't happen, I would say to people raise it with us and we will ensure that the new mission will deal with those matters.

Anne Connolly: So, you say it's up to the provider to meet their obligations but there is no doubt that if the agency is only visiting once a year- sorry, I'll start it again, when the agency only visits once every three years to do full accreditation and has unannounced visits perhaps once a year, how is the agency going to pick up on all of the problems that we're hearing about understaffing, neglect, lack of clinical care? Because when...

Ken Wyatt: [Interrupts] Well, let me go back to the Quality Agency, the history of the Quality Agency was for the accreditation and was always an announced visit, so you had time to prepare. Following Oakden, I came to the view out of the report that if you're a good provider, you'll provide good quality care and safety and a safe environment 365 days of the year. I then announced that all visits would be unannounced, so there was no lead time for preparation to try and show your best, you've got to be on your best each time.

Anne Connolly: So you were aware that that was being faked?

Ken Wyatt: Well, in a number of cases people told me a lick of paint, a new curtain went into place. Now, that's talking to people...

Anne Connolly: [Interrupts] Well, actually I must tell you that we've heard a lot more than that.

Ken Wyatt: Oh no, I've heard more than that. I was just given you an example.

Anne Connolly: [Talks over] So for example, putting extra staff on, putting better meals on, activities that never happen except once every three years. I mean, we have heard from dozens of staff who have told us exactly the same thing. How could it possibly be that you have staff from all around the country who don't know each other and they tell us exactly the same thing about what happens when accreditation occurs?

Ken Wyatt: No, no, that used to happen. Now that it's unannounced, the agency...

Anne Connolly: [Interrupts] But they were doing it before, why did you trust them to do the right thing on other occasions?

Ken Wyatt: But, Anne, because we used to announce them. And so you gave people the opportunity to exploit...

Anne Connolly: [Interrupts] But you recognise that that's what they were doing before?

Ken Wyatt: We know that from staff who've raised it with us, families who've raised it with us. I've been into aged care facilities and I've had individuals raise the issue with me by going to unannounced visits it changes the whole way in which you must keep your mind on making sure that your service delivers what is required of the act and that you will meet the standards. People know that sanctions are detrimental. Now, the other element to this is the Quality Agency on visits where there are sanctions or where we have a sense that there is something wrong, we'll go

in more than once. I've had the Agency go into a facility twice in a short period of time because the issues that were raised with me were referred to the Agency and they addressed them. So it's not just a figurative figure of one visit of a response to a complaint.

Anne Connolly: Can I just ask you, I wonder if you've heard this as well. Not just putting extra staff on, better food, different activities that never occur except once every three years when accreditation is about to happen but also staff going into documents, backdating them, filling them in and creating a false impression of how that facility operates. Have you ever heard about those claims?

Ken Wyatt: No but if an agent- if a provider is doing that, they are in breach of the act.

Anne Connolly: It's illegal isn't it?

Ken Wyatt: Because you are not allowed to operate in that way. We give- well, when you apply to have an aged care facility you are required to operate under government legislation but you also are required to make sure that there is due diligence in the way in which you manage your organisation. Now, this comes back to the responsibility of governing bodies. This also comes back to the responsibility of managers. So governing bodies have got a very critical role and if we consider any corporations in Australia, there is an expectation that every director takes that responsibility with significant diligence and equally management. Now, part of the workforce considerations is what is the training that is required also - and I've raised this matter of training in respect to governance - but also what is the training that we need to consider for managers because sometimes people are promoted and they're not allowed to develop the managerial skills that are required because you're running very complex institutions.

Anne Connolly: Can I just ask you, I mean, getting back to that though, dozens of people have told us that they falsified documents on a regular basis every time accreditation came round, doesn't that disturb you?

Ken Wyatt: It does and, again, I would say that those individuals should have reported that. if you go to the Oakden ICAC report...

Anne Connolly: [Interrupts] Can I just ask you a quick question, though? Has anyone ever been prosecuted for falsifying documents at accreditation time?

Ken Wyatt: Look, I think at some point there would have been issues raised. I think the ICAC report into Oakden talked about maladministration, it covered the issues of the level of detail and it points to the responsibility that anybody who holds a public office that has responsibility must ensure that they comply with whatever legislation, regulation or policy of that organisation. Now, if you breach those then you in doing that are deliberative in your behaviour and that is something that is not acceptable. And if somebody is reported for that and the governing body takes the appropriate action, then there are often legal recourses that will be considered, including termination because the Commonwealth in all faith puts its trust in aged care providers to meet its obligations under the act and in respect of the quality standards. Now, if there is evidence of that...

Anne Connolly: [Interrupts] Sorry, but just as far as you know, no one has ever been prosecuted [indistinct], is that right?

Ken Wyatt: Having been in the portfolio for a short period of time, I'm not aware of a prosecution but that doesn't rule out the fact that there may have been a prosecution.

Anne Connolly: Because the thing that's interesting about it is that staff have also told us that they falsified documents for the Aged Care Funding Instrument on a regular basis, that they...

Ken Wyatt: [Interrupts] What was that?

Anne Connolly: The Aged Care Funding Instrument - ACFI.

Ken Wyatt: Yeah, they shouldn't be doing that at all.

Anne Connolly: They have told us - a lot of staff have told us - that they have often been asked to make residents appear worse, their conditions worse than they really are, to get more funding from the Federal Government. We even have a document showing that this is exactly what's happening in a charitable-run aged care provider who says, do not mention anything about independence for your resident, remember independence is a bad word in ACFI land.

Ken Wyatt: Well, what disappoints me is that they're doing that, because when the instrument was established it was established on the basis of ensuring the Commonwealth money and funding was used for the intent and purpose of the need of an individual and that need needed to be a real need. And if staff had been doing this, then in one sense that is extremely fraudulent and they should...

Anne Connolly: [Interrupts] Do you blame the staff or the management?

Ken Wyatt: Look, it's whoever has implemented it and instigated the process - sorry, instigated and implemented the process, are culpable for behaviour that is not consistent with what I would expect in the provision of services to individuals, again, under the act and the requirements of the standards. Look, I have faith that there are a significant - the majority of aged care providers don't game it because when we had a look at the expenditure patterns for ACFI, we identified those who had a spike and an increase in their ACFI claims, and what we've seen is that behaviour turn around. Now, staff are still doing that, even [indistinct] we made some public statements at the time and we changed ACFI and we capped it, then that behaviour to continue is reprehensible.

Anne Connolly: I mean, you do know that it has been happening because ACFI blew out by hundreds of millions of dollars. The budget blew, didn't it? Has any provider ever been prosecuted for falsifying ACFI documents?

Ken Wyatt: No. What we looked at was the pattern of claiming and the department met with those agencies and we saw a turnaround in ACFI claiming

behaviours because you would expect a trajectory based on the needs of people within aged care.

Anne Connolly: So [indistinct] penalty?

Ken Wyatt: Look, the department has dealt with them. So they would have applied whatever sanctions is disposable to the department's needs in how they dealt with individuals because we saw a turnaround in it.

Anne Connolly: Okay. You have talked about training before. I do want to talk to you about new changes to accreditation. You said that they're going to be unannounced now. Can you expand on that? I mean, over what period of time will agency assessors go to an aged care provider to do an inspection?

Ken Wyatt: Well it- sorry, it depends on where and when and what the size of the organisation. But they do go in for two to three days. At least- part of the process of the changes is we are looking at the way in which the severe risk element is considered in the context of the visit. The system now enables us to under a new arrangement to seek the views of family members and individuals in aged care. And certainly the Quality Agency has developed a program which staff use a tablet and they interview people to see what their responses are in terms of whether it's providing a good service, whether it's meeting their needs and that is included in the considerations. Now, part of the element that's also important...

Anne Connolly: [Interrupts] Sorry, but I just was going to ask you specifically about- you've said that they're going to be completely unannounced now. Does that mean that agency assessors can arrive at an aged care provider facility at any day over that three years, just one day? Will it be unannounced [indistinct]?

Ken Wyatt: [Interrupts] Well that's what it means, unannounced means anytime.

Anne Connolly: Do you mean that any time out of that three years?

Ken Wyatt: Yes.

Anne Connolly: Because the way that it reads at the moment is that there'll be a set period of time that they'll be able to arrange to be there. Are you aware of that?

Ken Wyatt: Well, there's a transitioning now from the old agency to the new agency. The new agency will be charged with the way in which they collectively operate under the new commission, and with the new commission the process will be the role of the Aged Care Complaints Commissioner and the Quality Agency and the overarching advocacy element is an important part of the commission. And the chief clinical advisor. So all four components will play a key role in sharing information, identifying those agencies, those providers where there have been previous risks, and then we'll determine the amount of time that they spend. But they will certainly be going back with much more rigour and following Oakden the level of rigor in the assessments of aged care providers certainly created a reaction of- that we were being too hard. But what they were doing was looking at ensuring that the quality standards were being met.

Anne Connolly: But what I'm trying to understand is when you say that the visits will now be unannounced, is that really the case?

Ken Wyatt: Yes it is.

Anne Connolly: So there won't be a certain period of time when they know that [indistinct].

Ken Wyatt: [Interrupts] No there won't be.

Anne Connolly: So there won't be a matter of weeks or month when they know that someone [indistinct]?

Ken Wyatt: No, no, no.

Anne Connolly: It could be any time within three years?

Ken Wyatt: Yes, or frequent if there are issues that are identified by families or by members of the public, or by the Aged Care Complaints Commissioner.

Anne Connolly: Because the way that I've looked at the new standards or the new unannounced visits is that providers are told that they have to send in an application. They have to put up posters to tell family that an audit is about to happen. So they do actually have a timeframe, otherwise they would have posters up the entire time for three years.

Ken Wyatt: No because there are processes now that are changing. We're not going to give advanced warnings anymore of aged care quality assessors coming in. Even the Charter of Rights, I had a discussion with the department saying there's got to be a new way.

Anne Connolly: [Interrupts] But what about the posters that go up to tell family about it?

Ken Wyatt: Well, the posters may go up on the day. I'm not sure of how the Quality Agency are doing that, but they are not allowed anymore to provide the details of a visit. Now, they might give an agency the posters on the basis that sometime in the next 12 months they're coming. But look, the visits will still be unannounced and they will focus on the new quality standards. And to help aged care providers transition to the new standards, I've allocated within the Commonwealth Budget \$50 million that will assist them in the transition to the new arrangements.

Anne Connolly: So you can- you really are committed to having those unannounced re-accreditation visits any time over a three year period?

Ken Wyatt: Yes I am.

Anne Connolly: Okay. I just want to ask you briefly about the use of antipsychotics. In the United States, they're banned from use in aged care facilities. Here in Australia, about 80 per cent of people with dementia in aged care are on

antipsychotics. How could we have such a high rate of use when the US has actually banned them, saying they're ineffective and make things worse?

Ken Wyatt: It's a matter that I've been discussing and certainly have been seeking some advice on because we shouldn't be using that as an approach to looking after people with dementia. I've seen the impact of technology, which gives people a life in which they are part of their community or that their individualism is not impeded. Now in some instances, there will be needs for- a need for people to have medication. But if the rate is as high as you indicate, then that's an alarming figure.

Anne Connolly: It is alarming and a lot of people put it down to the fact that low staffing levels and also lack of training amongst staff.

Ken Wyatt: Well, there's also got to be GPs or individuals who will prescribe that medication as well. So there's a medical professional judgement being made in the context of the prescribing of those medications. So part of the discussion that needs to occur is the practice and new approaches and ways of engaging, or allowing people living with dementia, even severe forms of dementia, to have new approaches that enable them to be cognisant of their surroundings. And look, I've seen the use of little robots now, droids, that can hold a conversation with the individual. I've seen, I think [indistinct] is the seal that you hold and the whole engagement process changed. The- Dementia Australia have been doing an outstanding job in developing better awareness of dementia and Alzheimer's and different approaches. Western Australia, Rhonda Parker has been very strong in advocacy for people remaining within community, having intervention caring respite. But at the same time, being given the opportunity to be fully cognisant of the world around them.

Anne Connolly: But if you're talking about personal care workers who make out the bulk of the staff in aged care, they have a minimum six weeks training, and they are often giving these antipsychotic medications. They have no dementia training. How can that be acceptable?

Ken Wyatt: Well we'd have to look at who administers them within an aged care facility. What we've got to consider also in the context of your statement is not everybody has only done the six weeks training because I've been into training facilities with staff and programs. Allocate individuals to an aged care facility. They do onsite training. They come back and do the theory training.

Anne Connolly: How long do you think that theory training should take?

Ken Wyatt: Well, I've seen some that have been as long as 18 months. I'm seeing some that are 12. What they're getting is better people who have an understanding of the needs of older Australians, who have an empathy in the environment and would-be workers who are attuned to the needs of individuals.

Anne Connolly: So will you make those- will you make that a mandatory issue?

Ken Wyatt: Well, that's what [indistinct] training that gives us the right people for aged care.

Anne Connolly: But you are, as I read it, the workforce strategy is going to leave it up to industry again to make those decisions.

Ken Wyatt: No, no, no. Look, when you establish an IRC, that requires the skill- the industry and skills training authority involvement in terms of what is acceptable. Certainly the training courses will evolve. Certainly universities will have the opportunity to provide better pathways for people who want to go in and train and work in aged care. So the sector, whilst it will be a key player, and I want them to lead it because they have a degree of need over the next 30 years, equally government has the levers to ensure that the training meets the needs of the industry and sector and that is absolutely critical. And I want those people to be able to comply with the act and comply with the standards.

Anne Connolly: But is your faith in the market-based system for aged care destroyed you to a certain extent when you find out that providers falsify documents for funding, they falsify documents for accreditation?

Ken Wyatt: Well, there's two things I want to say. One is I'm disappointed that those who do it do it because it causes then a reflection to the people who make the assumption that it's industry-wide and it's certainly not. Secondly, that is not the way I've seen the sector itself operate. People delivering programs using empathy are using it in the way in which it was meant. We have appointed Wollongong University to look at a different approach [indistinct] the acting instrument because what we want to do is come back to the core element of the clinical and health needs and social and emotional wellbeing needs of people within aged care. Even in the last Budget, I managed to acquire \$105 million for mental health of older Australians because people within aged care equally have a need for mental health support as those who live at home. So programs are evolving to meet the needs of older Australians and certainly while I'm minister I'll continue to focus on the individuals. Having a focus on better outcomes for them, but ensuring that the sector meets its obligations under both the act and the standards.

Anne Connolly: Can I just ask you, though, because as I keep saying we received thousands of emails and phone calls from people about their experience in aged care and we spoke to hundreds. People, in particularly staff, told us similar stories. We heard dozens- from dozens and dozens of staff who told us the same stories - they'd never met each other, they live in all parts of Australia - and they told us things like continence pads are restricted to three a day. That the food is inedible. It costs on average \$6 per day to feed each resident. But there is a real lack of staff. How can you have the same issues being described by dozens of people without there being some basis to it and not showing that there's a systemic problem here?

Ken Wyatt: If we've got staff who see those things occurring they should report them.

Anne Connolly: To?

Ken Wyatt: To the commission, to the Quality Agency. The Australian Aged Care Quality Agency has a particular function to look at those issues. It is one of the standards- it's standard 2.10 in respect to [indistinct]. Now if you fail standard 2.10 then that is a significant failure because that goes to food and hydration. Now, I

would have expected staff, and I know [indistinct] some staff in this regard, but if you see that you should report it because in that environment we have people who are vulnerable and they don't sometimes have the capacity to undertake to make that complaint, particularly where there is no family member who visits them. And I've made the point before, there are people in aged care [indistinct] 365 days a year do not receive a visit from anyone. So I'm concerned about their vulnerability. But again I come back to the fact there are standards. Now...

Anne Connolly: [Interrupts] Can I just ask, but what you're doing at the moment is that you're placing blame on staff, when actually it's...

Ken Wyatt: [Talks over] No, no, no. I'm not placing the blame on staff. What I'm saying...

Anne Connolly: [Interrupts] Okay, but you're saying that the staff are the ones that need to report it. But actually it's the provider who's putting those conditions into place.

Ken Wyatt: No- but look, the Quality Agency won't know if an agency is failing to meet it's standards at a given point in time, whereas families- and what I really want families to do is to take on that principle of neighbourhood watch. That if things aren't right in the facility, if the points you make are problematic, then make the call to the Quality Agency, specify what it is. The reason I'm saying staff- because I've seen staff who've raised- and they have raised issues with me and we've followed through with them. Now, if I'm working in an environment where I see something blatantly wrong then I will act on it. I will take whatever action is necessary. It may cost me my job but...

Anne Connolly: [Interrupts] Well I think that's the issue for a lot of staff. They are...

Ken Wyatt: I know it is, that's why we've set up an anonymous line.

Anne Connolly: They are- they are underpaid, they're very poorly paid. They say that they are often bullied by management. They are unwilling to put their neck out and speak up to the agency and they don't have any faith in the agency because the agency comes in and gives everybody 44 out of 44. They meet every single standard.

Ken Wyatt: But not anymore.

Anne Connolly: But at the moment 97.5- 98 per cent of them actually meet 44 out of the 44 standards. So how could they have any faith in that agency?

Ken Wyatt: Well, if the Agency has gone into a location, as it as it did with Oakden, and the reason that I called for our review of Oakden was I wanted to know why we failed. Where did we go wrong in respect to the Commonwealth's processes in ensuring that quality standards were met? And the Oakden- the report by Kate Carnell and Ron Paterson clearly identified changes we had to make. They identified that the siloing of the Aged Care Complaints Commission and Quality Agency and the department was an issue, so they came back and made a recommendation for a

new commission that will take a very different approach to the current way in which Oakden would have been dealt with.

Anne Connolly: So you recognise that the quality agency was not doing its job effectively?

Ken Wyatt: Well, in this instance the report showed that there was something they did wrong and some of those standards that should have failed...

Anne Connolly: [Interrupts] But from what our staff are saying- but what some of our staff are saying is it's not just Oakden, their saying it's all the facilities that they've worked in, that they've all got 44 out of 44. How is it possible that the vast majority - 98 per cent of them - pass full marks, perfect score, 44 out of 44 every single time? Don't you see that that has to be a flawed system?

Ken Wyatt: Well, the system now in the last 500 reviews have certainly come back with a very different result now that we have taken the rigor into the expectation of standards being met. And...

Anne Connolly: [Interrupts] So, it wasn't working before?

Ken Wyatt: Well, I think it was working but I think in some instances because of the assessors in each state and territory, part of the system may have been individuals who saw what they thought was right. And in that instance, the system was ticked off. But some of the events that have happened...

Anne Connolly: I'm sorry, what do you mean?

Ken Wyatt: Well, they may have seen that the food on the time that they were there was at the standard that you would expect under the standards. Now...

Anne Connolly: [Interrupts] Because it was staged. .

Ken Wyatt: Well, I don't think it is staged, when they- under the unannounced visits- sorry, the announced visits, we may have seen organisations react that way. But let me say, the majority that I've gone into - and I've got into a couple where it was unannounced that I happened to drop in - what I saw was something I would be comfortable with. But I didn't drill down to each standard in the way that I expect our assessors to. So the standards and the act prevail for every provider and they have an obligation to meet what's required in both the act and the standards.

Anne Connolly: Can I just ask you about the Aged Care Complaints Commission? I mean, how do you think it performs?

Ken Wyatt: Well, now that- look, it had a performance role within the department, it now is independent. Rae certainly has tackled her task with rigor. Every now and again I do meet people who are not happy with the outcome or the findings but in general I also meet a lot of people who are extremely satisfied with the Aged Care Complaints Commissioner and the team and the work that they've done because they have gone to the critical issues that were important. And we've got to get away from the notion of them and us with aged care providers. I want aged care providers

to consider the children or the family members of somebody residing in their facility as being part of their team looking after a mother or father or uncle or aunty. That's the reality that we have to consider.

Anne Connolly: Are you aware of how Aged Care Complaints investigates complaints?

Ken Wyatt: No because it's arm's distance to me. I know that there is a process, there are a team of people who I have met and spoken to recently and they have regions of Australia that they go into an aged care facility and they follow through with an investigation into those complaints, they come back with a report, they also talk with both parties involved. And I am assuming and I expect this would happen anyway, that the mediation process would prevail as well. So, some people are not going to be happy with the outcome.

Anne Connolly: But sorry to interrupt you, but do you think that they go on site to investigate?

Ken Wyatt: Look, it will depend on where the location is. Now, in some areas they won't be able to go on site. In others if they're close proximity, that's a judgment call that the Commissioner makes. And certainly we will follow through with those.

Anne Connolly: Well, I might just mention to you that in the last financial year, the Aged Care Complaints Commission had almost 4000- had thousands of complaints and they went on site to just 50 nursing homes to investigate.

Ken Wyatt: Well look, I think what they do is they look at the severity of each incident. And those that are of the higher order is where I suspect they visit a site physically. [Indistinct]...

Anne Connolly: [Talks over] But that is a very, very small percentage, isn't it?

Ken Wyatt: ...No but many of the issues though, can be dealt with through discussions with telephone correspondence...

Anne Connolly: [Interrupts] You think that's adequate?

Ken Wyatt: Well, that's a judgment that they make. And if people are happy with those outcomes they write and indicate that they're satisfied that the resolution that they were seeking has being met. I'm not going to challenge that style. But it also - for an aged care provider - is an issue in terms of the Aged Care Complaints Commissioner formally coming to them in any form either by visit or through telephone conversations or correspondence. It's- I think with the Ombudsman or any other ombudsman, they don't visit every site, they deal with them through a range of means that address the issues and where there are ongoing matters then I suspect they would do site visits. But...

Anne Connolly: [Interrupts] But do you think out thousands and thousands of complaints that 50 on site visits is acceptable?

[Bell rings]

Ken Wyatt: Sorry [indistinct].

Anne Connolly: How long does that go for?

Ken Wyatt: It should be just half a minute.[Indistinct].

Anne Connolly: Yeah, so out of thousands of complaints just 50 visits, do you think that's acceptable?

Ken Wyatt: I think it comes back to the discretion of the Aged Care Complaints Commissioner. She's highly experienced, skilled and her judgment would apply in all of those instances with her team. Now, as I indicated there are ombudsmen who in every state and territory and in the Commonwealth, who do not visit every site, they deal with those matters as they consider the context of the information contained in those complaints and they respond to individual parties and they look to seek a resolution and mediate in that process as well. Now, obviously where there are matters that go beyond that more standard process, then you have Aged Care Complaints Commissioner's staff visiting those facilities.

Anne Connolly: Do you realise that when out of those 50 visits that they did that the vast majority of them were announced; in fact only seven of them were unannounced. Do you think there's a problem there?

Ken Wyatt: No because the Aged Care Complaints Commissioner doesn't operate in the same way as the Quality Agency. [Indistinct] discretion [indistinct].

Anne Connolly: [Talks over] But don't you think that- but do you not think though, that if they call and say we are coming to ask you about this particular complaint, that it gives that provider the opportunity to make sure everything is correct and in order?

Ken Wyatt: Look, the issue that we'd have to go to is the purpose of the visit. Now, if the purpose of the visit is to clarify documents that the Commissioner has been given by a family and a face-to-face discussion needs to occur, then that's probably the best way of dealing with some of the more complex issues. And announcing it ...

Anne Connolly: [Talks over] Telling them that they're coming?

Ken Wyatt: ...doesn't alter the fact documentation that the Aged Care Complaints Commissioner has because I've received similar documentation from individuals that I've referred to the commissioner. And you can't alter those.

Anne Connolly: And so, I think that some of the points of the families that we've spoken to is that there are things like premature deaths, for example, sepsis from wounds that haven't been dressed properly, Hospitalisations that haven't happened after someone's broken their leg from a fall. The Aged Care Complaints Commission generally just writes an email to the provider, or rings, and they get a response that way. Do you think that's adequate?

Ken Wyatt: Look, I'm not sure that process that the Aged Care Complaints Commissioner has, because it would surprise me if it was just based on that principle but...

Anne Connolly: [Interrupts] Well, that is actually what it is based on.

Ken Wyatt: It's based on the fact too that there are clinical standards that go to clinical needs and if that aged care facility fails that, then the Quality Agency will go in. Now, I'm making the assumption that the Aged Care Complaints Commissioner shares that information with the Quality Agency and they make the visit unannounced to ascertain the level of failure.

Ken Wyatt: Now I am aware of incidents where I have met with families who have shared with me their stories and have shared with me the issues of wound management. So part of the reform will be a chief clinical adviser within the commission who I want them to focus on and work with the chief nurse of the Commonwealth Health and the Chief Medical Officer to ensure that the clinical needs of people include pressure sores that I've seen are dealt with in the way in which they should be. And I've had discussions with [indistinct] Management Australia about their involvement and advice they've given me in respect to wound management.

Anne Connolly: So just in terms of that, in wound management and so forth, how can the public find out about how- if they're putting someone into care- how many pressure sores or falls or cases of drug-induced delirium there have been at a particular home?

Ken Wyatt: At the moment you don't have access to that information but certainly...

Anne Connolly: And why is that? Why isn't that information collected? Surely that would be more useful than the current system.

Ken Wyatt: Well the current system has served us well in ...

Anne Connolly: But 90- the vast majority of people get 100 per cent ...

Ken Wyatt: It has served us well but given the events that Oakden had, and given other events that have been raised with us, we are changing the way in which we deal with it. The sector has responded extremely well. But there are individuals though, organisations there where things have failed and instead of saying let's work with you and your family to resolve these issue, a couple have taken action that is inappropriate and has antagonised as opposed to resolving the issue. And I'm hoping that we- I don't want hoping- I want us to move a process that whereby a family has an issue then the aged care provider says: we're sorry this happened, let us work with you to resolve the matter.

Anne Connolly: Do you think it is a case of a few bad apples?

Ken Wyatt: Look I think it comes back to the staff training and judgements that are being made. So even in a good facility you can have a staff member who makes

a judgment that is the wrong judgment. I'm not blaming all staff. I want to make the point - an individual makes a judgment that's not appropriate.

Anne Connolly: But the point that's been made often is it that there is not a systemic problem in aged care, that they're isolated cases: do you believe that's true?

Ken Wyatt: From what I've seen in the time that I've been engaging with the sector, you have a set of incidents that might occur at an aged care facility. There were two last year where people lost lives because of the failure to comply with infectious disease control.

Anne Connolly: Just two?

Ken Wyatt: They were two aged care providers where there were deaths. So we've dealt with that. We've now implemented compulsory vaccinations because if you are working with [indistinct] ...

Anne Connolly: Is that in relation to flu?

Ken Wyatt: Influenza. Now in that instance, because those two events occurred both Minister Hunt and I made the decision that there were two things we would do. One is compulsory immunisation. Secondly we would get the stronger vaccine for over 65-year-olds because we do want to protect people whose auto-immune systems are compromised because of their aging. Just getting back to the clinical indicators so things like pressure sores, falls, other incidents, when is the public going to be made aware of a home's rate of those adverse events so they can make a proper choice about where to put their loved one?

Anne Connolly: Well let me say this: in the new commission what we're looking at is having the role of the clinical chief political adviser consider many of these matters because I want a system that identifies where these incidents occur, how they're being addressed and what the agency is involved. They will ask questions because I also want to see continuous improvement. If you fail a standard then I would expect an aged care facility and its governing body and its management to undertake continuous improvement to ensure that we don't have a repeat and that they address their health needs. Because pressure sores when you consider they start at the bone and then eventually ulcerate, takes time to heal but I don't want to see that being overlooked and I have had family tell me that they have had those experiences and we have sent the agency in to look at them.

Anne Connolly: But putting aside the standards at the moment, when is there going to be a system in Australia where clinical indicators are available to the public so they can see exactly how a home performs?

Ken Wyatt: Well that's what I want the new commission to look at.

Anne Connolly: So they're going to enforce that homes keep ...

Ken Wyatt: Well let's wait until the commission is established, let them have a look at...

Anne Connolly: And when is that going to be exactly?

Ken Wyatt: One, January.

Anne Connolly: That they'll be in place, up and running?

Ken Wyatt: [Indistinct] we're bringing all of those existing silos together. There is legislation that we'll bring into the Parliament and I would hope that we have the support of both the Senate and the House of Reps in taking those changes through because what is- the bottom line has to be about the quality of care and safety for each individual who's in a bed within an aged care facility and I would expect providers to comply with the act and standards.

Anne Connolly: So one of the complaints that's been made to us is that there is no transparency in terms of Australians discovering- sorry, there's no transparency for Australians wanting to put someone into aged care. They only have one online report to go by and that generally shows that the home has passed 44 out of 44 standards. So each home passes all standards, how can they possibly choose between one or the other when they're all deemed to be perfect?

Ken Wyatt: Well the Aged Care Quality Complaints Commissioner in a workshop she was running – because I happened to come in - was making it very clear to people when you go to an aged care provider ask them a series of questions. And she outlined the types of questions you should ask to. Part of what I expect the new commissioner to do is to undertake that process of encouraging people to ask the questions about providers now.

Anne Connolly: Sorry to interrupt but instead of encouraging people to ask questions ...

Ken Wyatt: No, no, let me finish up ...

Anne Connolly: Why not make health providers tell them that information, for example staffing ratios?

Ken Wyatt: Well part of the process of evolving through the reforms also gives us an opportunity to look at what we need to consider through the new commission changes that may have to occur and should occur if we find these continuous issues. Now, but in the same time I expect an educative process to occur as well and I want transparency in this process.

Anne Connolly: Okay, but once again you're putting it back on to the public to ask those questions.

Ken Wyatt: No, I'm not putting it back on the public. No, what I'm saying is that all of us- if you or I go to a car yard and buy a car, we don't just walk in there and buy that car. We ask a series of questions about what we're buying ...

Anne Connolly: And we hope that we're getting the truth.

Ken Wyatt: We do hope we're getting the truth. And what Ray is saying, translate that also into asking similar questions about an aged care provider because you're put your mum or dad there.

Anne Connolly: Well can I to put it round the other way and say why not make it compulsory for the provider to actually tell the family what their staffing ratio is?

Ken Wyatt: Well we've had some discussions around that as well in terms of ...

Anne Connolly: But why not do that because that would be transparent, wouldn't it?

Ken Wyatt: Let me establish the commission and then allow me to take on board the many issues that I'm very cognisant of and certainly the Carnell Paterson report which is the basis for the establishment of the new commission because all their recommendations go to the very issues you're raising. And so I can say that we will do this but I also want to first of all establish the commission, allow it to set up its systems and then to start having the chief clinical adviser working with the Chief Medical Officer from the Department of Health at identifying those things that are important in the way in which we guarantee safety and quality in an aged care facility.

Anne Connolly: So that means that you would want clinical indicators to be reported as a matter of course, that you would want providers to publish their staff ratios so that the public can be aware of them?

Ken Wyatt: Look, I think that's evolving. I really do believe that that is evolving.

Anne Connolly: Is that going to happen?

Ken Wyatt: And I think at some point that will happen.

Anne Connolly: But providers are reluctant to do that, aren't they?

Ken Wyatt: Look some providers are. There are some others who I have seen give information to people that have sought to have a place in their facility.

Anne Connolly: But it's not nice published on their website.

Ken Wyatt: No, no, I admit it's not consistent. But the industry is evolving. It is adapting to the reforms. The Tune Review of the legislative process that was required to review [indistinct] has a number of recommendations that go to some of the critical areas that we have to consider and change and the Carnell Patterson report is doing the same. So in all of this there have been many learnings that we are moving towards implementing the reforms that are needed to guarantee the safety and quality of individuals in aged care. Look, I can't comprehend a provider who is not prepared to comply with standards because those standards were agreed to not only by government but by consumers and the sector. So your peers have agreed to the standards.

ENDS

