



Alwyndor Management
Committee

NOTICE OF MEETING

Notice is hereby given that a meeting of the Alwyndor Management Committee will be held in the

Alwyndor Aged Care Meeting Room
Dunrobin Road, Hove

Tuesday 16 October 2018 at 6.30pm

Justin Lynch
CHIEF EXECUTIVE OFFICER

Alwyndor Management Committee Agenda

1. OPENING

The Chairperson, Ms T Aukett will declare the meeting open at 6.30 pm.

2. KAURNA ACKNOWLEDGEMENT

We acknowledge Kurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kurna People today.

3. APOLOGIES

3.1 Apologies received

3.2 Absent

4. DECLARATION OF INTEREST

If a Committee Member has an interest (within the terms of the Local Government Act 1999) in a matter before the Committee they are asked to disclose the interest to the Committee and provide full and accurate details of the relevant interest. Committee Members are reminded to declare their interest before each item.

5. CONFIRMATION OF MINUTES

Motion

That the minutes of the Alwyndor Management Committee held on 16 January 2018 be taken as read and confirmed.

6. CONFIDENTIAL

6.1 Monthly Financial Report – September 2018 (Report No: 68/18)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. **commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.**

6.2 Review of Forecast Budget (Report No: 69/18)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. **commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.**

6.3 Results of the 2018 Alwyndor Staff Survey (Report No: 72/18)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- e. **matters affecting the security of the Alwyndor, members or employees of Alwyndor, the Alwyndor Management Committee, or Alwyndor/council property, or the safety of any person.**

7. **REPORTS/ITEMS OF BUSINESS**

- 7.1 Residential Services Update (Report No: 65/18)
7.2 Governance Update (Report No: 67/18)
7.3 Minutes – Governance and Operations Committee – 4 October 2018 (Report No: 66/18)
7.4 Deferred Report - Alwyndor Management Committee Terms of Reference – Draft Update Report No: 62/18 (Report No: 64/18)
7.5 General Manager's Report (Report No: 63/18)

8. **URGENT BUSINESS – Subject to the Leave of the Meeting**

9. **DATE AND TIME OF NEXT MEETING**

The next meeting of the Alwyndor Management Committee will be held on Tuesday 20 November 2018 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

10. **CLOSURE**

JUSTIN LYNCH
CHIEF EXECUTIVE OFFICER

CITY OF HOLDFAST BAY

Minutes of the meeting of the Alwyndor Management Committee of the City of Holdfast Bay held at Alwyndor Aged Care, Dunrobin Road, Hove on Tuesday 18 September at 6.30 pm.

PRESENT

Elected Members

Councillor R Aust
Councillor S Lonie

Independent Members

Deputy Chairperson - Mr O Peters
Mr T Bamford
Ms J Bonnici
Ms J Cudsi
Mr K Cheater
Mr K Whitford

Staff

General Manager Alwyndor– Mr R Kluge
Personal Assistant – Ms R Gordon
Chief Financial Officer – Ms N Andjelkovic

1. OPENING

The Chairperson declared the meeting open at 6.39 pm.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Chairperson stated:

We acknowledge the Kurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kurna People today.

3. APOLOGIES

- 3.1 For Absence - Nil
- 3.2 Leave of Absence - T Aukett

4. DECLARATION OF INTEREST

Members were reminded to declare any interest before each item.

5. CONFIRMATION OF MINUTES**Motion**

That the minutes of the Alwyndor Management Committee held on 21 August 2018 be taken as read and confirmed.

Moved Cr Aust, Seconded Ms Cudsi

Carried

6. CONFIDENTIAL**6.1 Monthly Financial Report – August 2018 (Report No: 56/18)****Exclusion of the Public – Section 90(3)(d) Order**

- 1 That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 56/18 Monthly Financial Report – August 2018 in confidence.**
- 2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 56/18 Monthly Financial Report – August 2018 on the following grounds:**
 - d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.**

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

- 3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.**

Moved Cr Lonie, Seconded Mr Bamford

Carried

Motion

RETAIN IN CONFIDENCE - Section 91(7) Order

3. That having considered Agenda Item 6.1 Monthly Financial Report – August 2018 (Report No: 56/18) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Cr Lonie, Seconded Ms Bonnici

Carried

Ms Andjelkovic left the meeting at 7.07pm

Members of the public entered the meeting at 7.08pm

7. REPORTS/ITEMS OF BUSINESS

7.1 Home Support Services Update (Report No: 59/18)

This report provides a summary of the activity undertaken by the Home Support Services Department for the provision of home support services to consumers of Alwyndor.

The Committee noted that numbers have declined despite looking to uplift in CDC. The General Manager advised that the cessation of the Resthaven contract has affected numbers. People on the waitlist have had the assessment but haven't yet been allocated a package and are awaiting the government's allocation – this has impacted the numbers and the Committee noted that this is more a matter of timing. The Committee discussed the need to educate people on our brand and what Alwyndor represents, and that marketing should be considered as part of the strategic planning session. The General Manager confirmed that the Commonwealth Home Support Programme (CHSP) contract with Resthaven ceased on 31 August and that slower than anticipated growth in Home Care Packages has resulted in some staff having fewer hours. The General Manager noted that KMs and time are monitored via an app and in addition, Alwyndor's Enterprise Agreement is above award.

The Committee acknowledged, and wished to congratulate staff for the way they managed the learning process and subsequently passing the re-accreditation, and that as an organisation, Alwyndor has done what accreditation is there for and learnt and improved as a result of this process.

The Committee indicated they would like to see more analysis (risk rating system), indicating high/medium/low priorities, for WHS numbers. The General Manager advised that the detail for all WHS incidents is provided in the quarterly HR report. The

Committee would like to see this information reported in one report only and the HR report is the appropriate place.

Motion

That the Alwyndor Management Committee receives and notes the information provided in this report.

Moved Mr Bamford, Seconded Ms Cudsi

Carried

7.2 Operations Business Unit Update (Report No: 60/18)

This report summarises the activities of the Operations department over the last quarter and provides some insights into initiatives that have been in development, or are planned for development over the next 6 months.

The Committee noted that this report provided a lot of information but needed some clarity around the key issues.

The General Manager advised the recent focus has been on accurate and improved reporting processes and confirmed that nurse call, feedback and clinical incident data reports are now all working well. Back-of-house IT is functional yet some systems are lacking. The General Manager confirmed that Alwyndor's IT service provider has given notice of severing ties and we have commenced sourcing new provider.

The Committee asked what practical strategies are being undertaken for marketing. The General Manager spoke of the Customer Liaison team working towards being a key source of knowledge, aiming to have the ability to answer over 70% of queries received, and indicated that scripting is being worked through in order to drive a good customer experience. The General Manager indicated that the customer service eco system means it's the responsibility of everyone in the organisation to own the knowledge. The General Manager also advised that all aged care facilities have until 1 July 2019 to have processes in place to meet the new standards, which focus heavily on customer engagement. The General Manager also confirmed that engagement and social media will be managed by the Engagement and Communications Advisor.

The Committee agreed that the trial or implementation of a new system is an important investment, which requires a needs analysis, business case and procurement plan. The General Manager advised the suggested software was a research and trialling process.

The Committee sought information on a plan for training and supporting staff with customer engagement. The General Manager advised that a business plan will be presented to the AMC in the future would cover training, people, IT roadmap /strategy. Due to the change of focus in the industry, we need to pull together to update the marketing plan, customer experience, and how the staff bring the value to that experience.

The Committee requested a copy of the report on cyber security when it is received.

Motion

That the Alwyndor Management Committee receive and note the information provided in this report.

Moved Mr Whitford, Seconded Cr Aust

Carried

7.3 Minutes – Governance and Operations Committee – 6 August 2018 (Report No: 58/18)

The minutes of the Governance and Operations Committee meeting held on 6 September 2018 are provided for information.

Motion

That the minutes of the Governance and Operations Committee meeting held on 6 September 2018 be noted.

Moved Ms Cudsi, Seconded Cr Lonie

Carried

Leave of the meeting

The Deputy Chairperson sought leave of the meeting to change the order of the Reports on the Agenda to Report 57/18 General Manager's Report, then Report 62/18 Alwyndor Management Committee Terms of Reference – Draft Update.

Leave of the meeting was granted.

7.5 General Manager's Report (Report No: 57/18)

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

The General Manager advised that contractor management is moving forward and may meet the December timeframe. The Committee were advised that the Investment Policy is due to be reviewed and ratified at November meeting of AMC.

The General Manager will launch the values with the results of the survey at a staff event in the near future. The Committee agreed that Values are, and should be, staff driven however, they wish to review the Vision and Mission as part of the upcoming strategic planning session.

The General Manager provided an update on the wound management issues in iCare. The General Manager also confirmed that the alternative medication management software will be implemented on 14 October 2018.

Cr Lonie left the meeting at 8.01pm

Cr Lonie re-joined the meeting at 8.03pm

The General Manager advised that he had received the results of the 2018 Employee Engagement survey late this afternoon and, although he has not yet reviewed the findings, advised that 67% of staff contributed to the survey. In addition, 70 staff attended a recent thank you event held for staff.

The General Manager indicated that Alwyndor's business plan for the coming 12 months has been drafted. The plan is an extremely comprehensive document (75 pages long). This has also been distilled out to an action items document and a summary of action items document, and it was agreed that these documents will be circulated to Committee members via email with a request that up to at least section 4 be read prior to the upcoming planning session. The General Manager sought support for a proposed strategic working party to work through the nuts and bolts of the strategy which needs to be completed by January 2019.

Motion

1. That the following items be noted and items of interest discussed:

- 1. Meeting Dates and Task Schedule**
- 2. WHS Implementation Plan**
- 3. Uniquity Action Plan - Update**
- 4. Investment Policy**
- 5. Alwyndor's Vision, Mission and Values**
- 6. iCare Update**
- 7. 2018 Employee Engagement Survey**
- 8. Alwyndor Business Planning**

2. That Alwyndor Management Committee approve Alwyndor's Values.

Moved Cr Lonie, Seconded Mr Whitford

Carried

Members of the public left the meeting at 8.13pm

8. URGENT BUSINESS – Subject to the leave of the meeting

8.1 Recent complaint (verbal)

Exclusion of the Public – Section 90(3)(a) Order

- 1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 56/18 Monthly Financial Report – August 2018 in confidence.**

2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 56/18 Monthly Financial Report – August 2018 on the following grounds:
 - a. information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of a person or persons (living or dead).
3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Cr Lonie, Seconded Ms Cudsi

Carried

Motion

RETAIN IN CONFIDENCE - Section 91(7) Order

That having considered Agenda Item 8.1 Recent Complaint (verbal) in confidence under section 90(2) and (3)(a) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Minutes be retained in confidence for a period of 24 months and that this order be reviewed every 12 months.

Moved Cr Lonie, Seconded Mr Bamford

Carried

7.4 **Alwyndor Management Committee Terms of Reference – Draft Update (Report No: 62/18)**

Council's current Terms of Reference for the Alwyndor Management Committee were developed and adopted in 2010. The attachment to this report provides a draft update of these Terms of Reference for the Committee's consideration and subsequent recommendation to Council for adoption.

The Committee agreed to defer this item to the next meeting, when the incoming Chairperson is present.

The Committee agreed to review and provide further comment to PA in order to have a distilled draft available for discussion at the October AMC meeting.

Ms Cudsi left the meeting at 9.11pm

Ms Cudsi re-joined the meeting at 9.12pm

Motion

That the Alwyndor Management Committee defer the Terms of Reference discussion to the next meeting, and that the Committee review and provide additional comments to the PA to the General Manager.

Moved Mr Whitford, Seconded Ms Bonnici

Carried

9. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Tuesday 16 October 2018 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

10. CLOSURE

The meeting closed at 9.13 pm.

CONFIRMED 16 October 2018

DEPUTY CHAIRPERSON

Item No: 7.1
Subject: **RESIDENTIAL SERVICES UPDATE**
Date: 16 October 2018
Written By: Residential Services Manager, Ms S Wirth
General Manager: Alwyndor, Mr R Kluge

SUMMARY

The Residential Services Update provides information on the new clinical structure; occupancy; quality program; complaints management; and reportable assaults.

RECOMMENDATION

That the Alwyndor Management Committee receive and note the update on Residential Services activities as outlined in this report.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Community: Providing welcoming and accessible facilities
Culture: Providing customer-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Not Applicable.

BACKGROUND

A Residential Services update report is provided to the Alwyndor Management Committee on a quarterly basis.

REPORT

Customer

Occupancy/Admissions

- Occupancy – Average of 96%
- To improve on this the waitlist was reviewed and decreased from 170 customers (many had been not requiring care, deceased or placed) to 52 customers.
- Each customer is now triaged on the list by priority need for care and finances to ensure the correct area for placement
- Alwyndor has been able to admit 2 residents from the CAPs program as permanent residents
- TCP has provided good occupancy however, an area of concern is the fee discount that SA Health offer their clients. This discount on the client fee contribution that is paid to Alwyndor directly impacts the level of funding Alwyndor received per occupied bed day.
- We have received 2 referrals from TCP to Alwyndor's home care TCP program.

Sustainability

Roster Restructure

The primary care model restructure of the Enrolled Nurses and the Personal Care Workers has been completed. All Enrolled Nurses and Personal Care Workers had the opportunity to attend multiple information sessions, have been given comprehensive information packs which include roster preference forms and have the opportunity for individual meeting to discuss their needs.

On July 16, 2018 Alwyndor commenced the new rosters for Enrolled Nurses and PCAs. During the implementation period feedback was collected from the staff and items from the feedback actioned as appropriate. Items actioned from the feedback were:

- Handover process changed
- Additional dect phones provided to staff plus the installation of screens that display call bell activation throughout the site to assist staff with timely call bell response.

The new roster is based on the Primary Carer Model (PCM). The benefits of this care delivery approach is that it has an emphasis on 'continuity' in day-to-day care provision by familiar staff rostered on each shift and on consecutive days with the goal of having minimal changes of staff caring for their group of residents.

A review of the roster restructure will be due by the end of October 2018 to obtain further feedback after 3 months of the new model implementation.

Work hours per-day per-resident (WHPDPR) is currently on budget since the introduction of the model.

Medical Supplies

Although we are currently under budget for our medical supplies, the Clinical team have been exploring cost saving opportunities from three products currently in use.

ACFI

- Average \$163 V budget \$165
- 4 ACFI uplifts were identified in September.
- 8 residents have been identified for uplifts in October.

People and Culture

- Agency usage – 20%. This is expected to decrease in October due to the high volume of recruitment
- Between June and September we have recruited:
 - 21 Personal Care Assistants
 - 8 Clinical Nurses
 - 3 Enrolled Nurses
 - 1 Cleaner
- Recruitment for additional Personal Care Assistants continues during October.
- We continue to have 2 staff members on long term Work Cover and 2 staff members on long term sick leave which is being managed by HR.

Governance

As identified through the ACE report, the review conducted by Anthea LeCornu and my observations there are a number of areas for improvement within Standard two that have been identified and are being addressed.

Medication Management

Medication administration in aged care is an important function. Potential negative outcomes include for customers, poor accreditation results and may impact nursing registrations. While Alwyndor has an electronic medication management system, review has found it does not satisfy our requirements. The new tool, Medi-Map brings a robust, accurate, risk free and auditable solution for medication management to Alwyndor and the following information supports the transfer from the current system to the new.

Medi-Map delivers not only medicine management in regard to charting and administration of medicine, but also provides the following efficiency and administrative benefits:

- Prescribers can change / authorise / re-write charts from any location easily and simply with electronic authorisation. Faxing or prescriber visiting just to sign or modify a chart is no longer required
- All charts are always signed – there is never an exception
- There is only ever ONE medicine chart shared between Prescriber, Facility and Pharmacy
- Medi-Map results in the removal of paper charts, faxing between prescriber, facility and pharmacy, no resupply faxing to pharmacy and full, easily accessible reporting and audit functions
- Changes are auto notified to the pharmacy in real time – no fax or action required by the facility staff
- Resupply from pharmacy is live and triggered by facility staff in real time- no lists required to be faxed to pharmacy
- Stock control and tracking is in place- who, what, when and how much are all tracked.

- Secure Messaging between Facility-Pharmacy-Prescriber
- Access Audit log and reporting – facility-pharmacy-prescriber
- Handover functionality showing changes today, PRN medicines given and outcomes required
- Medicine administration round controls and missed dose warning – reducing medicine misses
- Medi-Map Linx- Off line functionality for internet or power outage solution
- Resident bed days are automatically tracked, and end of month data can be easily accessed by the finance department
- Other benefits include the reduction of risk in relation to breaching legislation
- Quality data can easily be extracted in relation to the use of psychotropic medications, chemical.

Alwyndor Governance and Operations Committee has endorsed the change over to the Medi-Map system and we are currently in the process of implementing this medication management system. The expected go live date will be the 10 October 2018.

Audits and Education

The standard audit schedule has reviewed and redesigned in line with the release of the single standards the Australian Aged Care Quality Agency are introducing which will take effect from July 2019.

The clinical team have commenced education on the new accreditation standard via a webinar.

Continuous Improvement

Continuous Improvement initiatives continue as listed below:

- Introduction of Medi-Map
- Skin Care - Tena Moisturiser and barrier cream for skin commenced
- New weight chart tracking spreadsheet introduced
- Advanced Care Directives introduced via the Good Palliative Care form introduced.

Process and Procedure

Statement of Intent and Work Instructions are complete for:

- Supporting a Restraint Free Environment
- Nutrition and Hydration
- Medication.

Clinical Indicators

Clinical Indicator data has now been made available via a power BI report which allows for accurate and timelier data collection.

Falls

- Falls are averaging at 34 per month.
- One resident was a high falls risk (16 falls in July), the falls are primarily due to a change in cognitive disorder. This resident has been reviewed by the GP and a referral has been

made for review by the Geriatrician. This resident did not sustain any injuries from these falls.

- Residents with 3 or greater falls are referred to the early intervention program for strengthening exercises.
- One resident sustained a pubic Rami from the fall.

Infections

- Infections are averaging between 15 to 19 per month
- Nil trending issues identified
- One reportable infection noted during this period – Influenza B.

Behaviours

- Behaviours are averaging between 3 to 7 per month
- Nil incidents have resulted in injury
- Behaviours are managed as per the individualised strategies in the care plan
- The Care Staff were provided Dementia education during June 2018 to assist with managing behaviours.

Skin Integrity

- We are averaging 27 skin integrity issue per month
- Most wound are skin tears and bruises (some bruises are due to resident's not having good spatial awareness in Alandale MSU)
- One resident continues to require RDNS to tend to leg wraps for ulcers due to severe leg oedema.

Medications

- Medications are averaging between 18 to 29 incidents per month.
- There is no real trending to medication incidents however, during one month there was a number of incidents reported when analgesia patches were being taken off by the resident and the outcome was the analgesia was changed to oral. Medication incidents discussed at the MAC meeting. Patches continue to be an area of concern and so the Pharmacist recommended reinforcing patches with opsite gentle border as it shows improved adhesion without impacting with the patches medication delivery.
- Clinical team happy to adopt recommendation, memo sent out for staff.

Benchmarking

Alwyndor has commenced benchmarking the clinical indicators against with the Victorian Government Residential Aged Care Quality Indicators (SA does not provide benchmarking) as a guide for our reference range.

Using the Victorian Government Residential Aged Care Quality Indicators, Alwyndor falls well under the average falls, wound infection, medication incident and pressure injury rate.

Alwyndor's future is to benchmark with two other sites in a similar location and with similar bed number. The share data will be de-identified between the three sites and will be an addition benchmark tool to the Vic Government site. It is hoped that external benchmarking will commence in January 2019.

Reportable Assaults

As per compulsory reporting guidelines where there has been a possible assault whether that be unreasonable force or unlawful sexual contact there is a requirement to report this to the police and the Department. Listed below are the recent reportable assaults

- Nil to report during this period.

Safe Operating Procedures

Safe operating procedures have now been developed in the majority of resident personal care and manual areas tasks including assessing staff when taking residents on bus outings

A risk assessment has been completed on Medication Trolleys and Automatic Pill crusher which we have now completed the trial. Currently on trial:

- Automatic pill crusher – this will reduce the risk of wrist injury
- Medication Trolley – new medication trolleys are required to match the sachet medication system Alwyndor currently has (Alwyndor still has medication trolleys designed for Webster medication packs)

BUDGET

Not Applicable.

LIFE CYCLE COSTS

Not Applicable.

Item No: 7.2
Subject: **GOVERNANCE UPDATE**
Date: 10 October 2018
Written By: Best Practice and Innovation Coordinator, Ms R Cantos
General Manager: Alwyndor, Mr R Kluge

SUMMARY

This report summarises the objectives, tasks and achievements during the July to September 2018 period within the governance framework areas of:

- Governance leadership and culture;
 - Safety and quality systems improvement;
 - Clinical performance and effectiveness;
 - Safe environment for the delivery of care;
 - Partnering with consumers; and
 - Innovation Opportunities.
-

RECOMMENDATION

That the Alwyndor Management Committee receives and notes the information provided in this report.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community

Community: Providing welcoming and accessible facilities

Culture: Providing customer-centered services

Culture: Enabling high performance

Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Emergency Planning for Aged Care Services (Industry Alert issued by the Commonwealth Department of Health: 17 October 2017)

National Standard for User Applied Labelling of Injectable Medicines, Fluids and Lines 2015.

BACKGROUND

The activities outlined in this report were undertaken by the Best Practice and Innovation Coordinator. This report covers the period of July to September 2018.

REPORT

Governance, Leadership and Culture

Legislative Compliance

Legislative updates were received on 3 September 2018. Updates are as follows:

- NATIONAL – Aged Care – Fees and Payments Principles
- NATIONAL – Payroll Reporting by Substantial Employers
- NATIONAL – Aged Care – Complaints Principles
- SA – Bus Services
- SA – Deaths
- NATIONAL – Aged Care – User Rights Principles
- NATIONAL – Drugs
- NATIONAL – Medical Devices
- NATIONAL – Therapeutic Goods (Common Provisions)
- NATIONAL – Health Practitioner Regulation
- NATIONAL – Corporate Criminal Responsibility

All updates were reviewed by the Executive and current practices and processes are deemed compliant. A 'Continuous Improvement Plan' was raised in relation to a legislative update in the 'User-rights principle': *5.1 Pricing information to be given to Secretary*. This CIP is currently being actioned by the Chief Finance Officer.

Aged Care Single Standards

Selected Alwyndor leadership team attended an information session with the Australian Aged Care Quality Agency on 24 September 2018. Resource and guidelines book was also provided to all executive leadership team. This resource book is intended to be used to implement and maintain the single set of standards and ensure compliance with the Accreditation standards.

2018 ACSA National Summit "What's Next" in the Aged Care Sector

The following is a brief summary of the ACSA National Summit from Anthea LeCornu specifically around considerations for governing bodies around Australia. Key takeaway messages were:

- Think revolution not evolution (The electric light did not come about from the continuous improvement of candles);
- Bring strategic mode to the table not survival mode;
- Focus on the friction – the stuff that impacts the customer experience; and
- Having a policy is so 2015, open disclosure is 2020.

The other two major expectations facing the industry are in relation to Boards and cultural change.

Boards will need to understand core business and take responsibility for the delivery of safe, quality care in partnership with consumers. They are required to;

- Understand that significant 'all organisation' cultural change is required to be successful in the future;
- Provide the resources required to meet and exceed the changes required including unprecedented staff training;
- Move to a culture of 'outcomes' not 'activity';
- Strategy, change and risk should be items on every Board agenda;
- Demonstrate that consumer feedback leads to improvement;
- Improvements are risk rated and progress reported to the Board accordingly;
- Ensure that strategy and governance address consumer's needs and are developed in partnership with consumers;
- Ensure that business plan activities, designed to meet strategy, are evidenced in the organisations improvement plan;
- Develop and implement a comprehensive governance framework and risk management system;
- Manage a sophisticated and well monitored feedback system for each consumer from entry to exit;
- Understand the consumer is centric to everything they do;
- Ensure the organisation delivers 'excellence in evidence' and lots of it (10 fold according to Hayes Legal);
- Understand the new standards absolutely encourage 'Dignity IN Choice' and this overlays ALL things;
- Ensure the hand of governance is woven through the fabric of the organisation;
- Ensure the consumers voice is woven through the fabric of the organisation including in Board sub committees and selection panels for new contractors and staff etc;
- Voluntarily report in social media, results from quality of care and clinical care monitoring data;
- Voluntarily report third party reviews; and
- Voluntarily report improvements as a direct result of consumer feedback and data analysis.

Cultural change will need to be driven by 'all' staff from the Board down. Staff development takes on a new meaning as mandatory training is now just the tip of the education and training iceberg. All staff will need to be highly educated in and be able to demonstrate understanding of;

- Who exactly can make decisions on behalf of each consumer;
- Dignity IN choice;
- Laws in relation to substitute decision making;
- Laws in relation to capacity and decision making, which can be different each day for different circumstances;
- Risk, and the consumers right to take risks;

- Risk, and the organisations duty of care, responsibility to reduce harm and manage risks in partnership with the consumer;
- Doctors only provide advice, they don't order, the consumer then chooses to take their advice or not;
- Engaging with consumers (actually 'seeing me', 'talking with me', 'hearing ME' etc.);
- Sound customer service principals and the delivery of same, at each touch point;
- How they ensure each consumer is safe to live their life, their way, from first touch point;
- How cultural safety, dignity in choice and privacy and dignity must be evidenced in day to day decision making at floor level;
- How deeds of release are not used to sign away liability but to provide evidence of consultation and demonstrate absolute encouragement to help that consumer live their life their way (or get as close as possible to it);
- The legal liability issues in relation to an apology;
- Open disclosure, what is it and how can you demonstrate it; and
- How assessments and care plans reflect the voice of the consumer.

Expectations in the new single set of standards are not really new, they are simply better articulated and make sure that all the old escape routes are now well and truly closed. For example;

- It is no longer reasonable to say "the doctor ordered it" and then give it if the consumer doesn't want it;
- It is no longer reasonable to say "you can't do that because" and leave it at that;
- It is no longer reasonable to fit consumers to the homes routine to fit in with staff requirements and current rosters;
- It is no longer reasonable for staff to use the same old excuses, too busy, not enough staff, you've already been outside once today, "I'm not risking my registration for"

Safety and quality systems improvement

Home Support Services received the final quality review report from the Accreditation Audit in June 2018. Refer to Home Support Services Manager report for progress on additional information comments in the following areas:

- Regulatory Compliance;
- Human Resources;
- Physical Resources;
- Care Plan development and delivery;
- Service user reassessment; and
- Complaints and service user feedback.

TCP/CAP Audit Report was received on 7 September 2018. Areas of improvement identified and a response is being prepared prior to the next audit (date not announced yet). Refer to Residential Services Manager reports for updates on progress. It is worth noting that the audit was for the period between 1 July 2017 to 31 December 2017, this was a transition period from an old hybrid paper and electronic documentation system. Since then, a new electronic care system (the same used in residential care) has been implemented resolving many of the issues noted above.

Medication Management

Following consultation with appropriate committees, Alwyndor is now moving to different electronic Medication Management System called MediMap. Due diligence has identified all the issues identified current system will be mitigated. System is currently being implemented and will 'go live' on the 10 October 2018.

Skin Integrity

In relation to the skin integrity issues highlighted in the previous months report, significant improvements have been achieved. These improvements are direct result of the following:

- robust identification and monitoring of current skin integrity issues
- staff with appropriate clinical skills now review wounds
- wound treatments are only changed by the Clinical Nurse in consultation with Care Managers (CM)
- Care Managers have oversight of all skin integrity issues

As a result, Alwyndor has seen a reduction in the number of chronic wounds and acute skin integrity issues such as haematoma and skin tears etc are being managed effectively and no longer becomes a complex wound. This is being achieved through appropriate treatment regimes, timely healing of wounds and referrals to appropriate wound specialist as required.

A memo has been sent to all clinical staff and these issues were discussed in the September Care Services Committee meeting. Recommendations from that discussion include Care Managers completing a follow up audit in September to be reported in October Care Services Committee Meeting.

Clinical Performance and Effectiveness

The clinical audit working party (as mentioned last report) was established and has completed reviewing and developing appropriate clinical audits for use in residential services.

In consultation with Systems Support Office, collation of clinical indicators has now been made easy to obtain with accurate data. Efficiency in obtaining data has been improved significantly through Power BI. Manual checking is no longer required. All clinical key performance indicators will be reported monthly to Care Services Committee, including analysis, actions, outcomes and evaluations commencing September 2018. Significant issues will be managed by the Continuous Improvement Plan.

Safe environment for the delivery of care

With the implementation of the Primary Health Model, the process of handover was reviewed and updated to ensure appropriate time management and effective information sharing with all staff. The morning handover is divided into two teams. Both teams follow the same process including, reading the vital communications folder followed by clinical/care handover. Feedback from staff is positive and the current continuous improvement plan for 'handover' has been evaluated and is now closed.

Post the Uniquity review, focus on improving communication across the residential services have include the implementation of a 'vital communications' folder. Critical information including

operational issues, audit results, feedback and complaints is communicated at each hand over, each day for two weeks. This process ensures all staff have an opportunity to hear the same information and ask questions in relation to it. Feedback from staff is positive.

Statement of Intent and Work Instructions

Statement of intent, work instructions and forms that have been ratified include:

- Home Support Services work instruction – Falls Management.

Statement of intent, work instructions and forms that are currently on draft include:

- Supporting a restraint free environment
- Governance Framework
- Clinical Governance Framework
- Statement of intent for customer
- Document management work instruction
- Work Instruction Template
- Statement of Intent Template.

Partnering with Consumers

Feedback from consumers, their representatives, staff, and all stakeholders is being collected and collated via the feedback database. There has been a substantial overall increase in relation to feedback which is a positive outcome for Alwyndor. An increase indicates that stakeholders are encouraged and feel safe in raising compliments, complaints, comments and suggestions for improvement. A feedback analysis report is now being completed by Best Practice and Innovation Coordinator to identify trends and identify areas for improvement. This analysis is reported in all three governance committees and used to improve services to our customers.

A suggestion was raised to have the feedback card and the 'Tell us what you think form' combined to have one feedback form. The Best Practice and Innovation Coordinator is currently working with Engagement and Communications Advisor to merge these two forms and ensure it is user friendly to all and meets legislative requirements.

An improvement plan has been raised to develop a 'Customer Engagement Forum' to ensure the customers voice is woven through the fabric of the organisation. This customer-led committee will encourage engagement and communication and in line with new legislative expectations, may also seek involvement in AMC sub-committees, selection panels (staff and contractors) and systems and process review. Terms of Reference for this committee are provided for the Alwyndor Management Committee's consideration and approval.

The Best Practice and Innovation Coordinator is trialling the selection panel concept with positive feedback from participant for example in relation to the oxygen provider and the use of pre-packed thickened fluids for at risk residents on bus trips. Improvement plans are now demonstrating improved consultation and a greater positive impact in care provision.

Innovation opportunity

Benchmarking with similar sized and types of organisation within the 10 km radius is due to commence by the end of 2018. Contributing factors to the holdup include past difficulties

accessing, analysing and evaluating clinical data. Talks have commenced with the two organisations identified for benchmarking and clarity is being investigated in relation to the data they collect and how they collect it (we need to ensure we are comparing apples with apples).

Alwyndor has registered interest with Standards Wise. Standards Wise is a quality organisation of experience aged care professionals that have developed a National committee to research and develop appropriate tools, strategies and guidance for aged care providers. The aim is to prepare organisations to understand and navigate the impact and significant changes required to meet the new Aged Care Quality Standards.

As part of risk management approach, Standards Wise will undertake a gap analysis of Alwyndor's systems and processes. The focus will be on:

- Practices and culture required to exceed and focus on a sustainable and affordable model in the provision of high quality experiences for customers in our care
- The evidence required to clearly demonstrate the customer journey and the customer experience for each individual in our care
- Reviewing feedback and consultation processes with customers to capture the 'customer experience'
- Reviewing 'on-boarding' and partnering practices with customers to optimise these relationships and excel in customer engagement
- To provide a baseline for Alwyndor to work from in developing a consumer-focused culture and practices within the workforce
- Introducing new approaches in relation to the assessment of individual's needs and wants and reviewing/modifying assessment tools and processes
- Building capacity to respond to higher expectations of care for a diverse range of customers
- Developing more inclusive practices and celebrating diversity
- Considering the current risk management systems and processes the organisation has and effectively referencing these in identifying risk in the new aged care environment.

BUDGET

Not Applicable.

LIFE CYCLE COSTS

Not applicable.

Item No: 7.3

Subject: **MINUTES – GOVERNANCE AND OPERATIONS COMMITTEE – 4 OCTOBER 2018**

Date: 16 October 2018

Written By: General Manager, Mr R Kluge

General Manager: Alwyndor, Mr R Kluge

SUMMARY

The draft minutes of the Governance and Operations Committee meeting held on 4 October 2018 are provided for information.

RECOMMENDATION

That the draft minutes of the Governance and Operations Committee meeting held on 4 October 2018 be noted.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Community: Providing welcoming and accessible facilities
Culture: Providing customer-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Not Applicable.

BACKGROUND

At the meeting held on 21 November 2017, the Alwyndor Management Committee considered changes to the corporate governance structure at Alwyndor (via Report No: 59/17), and moved that:

Motion

1. *That the Alwyndor Management Committee agree to the new governance committee structure, with minor adjustments.*
2. *That the General Manager develop a framework, policy, and terms of reference for the new governance committee structure and present to the Alwyndor Management Committee for review in 6 months.*

Moved Mr Peters, Seconded Mr Bamford

Carried

The Governance and Operations Committee role is to oversee the following:

- Governance (Standard 8);
- Consumer Engagement;
- Accountability, Monitoring and Assessment;
- Organisational Wide Systems:
 - Compliance
 - Continuous Improvement (CI)
 - Risk Management
 - Information Systems;
- Service Development;
- Operational Performance; and
- Strategic Priorities.

REPORT

This report presents the draft minutes for the October 2018 meeting of the Governance and Operations Committee.

Refer Attachment 1

BUDGET

Not applicable.

LIFE CYCLE COSTS

Not applicable.



Attachment 1

<u>MEETING DATE:</u>	Thursday, 04 October 2018	<u>ATTENDEES:</u>	General Manager – Mr R Kluge
<u>MEETING OPENING:</u>	10.43am		Active and Healthy Living Manager – Mr S Drew
<u>MEETING CLOSURE:</u>	12.32pm		Best Practice & Innovation Coord – Ms R Cantos
<u>CHAIRPERSON:</u>	R Kluge (GM)		Chief Operations Officer – Mr T Hill
<u>MINUTES:</u>	R Gordon (PA)	<u>APOLOGIES:</u>	Chief People and Culture Officer – Mr B Capes Residential Services Manager – Ms S Wirth Home Support Services Manager – Ms N Jeffery Chief Financial Officer – Ms N Andjelkovic

AGENDA NUMBER	AGENDA ITEM	EXPECTED OUTCOME	OUTCOME / AGREED ACTION REQUIRED	RESPONSIBLE PERSON	DUE DATE	COMPLETED
1	Opening	N/A	The Chairperson opened the meeting at 1.02pm	GM	N/A	N/A
2	Kaurna acknowledgement	N/A	<i>We acknowledge Kaurna people as the traditional owners and custodians of this land. We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to the Kaurna People today.</i>	GM	N/A	N/A
3	Apologies	N/A	Nil	GM	N/A	N/A
4	Minutes		The minutes of 06 September 2018 were taken as read and confirmed.	ALL	N/A	N/A
5	Sub-committee minutes		Draft Care Services Committee minutes will be circulated out of session. Draft Support Services Committee minutes were noted.	ALL	N/A	N/A
6	Department KPIs	Std. 7	Residential Services Working hours per-resident per-day are on-track and meeting targets however budget isn't matching yet. Actively recruiting	SW	N/A	N/A

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		(2 ENs, 7 CNs and 13 PCW recruited over past 3 months), and also focussing on refining rostering processes. Reviewing medical supplies as some savings can be made. 8 ACFI up-lift identified and being worked through. Medi Map will go live on 10 November, with training to occur on 8 November. Also working through paper back-up for those Doctors not online for Medi Map. Roster restructure has been in place for almost 3 months – will be seeking staff feedback soon as possible as outlined in earlier communication with staff. 1 incident of Influenza A. ACTION: Circulate 3-month post restructure feedback form to staff (THelbers/RK/SW)			
	Std. 8	Home Support Services Stats: 170 HCP plus 35 with CHB and some private also some TCP coming through. 5 new packages through in September. 2 public information sessions held in September. 8 consumer incidents (down from last month). Consistency of staff for	Comms	NJ	N/A

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		clients has been a client request. Some clients have requested further services, such as coordinated outings. In-home documentation being update. September was first month without Resthaven contract and a few issues for staff identified. Working through rostering issues and have met with staff in relation to this. Coping with Change workshop for HSS staff held last week – mobile phones and rosters were key concerns at these sessions. Looking at how to educate and roll out the single standards. ACTION: Chief People & Culture Officer to seek legal advice regarding staff concerns relating to mobile phones.	BC		
	Std. 8	Healthy Living Services Integration of Lifestyle into Healthy Living complete. Will launch Healthy Living Assistant service and celebrate integration at a morning tea on 11 October. Deed outputs being monitored. Wellness and re-ablement report due end of October but still awaiting template from government.	SD	N/A	N/A

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			Transition from paper to electronic in Therapy completed. Operating at lower FTE for HL Assistant and managing workload well. Pilot phase with CHB has concluded and this is now part of their procedure. MOUs with Universities were entered into some time ago and working through a couple of projects at present. Have been successful in the first round for a grant funded project. In-house GP is on hold for the short-term. New manual handling process and training in place.			
	Std. 7	People and Culture	Recruitment continues and hoping to accelerate. A few performance management concerns being worked through. No new work cover claims. Performance management 1:1 training has commenced. Launch of Values and staff survey results will be held on 23 October. Will commence attending hand-overs from next week to communicate this and encourage participation. Cultural change will commence through Values, but will also prepare a plan and will have a	BC	N/A	N/A

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			base on the strategic direction of the organisation. Have purchased Flare to trial as HR system – will greatly help with documentation and compliance. Looking to have a set month for all mandatory training to be due so that we streamline and are compliant for 11 months of the year in this area. WHS awaiting confirmation from SkyTrust that they are happy with the information and hoping to commence with plan by end of October.			
	Std. 8	Finance	The GM spoke to the financial report and a suggested format moving forward. Work hours have settled and the costs are trending back to projected. The CFO will re-forecast for the remainder of the year and will present to the AMC. The GM advised that the CFO has resigned and will finish up on 27 October, and the Manager Finance has also resigned and will finish up on 17 October.	RK	N/A	N/A
	Std. 8	Operations		TH	N/A	N/A

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			<p>Capital Works CCTV tender closed yesterday. Two tenders received. Sough a 3rd person to be part of the tender evaluation given the upcoming departure of the CFO. RSM volunteered. Additional RFID (key-less) locks will make contact Vingcard and start plan next week. Electrical work underway for installation of TVs in every room – this roll-out will take approximately 6 months. Last 9 HD Annunciators planned and will be installed as soon as we get power installed – aiming for end of month. Number of disparate systems is increasing and aged of software architecture in some core systems is making it difficult to plan for an affordable integration solution (e.g. Care Systems, SMS, Push Notifications, Flare, Altura, icare). Hoping to have a clearer direction by end of November. Information Systems audit completed. Working through some of the gaps with Telstra. Calibre One will come om board on 16 October as IT service provider. Migration to our new Nurse Call is on hold until existing environment is stabilised – with</p>			
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			the frequency of updates the risk of nurse call downtime is too high, at this point in time Alwyndor may need to pivot back to a standalone Nurse call server. MDM application for iPads currently being implemented. Office365 migration underway with trial group. Housekeeping is now being managed by Operations Department again. Some changes to Housekeeping roster have been put in place. Unfortunately, the roster was published prior to the letter communicating the changes to staff. Support from families regarding cleaning roster of rooms. Service level feedback system – plan to build a webpage and use third party tools like Customer Thermometer or USAY to collect and collate the data and control the deployment internally via the MDM software. Looking at affordable and manageable options at present.			
		Std. 8	Organisation Nil	RK	N/A	N/A
7	Governance	Std.8	Policy and work instructions (RC)	RC	N/A	N/A

<u>MEETING DATE:</u>	Thursday, 04 October 2018	<u>ATTENDEES:</u>	General Manager – Mr R Kluge Active and Healthy Living Manager – Mr S Drew Best Practice & Innovation Coord – Ms R Cantos Chief Operations Officer – Mr T Hill Chief People and Culture Officer – Mr B Capes Residential Services Manager – Ms S Wirth Home Support Services Manager – Ms N Jeffery
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			The Committee endorsed the Statements of Intent for: <ul style="list-style-type: none"> Customer Governance 			
		Std.8	Regulatory compliance (RC) Have registered interest in Standards Wise committee. Feedback analysis report was reviewed and discussed. Governance framework – draft for review and comments. Will be presented to AMC at October meeting. ACTION: Governance framework be reviewed and feedback provided by no later than Tuesday morning.	RC	N/A	N/A
		Std.8	Audit and survey schedule (RC) Re-accreditation of Home Support TCP report received.	RC	N/A	N/A
			Legislative updates (RC) Received an update on 3 September with 1 area for improvement – that pricing for Home Support to be added to portal.	RC		

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8	Risk management	Std. 8	Corporate risk register (RK) Minor adjustments have been made. GMs suggested changes in red for review and comment. Black text is the actual framework. ACTION: please review and provide feedback ASAP.	RK ALL	 8/10/18	
9	Other business		Stakeholder engagement Nil			
		Std. 8	Major correspondence Nil The feedback analysis report was reviewed and discussed by the committee.			
		Std.8	General business GM has included the Alwyndor business plan in the GOC folder for review. ACTION: Alwyndor business plan be fed down to SSC and CSC for review.			
			Urgent business without notice Nil.			

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10	Action review	Std. 8	<p>Previous action items</p> <p>ACTION: August dashboard results to be presented at next meeting for review of how GOC wishes for this to be reported.</p> <p>ACTION: Stakeholder Engagement to be a standing agenda item. Completed</p> <p>ACTION: Legislative updates to be a standing agenda item.</p> <p>ACTION: Review Governance & Customer statement of intent (as circulated via email by BPIC).</p> <p>ACTION: Review regulatory updates by due date.</p> <p>ACTION: Please read/review current register and ratings for own department for building into strategy.</p> <p>ACTION: Validation report to be circulated via email to GOC.</p>	CFO		Complete
				PA		Complete
				PA		Complete
				ALL		Complete
				ALL		Complete
				ALL		Complete
				RSM		Complete
		Std.8	<p>Review this (October) meeting actions and outcomes</p> <p>ACTION: Circulate 3-month post restructure feedback form to staff (TH/RK/SW)</p>			

<u>MEETING DATE:</u>	Thursday, 04 October 2018	<u>ATTENDEES:</u>	General Manager – Mr R Kluge
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			<p>ACTION: Chief People & Culture Officer to seek legal advice regarding staff concerns relating to mobile phones.</p> <p>ACTION: please review Corporate Risk Register and provide feedback ASAP.</p> <p>ACTION: Alwyndor business plan be fed down to SSC and CSC for review.</p> <p>ACTION: Governance framework be reviewed and feedback provided by no later than Tuesday morning.</p> <p>ACTION: GM to meet with each Exec member to discuss format and future of committee structures.</p>			
			<p>Meeting evaluation</p> <p>The GM sought feedback on the structure of the Committee triangle. The GM suggested adjusting the timing of the GOC meetings in order to review current financial information (e.g. second Tuesday of the month as soon as financial information is available). GM also suggested that the membership of the SSC and CSC be evaluated, consider having the next tier of</p>			

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			management as members and executive be by invitation. ACTION: GM to meet with each Exec member to discuss format and future of committee structures.			
11	Next meeting		Date: 08 November 2018 Time: 10.00am Location: Board room			

Endorsed 08 November 2018

Chairperson

Endorsed 08 November 2018

Chairperson

Item No: 7.4

Subject: DEFERRED REPORT - ALWYNDOR MANAGEMENT COMMITTEE TERMS OF REFERENCE –DRAFT UPDATE (REPORT 62/18)

Date: 16 October 2018

Written By: General Manager

General Manager: Alwyndor, Mr R Kluge

SUMMARY

The Alwyndor Management Committee at its meeting held on 18 September 2018, resolved to defer Report No: 62/18 Alwyndor Management Committee Terms of Reference – Draft Update in order for the Chairperson to be present for discussions and to allow further time for consideration and comments from the Committee.

This report represents Report No: 62/18 for the Committee’s consideration in Attachment 1.

Council’s current Terms of Reference for the Alwyndor Management Committee were developed and adopted in 2010. Attachment 2 to this report provides a draft update of these Terms of Reference for the Committee’s consideration and subsequent recommendation to Council for adoption.

RECOMMENDATION

That the Alwyndor Management Committee recommend the draft Terms of Reference be presented to Council for adoption following minor changes.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Culture: Providing customer-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Alwyndor Management Committee Terms of Reference 2010.

STATUTORY PROVISIONS

Local Government Act, *Section 41 Committees*.

BACKGROUND

Council's current Terms of Reference for the Alwyndor Management Committee were developed, and adopted in 2010.

At the meeting of 18 September 2018, a draft update of the Terms of Reference was presented to the Committee as Report No: 62/18. The Committee determined:

That the Alwyndor Management Committee defer the Terms of Reference discussion to the next meeting, and that the Committee review and provide additional comments to the PA to the General Manager.

Moved Mr Whitford, Seconded Ms Bonnici

Carried

REPORT

A copy of Report 62/18 is provided at Attachment 1 for the Committee's consideration and once agreed upon should be submitted to Council for their consideration and adoption.

Refer Attachment 1

BUDGET

Not Applicable.

LIFE CYCLE COSTS

Not Applicable.



Attachment 1

Item No: 7.4

Subject: **ALWYNDOR MANAGEMENT COMMITTEE TERMS OF REFERENCE – DRAFT UPDATE**

Date: 18 September 2018

Written By: General Manager

General Manager: Alwyndor, Mr R Kluge

SUMMARY

Council's current Terms of Reference for the Alwyndor Management Committee were developed and adopted in 2010. The attachment to this report provides a draft update of these Terms of Reference for the Committee's consideration and subsequent recommendation to Council for adoption.

RECOMMENDATION

That the Alwyndor Management Committee recommend the draft Terms of Reference be presented to Council for adoption following minor changes.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Culture: Providing customer-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Alwyndor Management Committee Terms of Reference 2010.

STATUTORY PROVISIONS

Local Government Act, *Section 41 Committees*.

BACKGROUND

Council's current Terms of Reference for the Alwyndor Management Committee were developed, and adopted in 2010.

At the meeting of 17 July 2018, the Committee discussed the Terms of Reference and an initial draft updated Terms of Reference, which was circulated separately for information and feedback. This draft had not been reviewed or approved by the City of Holdfast Bay's Senior Leadership Team, Lawyers, or Council.

At this meeting the Committee sought a one-page timeline and who will be involved for the review of Terms of Reference, and that this be reviewed with the Chairperson. The Committee also discussed the obvious updates necessary for the Terms of Reference including: services we provide; term of appointment and election of members; strategic timeframes; clarity of Trust.

At the meeting of 21 August 2018, the Alwyndor Management Committee determined, as part of the General Manager's Report (Report No: 55/18)

That the current and draft Terms of Reference and Trust documents be circulated to the Committee for their review and feedback be provided to the PA to the General Manager, and that the Committee review at the next meeting for submission to Council for their consideration.

Moved Cr Aust, Seconded Ms Cudsi

Carried

REPORT

Committee members have provided their feedback on the Terms of Reference. The attached 2018 draft reflect this feedback.

Refer Attachment 1

This draft version is for consideration and once agreed upon should be submitted to Council for their consideration and adoption.

BUDGET

Not Applicable.

LIFE CYCLE COSTS

Not Applicable.



Endorsed by Council: DATE Resolution No:

Alwyndor Management Committee Terms of Reference

1. Background

- 1.1 The Alwyndor Management Committee (AMC), is a committee of the City of Holdfast Bay formed under Section 41 of the *Local Government Act 1999*.

2. Dorothy Cheater Trust

- 2.1 The City of Holdfast Bay, (the Council) is the trustee of the Dorothy Cheater Trust, constituted by a document dated 22 October 1973.
- 2.2 The Council as trustee holds certain property located at 52 Dunrobin Road HOVE South Australia 5048 and known as Alwyndor Aged Care.
- 2.3 The Trust states, in part:
B. By Clause 10(iv) of the said Deed Mrs. Cheater agreed to transfer the remaining portion of the the said land being that portion of the said land marked "C" and "D" on the plan annexed hereto (...) to the Corporation on condition that the Corporation would undertake and bind itself to establish and maintain on the remaining land a home for the aged and or an infirmary for the aged and on such further terms and conditions as are referred to in the said clauses of the said Deed;
- 2.4 The AMC supports the Council in meeting the terms of the Dorothy Cheater Trust.

3. Objectives

- 3.1 The AMC is established to assist the City of Holdfast Bay in managing Alwyndor by providing strategic oversight over the operations and management of its services.
OR
The AMC is established to assist the City of Holdfast Bay to provide effective governance over the strategy and operations of Alwyndor.
- 3.2 The AMC is to ensure that Alwyndor operates to provide:
- 3.2.1 a range of quality care, accommodation, and lifestyle options at Alwyndor primarily for older and infirm members of the community in-line with the Terms of the Trust.
- 3.2.2 Appropriate strategic management of the service by day-to-day operations and administration of Alwyndor.

4. Responsibilities

4.1 The AMC is responsible for:

- Strategic Direction – participate with management in setting goals, strategies, policies and performance targets for Alwyndor to meet commercial, Council and community expectations. Establish a three year strategic plan, which includes a supporting financial plan, which is presented to Council for adoption;
- Resource – work with management to ensure they have sufficient resources to achieve the strategic plan;
- Performance – monitor Alwyndor’s performance against its strategies and targets;
- Compliance – ensure there are adequate processes in place to comply with legal, regulatory and financial reporting obligations as well as relevant Council policies;
- Risk – set Alwyndor’s risk appetite and ensure the risk to which the organisation is exposed are clearly identified, with appropriate processes in place to manage those risks;
- Accountability – report progress to the Council and ensure management are balancing the collective interests of key stakeholders. This includes overseeing the performance of the General Manager in conjunction with the CEO of the City of Holdfast Bay; and
- Setting an annual budget in-line with Council expectations;

4.2 The Council is responsible for:

- Delegating such powers and duties to the AMC, Chief Executive Officer and General Manager as it sees necessary for the successful operations of the service; and
- Reviewing the performance of Alwyndor in meeting the objectives of its Strategic Plan.

4.2 The Chief Executive Officer is responsible for:

- Appointing the General Manager;
- Establishing key performance indicators for the General Manager;
- Provide feedback to the General Manager on their performance and achievement of agreed measures; and
- Manage the recruitment process for members of the AMC and make recommendations to the Council on the membership.
- The Chief Executive Officer will ensure that the AMC has access to reasonable administrative resources in order to carry out its duties.

4.2 The General Manager is responsible for:

- The overall management of the service on a day to day basis, an in line with the expectations of the position description;
- Providing leadership to the employees of Alwyndor;
- Establishing action plans relevant to the achievement of the services objectives; and
- Providing secretarial services to the AMC including ensuring the the Committee meetings are held in compliance with these terms of reference and the requirements of the LGA.

5. Membership

- 5.1 The Alwyndor Management Committee (AMC) will consist of up to 10 persons with a maximum of 8 persons who are independent members and must have relevant knowledge to meet the responsibilities of the AMC.
- 5.2 The Council may appoint up to two (2) Elected Members to the AMC.
- 5.3 Members of the AMC are appointed by Council.
- 5.4 Elected Members are appointed for the term agreed by Council, and independent members are appointed for a term not exceeding 2 years. On expiry of their term, a member may be re-appointed by Council for a further four (4) reappointments not exceeding 8 years.
- 5.5 The AMC may make recommendations to the Council regarding the reappointment of any member, at the expiration of the member's term of office. Reappointment is entirely in the discretion of the Council.
- 5.6 A Member's position will become vacant if:
- 5.6.1 In the case of the Elected Members of the Council, appointed by the Council to the AMC, the Elected Member ceasing to hold office as an Elected Member of the Council; or
- 5.6.1 In the case of the other Management Committee Members appointed in accordance with Clause 4.1:
- upon the Council removing that person from office; or
 - the member resigning their position from the AMC.
- 5.7 If Council proposes to remove an independent member of from the Committee, it must give written notice to the independent member of its intention to do so and provide that member with the opportunity to be heard at an Executive Committee meeting of Council, if that independent member so requests.
- 5.8 If any AMC Member is absent for three consecutive meetings of the AMC without leave of the AMC, the AMC may recommend to the Council that it remove that Member from office and appoint another person as a Member for the unexpired term.
- 5.9 The removal of a Management Committee Member and appointment of another Management Committee Member pursuant to this Clause shall be entirely at the Council's discretion.
- 5.10 In the event of a vacancy in the office of an AMC Member, the AMC may, if it deems fit, recommend to Council another person as a Management Committee Member on such terms and conditions as it thinks fit. The acceptance of another person is entirely at Council's discretion.
- 5.11 At such time that a vacancy occurs on the AMC, the CEO and GM, in consultation with the AMC, will determine the most appropriate process to replace that member.

- 5.12 In order to measure the contribution of the AMC, an annual 360 review will be conducted.

6. Office Bearers

- 6.1 At the first meeting of the Management Committee in every financial year, the AMC shall appoint, for an annual term, a Presiding Member and a Deputy Presiding Member from amongst the Management Committee Members.
- 6.2 The Presiding Member and Deputy Presiding Member are to be appointed from those members who are not Elected Members of the City of Holdfast Bay.
- 6.3 The Deputy Presiding Member will act in the absence of the Presiding Member and if both are absent from a meeting of the AMC, the Management Committee members will choose a Committee Member from those present, who are not Elected Members of the City of Holdfast Bay, to preside at the meeting as the Acting Presiding Member.
- 6.4 The Presiding Member of the AMC shall be an ex-officio member of all sub-committees of the AMC.

7. Sitting Fees

- 7.1 AMC Members, with the exception of City of Holdfast Bay Elected Members, are entitled to a sitting fee for their attendance at AMC meetings.
- 7.2 The base rate (per Management Committee meeting) applicable will be determined by the Council, at the request of the committee.
- 7.3 The sitting fee will be indexed annually in November each year using the method outlined in regulation 4(2) of the *Local Government (Members Allowances and Benefits) Regulations 2010*.
- 7.4 Claims for payment of the sitting fees, will be based on attendance at meetings recorded in the minutes and the provision of a signed claim form by each member to the General Manager Alwyndor.
- 7.5 Sitting fees are paid quarterly in arrears.

8. Secretariat and Support

- 8.1 The members of the AMC will be provided with appropriate and timely training, both in the form of an induction program for new members and on an ongoing basis for all members.

9. Code of Conduct

- 9.1 All members of the AMC are required to operate in accordance with Part 4 of the *Local Government Act 1999*, in that they are required at all times to:

- 9.1.1 act honestly in the performance and discharge of official functions and duties;
 - 9.1.2 act with reasonable care and diligence;
 - 9.1.3 not make improper use of information or his or her position; and
 - 9.1.4 abide by the City of Holdfast Bay Elected Member Code of Conduct.
- 9.2 All members of the Committee will support as one the recommendations of the Committee and Council.
- 9.3 All members will work with other members of the Committee and with employees of Alwyndor and the City of Holdfast Bay in a respectful and professional manner at all times.
- 9.4 The AMC is subject to compliance with all relevant City of Holdfast Bay policies, plans and procedures.
- 9.5 The Conflict of Interest Provisions under the *Local Government Act 1999* shall apply to all members of the AMC as if members of the AMC were Members of Council.
- 9.6 The general duties contained in Section 62 of the *Local Government Act 1999* apply to all members of the AMC as if members of the AMC were members of Council.

10. Meetings

- 10.1 Meetings of the AMC shall be held monthly with the exception of January, unless the AMC determines to hold a meeting in January.
- 10.2 All meetings of the AMC shall be held in a place open to the public except in special circumstances as defined by section 90 of the *Local Government Act 1999*.
- 10.3 A Notice of Meetings showing the meeting dates, times and locations will be prepared every 12 months and published on Council's web-site, and be displayed in a place or places determined by the Chief Executive Officer of the City of Holdfast Bay.
- 10.4 Meetings will not be held before 5:00pm unless the Committee resolves otherwise by a resolution supported by a two-thirds majority of members of the Committee.
- 10.5 A special meeting can be called by the Chief Executive Officer of the City of Holdfast Bay at the request of the Presiding Member or at least two members of the AMC to deal with urgent business at any time. A request for a special meeting must include details of the time, place and purpose of the meeting which will be included in the notice of the special meeting.
- 10.6 Each notice of meeting, agenda and reports for each AMC meeting shall be placed on the Council's website.
- 10.7 Members of the public have access to all documents relating to the AMC unless prohibited by resolution of the Council/Committee under the confidentiality provisions of section 91 of the *Local Government Act 1999*.

11. Meeting Procedures

- 11.1 Meetings of the AMC will be conducted in accordance with the Local Government Act 1999, Part 3 of the *Local Government (Procedures at Meetings) Regulations 2000*, these Terms of Reference and any applicable Code of Practice adopted by the Council.
- 11.2 In so far as the *Local Government Act 1999*, Part 3 of the *Local Government (Procedures at Meetings) Regulations 2000*, the Council's Code of Practice – Procedures at Meetings as applicable to the AMC and the Terms of Reference does not specify a procedure to be observed in relation to the conduct of a meeting of the AMC, then the AMC may determine its own procedure.
- 11.3 If a member of the AMC is unable to attend a meeting, they may participate in the meeting by telephone or video conference, in accordance with any procedures prescribed by the regulation or determined by the council under section 89 LG Act and provided that any members of the public attending the meeting can hear the discussion between all committee members.

12. Minutes of Meetings

- 12.1 Minutes of the AMC meetings will be placed on Council's website and a copy provided to all Council and AMC members within 5 days of a meeting of the AMC.
- 12.2 Minutes of the AMC meetings will be presented to the next meeting of the Council for their information.
- 12.3 Where necessary the minutes of AMC will include commentary relevant to the decisions made by the committee. This is not a verbatim record of the meeting.

13. Quorum

- 13.1 A quorum will be half of the AMC Members plus one, ignoring any fractions. No business can be transacted at a meeting of the AMC unless a quorum is present.

14. Voting Rights

- 14.1 All members have equal voting rights.
- 14.2 All decisions of the AMC shall be made on the basis of a majority decision of the AMC members present.
- 14.3 Unless required by legislation not to vote, each member must vote on every matter which is before the AMC for decision.
- 14.4 The Presiding Member has a deliberative vote, but does not, in the event of an equality of votes have a casting vote.
- 14.5 In the event of an equality of votes, the matter must be referred to Council for decision.

15. Sub-Committees

- 15.1 The AMC may appoint such sub-committees as it sees fit to assist it with carrying out its functions as set out herein. Any subcommittee must regularly report to the AMC on its activities.

16. Financial Management

- 16.1 The AMC will report regularly to Council regarding the financial performance of Alwyndor at the times and in the manner determined by Council.
- 16.2 Financial records of Alwyndor will be maintained and comply with the financial policies and procedures adopted by Council.
- 16.3 The AMC will present to the Council for its consideration and adoption, a proposed annual budget for its activities for the ensuing financial year within the timeframes established by Council for its annual budget preparation cycle.
- 16.4 The financial year shall be from 1 July to 30 June in the following year.
- 16.5 The whole of the funds generated by Alwyndor shall be applied or appropriated in the conduct of Alwyndor in accordance with the terms of the Trust.

17. Reporting Requirements

- 17.1 The AMC will annually prepare a report to council on the activities on Alwyndor for the inclusion in the City of Holdfast Bay's Annual Report.
- 17.2 The AMC shall at least once per year, review its own performance, terms of reference and membership and provide a report to council including any recommended changes.
- 17.3 The AMC Presiding Member will report to council annually summarising the activities of the AMC during the previous financial year.
- 17.4 The AMC develops a Strategic Management Plan which includes a long term financial plan for a period of at least 10 years for the operation of Alwyndor. The Plan is to be presented to Council for adoption, and will be reviewed by the AMC annually. A report on the outcomes of the annual performance review is to be presented to Council for inclusion in the annual report.

Item No: 7.5
Subject: GENERAL MANAGER'S REPORT
Date: 16 October 2018
Written By: General Manager
General Manager: Alwyndor, Mr R Kluge

SUMMARY

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

RECOMMENDATION

That the following items be noted and items of interest discussed:

1. Meeting Dates and Task Schedule
 2. WHS Implementation Plan
 3. Governance Framework
 4. Corporate Risk Register Review
 5. Customer Engagement Forum Terms of Reference.
-

COMMUNITY PLAN

Community: Building a healthy, active and resilient community

Culture: Providing customer-centred services

Culture: Enabling high performance

Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not applicable

STATUTORY PROVISIONS

Not applicable

REPORT**1. Meeting Dates and Task Schedule**

The register of meeting dates with attendance and annual governance task schedule listing are attached for reference.

Refer Attachment 1

This is a standing item in the General Manager's Report.

2. WHS Implementation Plan

A monthly progress report on WHS is provided for information.

Refer Attachment 2

This is a standing item in the General Manager's Report.

3. Governance Framework

The General Manager will provide a verbal update on the Governance Framework.

4. Corporate Risk Register Review

The General Manager will provide a verbal update on the Corporate Risk Register.

5. Customer Engagement Forum Terms of Reference

As outlined in the Governance Update (Report No: 67/18), a Customer Engagement Forum is being developed to encourage engagement and communication with Customers and is in-line with new legislative expectations. The Terms of Reference for this committee are provided for the Alwyndor Management Committee's information.

Refer Attachment 3



Attachment 1

ANNUAL GOVERNANCE TASK SCHEDULE

SCHEDULED REPORTS	BY	J	F	M	A	M	J	J	A	S	O	N	D
GENERAL MANAGERS REPORT	GM	r	r	r	r	r	r	r	r	r	r	r	r
MONTHLY FINANCE STATEMENTS	CFO	r	r	r	r		r	r	r	r	r	r	r
RESIDENTIAL SERVICES REPORT	RSM	r			r			r			r		
HEALTHY LIVING SERVICES REPORT	HLSM		r			r			r			r	
HOME SUPPORT SERVICES REPORT	HSSM			r			r			r			r
GOVERNANCE REPORT	BPI	r			r			r			r		
PEOPLE REPORT	CPCO		r			r			r			r	
OPERATIONS REPORT	COO			r			r			r			r
MINUTES – GOVERNANCE & OPERATIONS	GM	r	r	r	r	r	r	r	r	r	r	r	r
KEY REVIEWS/EVENTS													
SERVICE BUSINESS PLANS	ALL	r											
AAC WORKFORCE PLAN	CPSO		r										
AAC BUDGET ADOPTION	AMC			r									
AAC MARKETING PLAN	COO				r								
AMC OFFICE BEARERS ELETION	AMC							r					
DELEGATIONS INSTRUMENT REVIEW	AMC								r				
COPRORATE RISK REGISTER REVIEW	AMC				r						r		
STRATEGIC PLANNING WORKSHOP	AMC											r	
AUDITED FINANCIAL STATEMENTS	CFO											r	
INVESTMENT MANAGEMENT STRATEGY	CFO											r	

ALWYNDOR MANAGEMENT COMMITTEE MEETING DATES FOR 2018

Member	Term Start	Term Expires	16 Jan	20 Feb	20 Mar	17 Apr	15 May	19 Jun	17 Jul	21 Aug	18 Sept	16 Oct	20 Nov	18 Dec
D. Royans	Jul 2007	July 2018												
T. Bamford	Jul 2013	July 2019												
Cr. R. Aust	N/A	Nov 2018												
Cr. S Lonie	N/A	Nov 2018												
L. Wills	Jul 2015	July 2019												
O. Peters	Jul 2015	July 2019												
I. Pratt	Jul 2005	July 2018												
J. Bonicci	Oct 2016	July 2019												
J. Cudsi	Mar 2017	July 2019												
T. Aukett	Sep 2017	Sep 2019												
K. Whitford	July 2018	July 2020												
K. Cheater	Aug 2018	July 2020							obs					



Attachment 2

WHS Management System Gap Analysis 2018 – Timeline for Implementation (Progress Report)

Item	Goal	Target (EOM)	Status	Comments
1. May 2017 (Theme: <i>Planning</i>)				
1.1	Development of the Alwyndor WHS Management System	May		System completed
1.2	Older versions of the Alwyndor Hazard Profile collated, revised and updated into the new Alwyndor Hazard and Risk Profile Register. Drafted and ready for consolation	May		Completed.
1.3	Suite of Alwyndor specific 'One Page Procedures' based on the CHB/Alwyndor shared WHS Procedures and CHB 'One Pages'. First drafts completed and ready for consultation	May		Completed. Releasing in stages
1.4	Commencement of induction and training related actions. Working parties established	February 2018		Completed
2. June 2017 (Theme: <i>Consultation, and Hazard and Risk Management</i>)				
2.1	New HSC composition finalised	June		Completed.
2.2	Review of how WHS & RTW performance information is presented to the Alwyndor HSC and SMT completed. Objectives and goals (KPI's) for the 2017/18 financial year implemented	December 2018		To be revisited post-WHSMS implementation.
2.3	Revised Corrective and Preventative Action accountability process implemented into HSC proceedings	June		Completed.
2.4	Revised WHS Contractor Management process enters final draft phase. Contractor Management training sourced for key staff	December 2018		Process Completed. Contractor WHS management process consolidated into WHSMS one-pager. Inconsistent delivery identified. Will be working with CHB to refine processes.
2.5	Process for Document and Records Management (based on CHB/Alwyndor shared procedures)	June		Completed. See item 1.3.
2.6	Risk assessment program enters active phase	July 2017		Completed. Consultation still ongoing
3. August 2017 (Theme: <i>Induction and Training</i>)				
3.1	Draft frameworks and process for: <ul style="list-style-type: none"> · Tiered induction programs (incorporating CHB requirements), · Organisation-wide training needs analysis, · Individualised training plans, and · Position description consistency and control Completed and ready for consultation and implementation.	February 2018		Completed
4. September 2017 (Theme: <i>Implementation, and Management Review (Continual Improvement)</i>)				
4.1	Risk assessment program complete. Documents (assessments, SOPs, SWIs, SWMS etc.) and registers complete	December		Completed. Continually reviewed and updated
4.2	Final consultation phase: Alwyndor WHS Management System implementation	December 2018		Ongoing
4.3	Hazard management and Alwyndor WHS Management System training – program rolled out to all staff	November 2108		Currently in place. Will transition to Skytrust November

4.4	Internal audit process implemented	December 2018		On track.
4.5	Alwyndor continual improvement plan put into planning stages	September 2018		On track.

Complete | Commenced – On Track | Delayed | Not Yet Started



Attachment 3

Customer Engagement Forum

Terms of Reference

Title	Customer Engagement Forum
Vision, Mission and Values	<p>Mission: To enable a vibrant, healthy and inclusive community where people experience a fulfilling lifestyle with grace, dignity and purpose</p> <p>Vision: Active, healthy and meaningful lives for all people as they age.</p> <p>Values: Wellbeing, Courage, Accountability, Respect, Excellence</p>
Key Purpose	<p>To advocate on behalf of customers to ensure organisational practice reflects and supports Standard 1 - Consumer dignity and choice.</p> <p>To inform the AMC and Executive Management to ensure organisational governance supports the following:</p> <ul style="list-style-type: none"> • Dignity and respect - Each customer is treated with dignity and respect, with their identity, culture and diversity valued; • Cultural Safety - Care and services are culturally safe as defined by each customer; • Choice - Each customer is supported to exercise choice and independence, including to: <ul style="list-style-type: none"> ○ make decisions about their own care and the way care and services are delivered; ○ make decisions about when family, friends, carers or others should be involved in their care; ○ communicate their decisions; and ○ make connections with others and maintain relationships of choice, including intimate relationships. • Dignity of risk - Each customer is supported to take risks to enable them to live the best life they can; • Information - Information provided to each customer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice; and • Personal Privacy - Each customer's privacy is respected and personal information kept confidential. <p>The Customer Engagement Forum does not respond to individual customer, representative or staff feedback.</p>
Desired Outcome	To ensure the customer's voice is woven through the fabric of the organisation, by fostering social inclusion, health and well-being for all Alwyndor customers. This includes participation in sub-committee recommendations, some selection panels and the review and provision of feedback relating to systems and process.
Terms of Reference (Forum Activities)	<p>The forum, and the individual members, will:</p> <ul style="list-style-type: none"> • attend monthly meetings; • seek and table feedback from the customer group they represent in relation to the relevant activities, listed below; • develop an understanding of the purpose and the scope of Standard 1 – Consumer Dignity and Choice and the six requirements; • review how the organisation applies these requirements; • monitor the way in which these requirements are applied in the provision of care and services;

Customer Engagement Forum

Terms of Reference

	<ul style="list-style-type: none"> monitor the outcomes achieved through the application of these requirements; and review outcomes and make recommendations to the organisation to adjust their practices to keep improving.
Reporting	<p>The Customer Engagement Forum reports to the Governance & Operations Committee and Forum minutes are provided to the AMC.</p> <p>The Customer Engagement Forum will provide a quarterly report for the Governance and Operation Committee and the AMC. This report will include the committee's perspective in relation to achieving the key purpose.</p>
Membership	<p>The membership of the Forum will comprise:</p> <ul style="list-style-type: none"> Alwyndor Service Quality Manager (Chair) Residential Services representative – x 3 Home Support Services representative – x 3 Healthy Living representative – x 3 <p>A representative may be a customer or customer advocate from each service. An example of a customer advocate may be a customer's relative responsible for the care of the customer. The Chairperson of the Forum, in consultation with the General Manager, may determine the suitability of a customer advocate.</p> <p>Term of membership: Members of the Forum shall be appointed for a term of up to 2 years</p> <p>Co-opted Members: Co-opted Members as agreed by the Forum.</p> <p>Proxy: Forum members are to arrange a proxy if unable to attend the meeting and inform the Chairperson in advance.</p> <p>Resources and Training: All new forum members will be orientated to the organisation's governance framework and the Aged Care Quality Standards, in particular Standard 1 and provided with Guidance and Resources for providers to support the new Aged Care Quality Standards.</p> <p>Review: The Terms of Reference will be reviewed annually or on an as needs basis, i.e. changes to legislation, changes in management structure, etc.</p> <p>Resignation and Dismissal: Members of the committee may resign at any time and will be invited to conduct an exit interview outlining the reasons for their decision.</p> <p>The organisation or the forum itself may choose to remove a person from the Customer Engagement Forum if they decide it is not in the best interest of Alwyndor's customers for the person to remain a member. This decision will not be taken lightly</p>

Doc Ref No:	Approved By:	Approval Date:
Version: 1	Document Owner: Governance and Operations Committee	Review Date:

Customer Engagement Forum

Terms of Reference

	<p>and will be done in consultation with the General Manager. Further to that, if a decision to remove a member is made, they must be given written notice setting out the intended decision and the ground on which it is based.</p> <p>Examples of reasons for removal may include, the person:</p> <ul style="list-style-type: none"> · has lost the trust and confidence of other members; · contradicts the aim or purpose of the committee; · behaves in an inappropriate or offensive manner; and · has lost the trust and confidence of the customer group they represent.
Relationship to other Committees	The Customer Engagement Forum is a high-level advisory body reporting directly to the Governance and Operations Committee.
Meeting Frequency	<p>The Forum will meet monthly for 2 hours.</p> <p>Notice of meeting:</p> <p>At least 7 days notice of the date, time and venue shall be given. The chairperson will prepare an agenda and this will be circulated to all members at least one week prior to the meeting. Where applicable, any papers or reports will also be included with the agenda.</p>
Quorum	A meeting quorum is met when 50% plus one of eligible members are in attendance.