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WHITEPAPER · AGED CARE · REFORM & GOVERNANCE

From crisis to capability.

How digital transformation can unlock the future of Australian aged care.

Four years on from the Royal Commission, the systemic challenges it exposed have not disappeared. The technology to address them already exists.

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From crisis to capability.

Four years on from the Royal Commission, the gap between what aged care should be and what it is has not closed. The technology to close it already exists.

It's 6 AM on a Tuesday. An aged care operations manager stares at a rostering spreadsheet. Three RNs have called in sick. A personal care assistant's visa expires next week. A resident with dementia needs specialised behavioural support that only two qualified staff can deliver. The compliance checklist sits half-complete. Families expect care continuity. The day hasn't even started.

This is the daily reality across Australia's aged care sector. The Royal Commission diagnosed it. Four years on, the regulatory bar has continued to rise — and the systemic challenges have not disappeared.

58%

of residents in facilities
rated internationally
unacceptable

110,000

projected worker
shortage by 2030

\$312M

federal investment in
aged care IT
modernisation

215 mins

mandatory direct care
per resident per day
(44 RN)

Strong governance is no longer optional. **The Royal Commission was clear: aged care providers need clear leadership accountability, real-time oversight and defined responsibilities** — the kind of operating discipline that manual systems cannot deliver at scale.

ServiceNow is the orchestration platform doing this work in Australian government and healthcare today. A federal agency uses it to process **100+ candidate onboardings simultaneously**, implemented by Novabridge. A state-owned health service onboarded **2,500 staff** through the same platform. An Australian aged care provider operating across **93 sites** moved from fragmented email-based support to integrated service management.

This paper sets out the storm aged care providers are weathering, the governance and cost realities the Royal Commission exposed, and how ServiceNow translates good governance principles into operational reality.

Workforce. Cost. Compliance. All under pressure at once.

The Royal Commission's findings haven't been contradicted. They've been compounded.

58%

of residents in facilities rated internationally unacceptable

110,000

aged care worker shortage by 2030 (CEDA)

25–37%

annual turnover (PCWs to RNs)

215 mins

mandatory direct care per resident per day

The Royal Commission found that approximately 58% of aged care residents were living in facilities with staffing levels rated as internationally unacceptable — falling below the equivalent of two stars under the US Medicare rating system. These aren't outliers. They are the norm.

The workforce challenge behind those numbers is equally daunting. CEDA projects a shortage of 110,000 aged care workers by 2030, potentially ballooning to over 400,000 by 2050. Staff turnover runs high — upwards of 25% annually for personal care workers and as high as 37% for registered nurses — driven by burnout, administrative burden and unpredictable scheduling.

Meanwhile, the administrative machinery of aged care is consuming resources that should flow directly to residents. Under the previous Home Care Packages system, providers routinely absorbed **20–30% of subsidies in administration and management** — and in some cases more.

At the regulatory level, mandatory care minutes standards — 215 minutes of direct care per resident per day, including 44 minutes from a registered nurse, since October 2024 — are raising the bar at precisely the moment when workforce supply is most constrained.

This is the perfect storm. Manual systems — spreadsheets, email chains, paper forms, disconnected databases — cannot weather it.

The regulator demanded a system of leadership accountability. Most providers are still running on intentions.

The Royal Commission was explicit: strong governance isn't a nice-to-have. Clear accountability, real-time oversight and defined responsibilities were called for at every level.

Yet many aged care providers are still running governance on good intentions and institutional memory. When roles are ambiguous, oversight is reactive, and incident reporting relies on manual escalation, the result is what the Commission described as **"behavioural drift"** — well-meaning organisations slowly deviating from best practice under sustained, cumulative pressure.

Real governance requires a system that makes accountability visible.

- **Boards** need to see compliance status, incident trends and operational performance in real time — not in a monthly report assembled by a team of administrators.
- **Adverse events** need to be automatically captured and escalated — not dependent on the right person being in the right meeting.
- **Communication** needs to flow consistently across departments — not chase email threads across multiple inboxes.
- **Audit trails** need to exist by default — not be reconstructed by exhausted staff after the fact.

This is not aspirational. The technology exists today.

Less than 50 cents in every dollar reaches direct care.

Behind every statistic is a care worker choosing between completing documentation and spending time with residents.

Administrative costs consume up to 43% of home care package subsidies, with some providers taking as much as 50% for administration and management. That's less than half of every dollar reaching direct care.

Consider the daily reality. Care workers spend hours filling out paper forms. Managers manually reconcile timesheets. Compliance officers chase missing documentation. A typical aged care provider with 450 clients and a 7-person admin team loses an estimated:

- **\$250,000+ annually** in untracked billable hours.
- **\$50,000–\$100,000 annually** in excessive admin costs.

Under structural reform that demands more transparency and tighter compliance, this cost stack is unsustainable. It is also entirely addressable.

Manual rostering isn't just inefficient. It's dangerous.

Yet many providers still rely on spreadsheets, phone calls and reactive scheduling.

The Royal Commission found that over 58% of facilities operate with inadequate staffing levels. Manual rostering creates four predictable failure modes:

● Last-minute shift gaps

Cover relies on individuals picking up the phone. When they don't, resident safety suffers.

● Mismatched coverage

Some areas are overstaffed while others remain uncovered — manual systems can't see the whole roster at once.

● Agency dependence

Predictable holes get filled by expensive agency workers, not because they're best for residents but because they're available.

The fourth — and the most corrosive — is **care worker burnout**. Unpredictable schedules drive the 25–37% annual turnover that perpetuates the shortage. Recent analysis found manual scheduling processes cost providers **25% more time than automated systems**.

A single platform across workforce, governance, admin and care.

Not a niche healthcare product. An enterprise-grade workflow platform applied to the most complex operational challenges in Australian health and aged care.

Workforce management becomes intelligent

Skills-based scheduling matches workers to shifts based on qualifications, certifications and resident preferences — not whoever picks up the phone first. When a nurse calls in sick, the system identifies qualified replacements and restructures the roster automatically. For home care, routes are optimised to reduce the shift time workers currently spend travelling between clients.

Governance becomes visible

Boards and executives gain real-time dashboards across incidents, compliance status and operational performance. Adverse events are captured, escalated and tracked without relying on individual initiative. Audit trails exist by default.

Administration becomes automated

Incident reporting, compliance documentation, onboarding workflows and data collection run in the background. Paperwork falls. Time flows back to the people doing the caring.

Onboarding becomes a competitive advantage

With a shortage of 110,000 workers by 2030, every day a qualified caregiver spends waiting to be onboarded is a day a resident doesn't receive the care they deserve. A 50% reduction in onboarding cycle time isn't an HR metric. It's a care outcome.

Already operating in Australian government & health.

These aren't proofs of concept. They are proof of delivery.

Federal agency — labour hire onboarding at scale

A large Australian federal agency uses ServiceNow, implemented by Novabridge, to automate labour hire onboarding workflows — processing **up to 100 candidate onboardings simultaneously**. Work that previously took weeks now completes in days.

State-owned health service — onboarding 2,500 staff

A state-owned health service used the same platform to onboard **2,500 staff** in response to growing service demands. By automating document submission, approvals and orientation tasks through ServiceNow's Enterprise Onboarding module, they freed HR staff to focus on relationship-building and strategic planning rather than administrative bottlenecks.

Aged care provider — 93 sites, integrated service management

An Australian aged care provider operating across **93 sites** implemented ServiceNow to move from fragmented, email-based support to integrated service management — giving leadership the visibility and control quality care demands.

Canberra Health Services — doubling onboarding throughput

Canberra Health Services' Novabridge-implemented ServiceNow HRSD doubled onboarding efficiency in two months. They didn't just gain efficiency — they freed up capacity for mission-critical work.

Measurable returns. And direct care hours back.

Healthcare organisations that implemented ServiceNow report material gains across the board.

30–50%

reduction in
administrative workload

50–80%

fewer errors vs manual
processes

70%

faster patient / resident
onboarding

50–400%

ROI within 12–24
months

More importantly, automation frees up resources for what the sector desperately needs: **direct care hours with residents.**

Beyond cost savings.

The Royal Commission called for a sector that puts residents first. ServiceNow makes that possible by removing the administrative weight that gets between caregivers and the people they care for.

Behind every adverse event is a system that didn't escalate fast enough. Behind every burnt-out caregiver is a roster they couldn't influence and an admin load that grew faster than anyone noticed. Behind every audit finding is a control nobody had time to operate.

Each of these is a structural problem that the right platform addresses by default. When administrative barriers fall away, care workers can focus on what drew them to the profession in the first place — relationships, dignity and quality care.

From the Royal Commission

The Commission called for a philosophical shift placing care recipients at the centre. Technology that automates administrative load is one of the most direct ways providers can deliver on that shift — by giving caregivers back the time the spreadsheet was taking from them.

Reform is reset. Operating reality has to catch up.

The Australian Federal Government's \$312 million investment in aged care IT modernisation, the Aged Care Act 2024, and the Support at Home program live from November 2025 — these are not signals. They are mandates.

Structural reform and compliance alone cannot close the gap between where aged care is and where it needs to be. What's required is a platform that translates good governance principles into operational reality — connecting workforce orchestration, incident management, compliance tracking and executive reporting into a single, coherent system.

WHY NOVABRIDGE

Australia's ServiceNow Elite Partner with deep healthcare and public sector experience.

We have led the largest Cherwell-to-ServiceNow migrations in the country, the workforce automation work at the Department of Health, Disability and Ageing, and the HR Service Delivery transformation at Canberra Health Services.

We don't just know the software — we know the regulatory environment, the security posture and the realities of delivering inside Australian aged care. Our role is to help providers translate the Royal Commission's findings into operational change that holds up under scrutiny.

The Royal Commission showed us what failure looks like. The technology to prevent it already exists. Australian organisations are already using it.

The question for aged care leaders is simple: **how much longer can your organisation afford to manage at scale on systems designed for a different era?**

Talk to us.

The Aged Care Act 2024 is law. The Support at Home program is live from November 2025. The 2030 workforce shortfall is forecast. The platform is proven in Australian government and healthcare today.

Start a conversation about how ServiceNow could translate good governance principles into operational reality for your organisation.

GET IN TOUCH

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