



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 20 March 2018 at 7.00pm

Justin Lynch
CHIEF EXECUTIVE OFFICER

Alwyndor Management Committee Agenda

1. OPENING

The Chairman, Mr D Royans will declare the meeting open at 7.00 pm.

2. KAURNA ACKNOWLEDGEMENT

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 Kaurna 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 20 February 2018 be taken as read and confirmed.

6. CONFIDENTIAL

6.1 Monthly Financial Report – February 2018 (Report No: 15/18)

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 Correspondence Regarding Business Proposal (Report No: 20/18)

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 Council Members upon the basis that the Council consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Council 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 Cessation of Contract with Resthaven (Report No: 16/18)

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 Council Members upon the basis that the Council consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Council 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 Home Support Services Update (Report No: 19/18)
- 7.2 Draft 2018/19 Budget (Report No: 17/18)
- 7.3 Minutes – Governance and Operations Committee – 6 March 2018 (Report No: 14/18)
- 7.4 General Manager’s Report (Report No: 13/18)

8. PRESENTATIONS

- 8.1 Disability Accommodation
Alwyndor Management Committee member, Ms L Wills, will make a presentation to the Committee for 10 minutes on links to the disability accommodation sector.

9. URGENT BUSINESS – Subject to the Leave of the Meeting

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Tuesday 17 April 2018 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

11. 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 20 February 2018 at 6.30 pm.

PRESENT

Elected Members

Councillor R Aust
Councillor S Lonie

Independent Members

Chairman – Mr D Royans
Ms T Aukett
Mr T Bamford
Ms J Bonnici
Ms J Cudsi
Mr O Peters
Mr I Pratt
Ms L Wills

Staff

General Manager Alwyndor – Mr R Kluge
Personal Assistant – Ms R Gordon
Chief Financial Officer – Ms N Andjelkovic
Active & Healthy Living Manager – Mr S Drew
Human Resources Manager – Mr B Capes
Best Practice and Innovation Coordinator – Ms C McGovern

1. OPENING

The Chairman declared the meeting open at 6.32 pm.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Chairman 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 - Cr R Aust

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 16 January 2018 be taken as read and confirmed.

Moved by Ms Cudsi, Seconded by Cr Lonie

Carried

6. CONFIDENTIAL

- 6.1 Monthly Financial Report – January 2018 (Report No: 09/18)

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

Motion

- 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: 09/18 Monthly Financial Report – January 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: 09/18 Monthly Financial Report – January 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 Mr Bamford, Seconded Cr Lonie

Carried

RETAIN IN CONFIDENCE - Section 91(7) Order

- 1. That having considered Agenda Item 6.1 Monthly Financial Report – January 2018 (Report No: 09/18) 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 12 months and that this order be retained in confidence for a period of 12 months and that this order be reviewed every 12 months.**

Moved Cr Lonie, Seconded Mr Bamford

Carried

Ms Andjelkovic left the meeting at 7.17pm

7. ADJOURNED MATTERS

- 7.1 Governance Update – Report No: 06/18 (Report No: 12/18)

This report summarises the objectives, tasks and achievements to date 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; and
- Partnering with consumers.

The Best Practice and Innovation Coordinator spoke to the report. Best practice and infection control training conducted by Coordinator in the past week has been well received by staff. New mandatory reporting training will be provided to staff on 21 February. Alwyndor now has E3 training available to staff in addition to training currently provided. A review of key risk clinical processes is presently underway. General Manager will arrange for document framework process to be circulated to AMC for information. Future process for advising staff of updates to policies and procedures will be via a document change notice, completed by the manager responsible for that particular policy or procedure, and follow work flow to inform staff of changes and what they mean to work practices.

Ms McGovern left the meeting a 7.35pm

Cr Lonie left the meeting at 7.35pm

Motion

- 1. That Report No: 12/18 be received and noted.**
- 2. That the Alwyndor Management Committee receives and notes the information provided in Attachment 1 to this report.**

Moved Ms Wills, Seconded Ms Cudsi

Carried

8. REPORTS/ITEMS OF BUSINESS

8.1 Therapy Services Update (Report No: 07/18)

This report provides an overview of the activity in the Therapy Services department between August and October 2017.

The Committee acknowledge the positive information provided in the report. The Active and Healthy Living Manager noted that activity in the Therapy area is in line with Alwyndor's strategic plan. Preliminary plan for in-house services is in progress with detail being mapped and negotiated. Changes should assist with improved utilisation.

Mr Drew left the meeting at 7.48pm

Motion

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

Moved Ms Bonnici, Seconded Ms Cudsi

Carried

8.2 Minutes – Governance and Operations Committee – 6 February 2018 (Report No: 10/18)

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

The General Manager advised that the action items list attached to the minutes is a work in progress. The Committee discussed whether it would be appropriate to consider bringing iCare in to regularly audit the system, and the importance of having iCare champions.

Motion

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

Moved Ms Cudsi, Seconded Mr Pratt

Carried

8.3 People and Culture Update (Report No: 11/18)

This report provides an update on Human Resources (HR) activity for the past two months as well as planned future activity.

The HR Manager spoke about the organisational restructure. The HR Manager advised that the changes to the Registered Nurse roster are now in place. Changes to the Enrolled Nurse roster will occur next once consultation with staff is complete.

Ms Cudsi left the meeting at 8.42pm

Ms Cudsi re-joined the meeting at 8.43pm

Mr Bamford left the meeting at 8.51pm

Motion

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

Moved Mr Peters, Seconded Ms Cudsi

Carried

Mr Capes left the meeting at 9.13pm

8.4 General Manager's Report (Report No: 08/18)

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 the WHS contractor management will be tightened up over coming months.

Motion

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

- 1. Meeting Dates and Task Schedule**
- 2. WHS Implementation Plan**
- 3. Committee Reporting Relationships**
- 4. Dorothy Cheater Award.**

Moved Mr Peters, Seconded Bonnici

Carried

9. **URGENT BUSINESS – Subject to the leave of the meeting**

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

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

11. CLOSURE

The meeting closed at 9.23 pm.

CONFIRMED Tuesday 20 March 2018

CHAIRMAN

Item No: **7.1**

Subject: **HOME SUPPORT SERVICES UPDATE**

Date: 20 March 2018

Written By: Home Support Services Manager, Ms N Jeffery

General Manager: Alwyndor, Mr R Kluge

SUMMARY

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.

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-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Aged Care Act 1997.

BACKGROUND

The Home Support Services Department provides in home support services within the local and extended community.

REPORT

Operations

Home Care Packages

As at end February 2018 there are 157 Home Care Packages being supported by Alwyndor as below:

<i>JULY 2017 – FEBRUARY 2018</i>	
Ongoing CDC Level 1	0
Ongoing CDC Level 2	73
Ongoing CDC Level 3	35
Ongoing CDC Level 4	49
Total Ongoing (includes Exits, New and Transfers)	157
Exits from CDC Packages	27
New CDC Packages	64
Transfers between Package Levels	59

Communication with a number of Council's continues, to assist in identifying future consumers that have been assigned a home care package with potential interest in receiving Alwyndor's in-home services. As previously advised, there are approximately 130 prospective new consumers for Alwyndor identified on the My Aged Care portal. Home Support Services Co-ordinators are actively reviewing these consumers and meeting with them where agreed to discuss Alwyndor's services.

The new role of Consumer Consultant is also currently being recruited with this role providing a key link between the community and Alwyndor and will facilitate and manage the effective admission of new customers into the various services provided by Alwyndor.

Commonwealth Home Support Program (CHSP) - Resthaven

YTD (28 February 2018) total outputs for this program are at 799 being at 71% of the planned 66%. At end February 2018, 178 consumers are utilising CHSP services. This is less than previous months due to the hold on new services being introduced with the over allocation of outputs in the first half of the year. No new consumers are being engaged under this program to enable reduction in the consumers to transition to Resthaven.

The program statistics year to date are below.

Alwyndor DSS		2017-2018													
Targets	Outputs 17-18	Monthly	Weekly	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Total			
Goods and Equipment	23	1.91666667	0.442307692	0	4	0	0	2	0	4	2	12	\$	1,560.00	
Home Maintenance	243	20.25	4.673076923	49	60.5	46	49	44.5	30	31.5	30.5	341	\$	20,460.00	
Social Support	3351	279.25	64.44230769	167.25	205.74	172.75	161.67	154.5	132.75	154	147.5	1296.16	\$	55,734.88	
Domestic	5710	475.8333333	109.8076923	671.92	765.6	668	669.93	679.75	567.25	629.08	567.22	5218.75	\$	224,406.25	
Personal Care	1426	118.8333333	27.42307692	161.75	148.13	114.77	126.5	92.25	52	40.5	40.5	776.4	\$	46,584.00	
Respite	168	14	3.230769231	24	33.5	25.5	25.5	31.25	4	11	12	166.75	\$	7,170.25	
Total outputs	10921	910.0833333	210.0192308	1073.92	1217.47	1027.02	1032.6	1004.25	786	870.08	799.72	7811.06	\$	355,915.38	
Under in hours															
Over in hours				163.8367	307.38667	116.9367	122.51667	94.16667	-124.083	-40.0033	-110.363	3109.94			

City of Holdfast Bay and CHSP

Agreement has previously been reached with City of Holdfast Bay to sub-contract CHSP services. Domestic assistance services are currently being co-ordinated by Alwyndor for City of Holdfast Bay residents.

At end February, Alwyndor was supporting 43 consumers in long term domestic assistance from the City of Holdfast Bay CHSP program.

Further discussions are being held with City of Holdfast Bay staff to determine a transition date for Alwyndor to commence co-ordinating other CHSP activities.

Transitional Care Placements / Care Awaiting Placement

Alwyndor has signed a contract with the Southern Area Local Health Network for the provision of TCP and CAPs with new subsidies in place.

10 Residential beds have been Allocated to CAP and TCP however some rooms are yet to be updated to enable accommodating 2 beds in each room. This includes the installation of curtains and rails to be installed to create a room divider.

A Palliative Care Room will be set up also that will need a section of the kitchen to be removed.

Currently 6 beds in TCP are being utilised with 1 consumer receiving TCP community. SA Health has been informed that Alwyndor is willing to have 8 on the TCP community program at any given time.

A restructure of the current management of these programs is occurring with CAP and TCP Residential to be managed by the new Residential Services Manager. However, TCP Community will continue to be managed by Home Support Services.

People

A review of the current structure of Home Support Services Department has commenced with this review to be completed in the next few months.

To date the management structure within the Department has changed with the commencement of the Home Support Services Manager in January 2018. The role of Manager Community Services has been changed to that of Service Quality Manager. This role has been created to develop

innovative and meaningful quality and risk management systems and processes across the Home Support Services Programs.

A recruitment process occurred in December 2017 for additional Co-ordinators to assist with the growth in the Home Care Packages. Two staff have been re-deployed from the Residential Services as part of the restructure of their previous activities. One of these staff is an RN and the other an EN, working part time in a job share arrangement. One existing casual Co-ordinator has had her contract extended from 1 day to 3 days per week. All these staff commenced in February 2018.

Risk, Quality, Safety

The Home Support Services programs will be audited this year by the Aged Care Quality Agency in June 2018. The Service Quality Manager will focus on ensuring we have the relevant processes and practices in place to achieve 100% compliance. This role will also undertake audits of the services the department is providing to our customers to ensure we are delivering the services we say we are delivering the way in which the customers want those services delivered.

From 1 July 2018 the Home Care Standards against which the organisation is audited are changing to form the Single Aged Care Quality Framework. As a result, all Home Support Services policies and procedures will need to be reviewed to ensure they meet the requirements of these new Standards. Auditing by the Aged Care Quality Agency against the new standards will commence from July 2019, providing the organisation 12 months to transition and review our processes.

Seven new risk assessments have been undertaken with WHS Officer for staff in-home services, e.g. wound management, domestic assistance to develop Standard Operation Procedures for support staff to ensure effective and safe practices are occurring.

A review of the day to day activities of Home Support Services is currently being undertaken. This includes:

- structure review to support geographically based service delivery with 3 key areas of delivery (service hours closer to paid hours through reduction in travel time and reduced cost of mileage, consistency of service, consistency of staff supervision);
- a review of the allocation of consumers to co-ordinators;
- consistency of co-ordinator activities; and
- review of quality of service delivery provided to consumers.

BUDGET

Not applicable.

LIFE CYCLE COSTS

Not applicable.

Item 7.2
Draft 2018/19 Budget (Report No: 17/18)
will be circulated separately

Item No: **7.3**

Subject: **MINUTES – GOVERNANCE AND OPERATIONS COMMITTEE – 6 MARCH 2018**

Date: 20 March 2018

Written By: General Manager, Mr R Kluge

General Manager: Alwyndor, Mr R Kluge

SUMMARY

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

RECOMMENDATION

That the minutes of the Governance and Operations Committee meeting held on 6 March 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
 - CI
 - Risk Management
 - Information Systems;
- Service Development;
- Operational Performance; and
- Strategic Priorities.

REPORT

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

Refer Attachment 1

BUDGET

Not applicable.

LIFE CYCLE COSTS

Not applicable.



Attachment 1



MINUTES

Minutes of the meeting of the

Governance and Operations Committee

held in the
Board Room on

Tuesday, 6 March 2018 at 1.00pm

Our Vision

To honour the legacy, vision and intent of the **DOROTHY CHEATER TRUST** by providing high quality community and residential services, offering a viable and flexible mix of personalised care and support services to older people in the local community.

**Governance and
Operations
Committee**

MINUTES

Governance and Operations Committee Minutes

STAFF PRESENT

Chairperson - General Manager – Mr R Kluge
Chief Operations Officer – Mr T Hill
Chief Financial Officer – Ms N Andjelkovic
Healthy Living Manager – Mr S Drew
Home Support Services Manager – Ms N Jeffery
Chief People and Culture Officer – Mr B Capes
Personal Assistant – Ms R Gordon

1. OPENING

The Chairperson, Mr R Kluge declared the meeting open at 1.03pm.

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 the Kurna People today.

3. APOLOGIES

3.1. Apologies received - nil

3.2. Absent - nil

4. CONFIRMATION OF MINUTES

Minutes of the meeting held on 6 February 2018 were taken as read and confirmed.

5. MINUTES OF OTHER COMMITTEES

5.1. Support Services Committee - 20 February 2018

- This meeting was postponed while information that needs to be considered by the Committee is gathered. The inaugural meeting will be held on 20 March.

5.2. Care Services Committee – 13 February 2018

- Minutes were not available at the time of this meeting and will be circulated separately.

6. BUSINESS ITEMS

6.1. Operational Review – progress and next steps

- Uniquity report is due to be presented to CEO and AMC Chairperson on 8 March. General Manager expects to receive a copy of the report shortly thereafter.
- Hour reductions to be in place by 1 July, in conjunction with new financial year.
- 4 staff members have been suspended. HR considering the best way to address the hearsay on the floor.

6.2. Procedures and policies for adoption

6.2.1. Missing Resident Procedure

[M:\Policies & Procedures Master\Residential Policies Procedures Forms\Clinical Procedures\DRAFTS\Missing Resident\Missing Resident Customer Draft Procedure](#)

6.2.2. Reportable Assault Procedure

M:\Policies & Procedures Master\Residential Policies Procedures Forms\Clinical Procedures\DRAFTS\Reportable Assault Draft Procedure]

- Missing Resident Procedure and Reportable Assault Procedure have both been adopted following recommendation from action plan after Agency unannounced visit.
- In future, policies and procedures will be submitted to the Governance and Operations Committee for approval prior to adoption.
- Procedures and policies are available for staff in: [L:\Staff Resources\Policies & Procedures\Alwyndor Key Policies](#) and for Corporate staff in: [M:\Policies & Procedures Master\Alwyndor Key Policies](#)
- These policies have been circulated to all staff and training has commenced (and will be ongoing).

ACTION: Confirm with Committee once all required staff have completed training.
BC

6.2.3. Policy and Procedure Framework

- Moving forward, all policies will have a statement of intent.
- GM asked Committee: what do we think we need?
- Need to review which Council policies we are required to adopt.
- What is the review cycle for current policies? Work through those presently due and work on from there.
- Council updates to policies – we need to be notified of updates if we must follow.
- Consider asking Council to put disclaimer on their policies where Alwyndor excluded from policy/procedure as applicable.
- New/updated policies and procedures need to be uploaded to iCare. Particularly important for agency staff. Who is/will be responsible for this?

ACTION: Review key policy structure. Provide feedback and identify gaps ASAP.
ALL.

ACTION: Meet with Council's Governance Officer and Manager People and Culture to identify Local Government legislative requirements around policies and procedures. BC

6.3. Clinical incident analysis (October to December 2017)

- GM noted that this analysis was incomplete.
- Intent is that one report will cover whole facility, including TCP as a unit/wing.
- TCP may need to be a separate 'facility' if needing to further review and drill down into data.
- Desire is to look at total with ability to separate information as required. For now, former Best Practice and Innovation Coordinator has produces as all stats.

ACTION: Incoming RSM to review information and complete report for presentation to March meeting of Alwyndor Management Committee. SW

6.4. Feedback & CI report

- Chief Operations Officer provided demonstration of new feedback live reporting.
- Training for Feedback and CI databases will be arranged for all Leadership Team.
- Governance and Operations Committee will need to consider reviewing KPIs in near future.
- Executive Team to review own department feedback, etc, on a weekly basis.
- Trends analysis to be considered by Governance and Operations Committee and ask questions via Support Services and Care Services Committees.

- Support Services and Care Services Committees to review all feedback data at each meeting.

7. ACTION ITEMS

7.1. Action item review

7.2. SAC Matrix

- SAC rating is clinical.
- Risk matrix colour coding is different to council. Should we adopt Council's or seek to have different consequence colours due to different requirements?

ACTION: SAC rating system to be reviewed, and adopted or adjusted, at next Governance and Operations Committee meeting. RK/SW

7.3. Corporate Risk Register

- Adjustment of risk register.
- GM thanks all for providing updates.

ACTION: GM and RSM to work through this and approach Council, if necessary. RK/SW

8. BUSINESS UNIT UPDATES

Nil items presented.

9. URGENT BUSINESS

9.1. Agency reports, outcomes & action plans

ACTION: present report to next Governance and Operations Committee. RK

ACTION: Incoming RSM to communicate results and action plan requirements to staff.
RK/SW

9.2. Resthaven CCOP CHP Contract

- Resthaven communicated with us recently to advise they are withdrawing from contract with Alwyndor.

9.3. Legislative updates

- Who do they go to? Governance and Operations Committee who will communicate updates to Support Services and Care Services Committees.
- Relevant CI and Audit Schedule to be monitored by Support Services and Care Services Committees.

ACTION: Prepare policy/procedure relating to Surveillance Act changes from December 2017 and present at April meeting. TH

9.4. Organisational Road Map

- Committee needs to discuss and evaluate trends.
- Road map should be prepared after findings of Uniquity report in case there are recommendations that need to be factored into business plans and road map.

ACTION: Organisational road map, collating all departments' business plans and key time lines, required. RK

10. NEXT MEETING

Date 3 April 2018
Time 1.00pm
Location Board Room
Apologies Nil

11. MEETING CLOSURE

The meeting closed at 2.53pm

CONFIRMED 3 April 2018

CHAIRPERSON

Governance Committee Action Items						5-Jan-18
Committee	Issue	Action Required	Assigned	Due Date	Outcome	Complete
Governance	Implement SkyTrust WHS System	See separate Action Plan	Brett	Dec-17		
Governance	Policy Review to align with updated Document Framework	Review all HR policies to ensure that they are compliant with current legislation and reflect best and/or current practice.	Brett	Jun-18		
Governance	Review all Clinical Policies and Procedures	Current focus for Policy Procedure review is in Clinical High Risk areas: Pain Management; Wound Management; Medication Management; Infection Control; Mandatory Reporting; Current Process of Clinical Re-structure has also identified areas for Review e.g.. Handover Processes and DDA administration and storage	Susan	Jun-18	Action Plans have been developed for Pain Management; Wound Care and Infection Control.13th &15th Nov RN and EN education update days have been conducted; which have covered; RN /EN Accountability; Wound Care; Resident Assessment and Care Planning. Clinical Support Catherine McGovern is supporting this process with Policy / Procedure development and Nurses Education.	
Governance	Review and Adjust Risk Management Framework and Corporate Risk Register	Develop framework in line with Council Framework, review risk register and adjust for current operational environment	Rick	Mar-18	Awaiting endorsement of Council Risk Management Framework. Needs to incorporate Council Risk Management Framework and SAC Rating for Clinical.	
Governance	Adjust current quality system to ensure it aligns with new Accreditation standards	Source assistance from external resource to provide views on the adjustments required for new standards and assist in implementation of changes	Susan	Jun-18		
Governance	Improve Clinical Analysis and Trending	KPI's need to be reassessed and more inspirational goals set plus benchmarkign such as MOA utilised. Reportign of key LPI's available in a timely fashion and accurate	Susan	Jun-18		
Governance	Investigate concept of consuming Council CHSP services	Review what services could potentially be consumed within Alwyndor and the management and staffing structure required	Narelle	Mar-18	Molly and Monica working on initial concepts	
Governance	Implement New Financial System	Review all financial processes and determine most suitable process to use considering Care Systems functionality. Successfully switch over to new system including appropriate staff training etc	Nadia	Jun-18	Training and testing underway. General Ledger Go Live date 1 April. Payroll and Rostering Go Live date 1 July. Communicaiton sessions with all staff to be held early March re changes to rostering process, timesheets and payroll portal.	
Governance	Customer Experience Team	Investigate concept of collating all back of house admin functions within one team	Nadia	Jun-18	Team has been determined and communicated to. High priority projects have been determined being Admissions process, front desk booking system & call answering process.	
Governance	Understand Resthavens intentions beyond 30 June 2018	Seek 2 year extension on CCOP contract with Resthaven	Narrelle	Feb-18	Meeting held with Resthaven where they indicated they would be extending contract once they receive extension from Government. Letter received	
Support Services	Induction Process Review	All new staff are provided with an organizational, and then area specific, induction that meets legislative and quality requirements, and equips new staff for employment	Brett	Nov-17		
Support Services	Establish and manage mandatory training program to comply with legislative, quality and contractual obligations	Create Training Policy. Assign the administrative duties appropriately to coordinate and record training for the organisation.	Brett	Dec-17		
Support Services	Strengthen WHS Compliance and Auditing	Review Contractor Management and other Procedures to ensure WHS risks are mitigated	Brett	Mar-18		
Support Services	Formulate a performance management system that enhances culture, maximises potential and develops capacity	Transparent performance measures for each role. Supervision/management KPIs will be introduced to all roles with supervisory responsibilities. The phasing out of annual appraisals and introduction of more regular documented reviews. Bi monthly or quarterly one on ones with staff will provide supervisors/managers with more opportunity to interact with, develop and recognize our staff.	Brett	Dec-18		
Support Services	New Employment Contracts	Clear reporting lines between roles. New contracts of employment and job descriptions for all roles. Comprehensive task lists for appropriate staff. Transparent performance measures for each role	Brett	Dec-18		
Support Services	Implement a cultural change program	Create a strategic plan which addresses current gaps or deficiencies in culture. The plan should contain appropriate actions as well as measures	Brett	Jun-19		
Support Services	Review of All Job Descriptions	Job descriptions will utilise a consistent format. All job descriptions will align with classification levels within the EBA. Duties will be broad enough to allow greater flexibility for roles	Brett	Dec-18		
Support Services	Review Business Continuity Plan	Plan was updated in early 2017, but needs review	Catherine			
Support Services	Reconsider the assignment of some accountabilities and line management	Agree. Review to ensure current case management structure is consistent with best practice and that the workforce have the skills required to adjust to any new model of service implemented.	Narelle	Mar-18	Preliminary Discussion held with Manager Community. Some changes will need to correlate with other initiatives especially Customer Liaison Team	
Support Services	Reconfigure offices and or other areas to better use space and to align with any structural changes agreed by AMC	Identify office space requirements. Review current utilisation of offices and potential move to using more hot desk areas and to create more 'meeting spaces' in units etc	Nadia	Jun-18	Feedback received from leadership group. Final layout to be determined.	
Support Services	Review Roster Efficiency	Analysis efficiency via analysis of KM's service times, split shifts, staff levels e.g., 2 or 4 and hours provided to each staff member	Narrelle	Jun-18		
Support Services	Investigate potential to 'rent' space to professional service providers	Liaise with GP/geriatrician regarding their operational needs; commercial lease agreement needs to be part of the service agreement (Nadia to oversee)	Simon	Jul-18	TH needs to transfer relationship and work to date to SD; awaiting meeting. Needs analysis meetings held with geritrician and GP on the 14/12/17; SD to present findings to CFO and GM and then outline a Project Plan; preliminary discussion underway with Dr Ananad and investigation into grant opportunities but looking at lessor-lessee model; CFO involved in discussions	
Support Services	Scope, Design and program appropriate CRM system	Initial development of CRM system in Adobe BI to provide a information tracking ability and reporting for all contacts with current and prospective clients.	Travis	Apr-18	Currently looking for a local Adobe Business Catalyst specialist and an O365 specialist to investigate the best way to integrate or interface the backend of our public environment (the main touchpoint for current, potential and past clients) with our main business environment Microsoft O365.	
Support Services	Upgrade of phone system	Develop business case comparing simple upgrade against IP upgrade and the potential to be able to on sell services to customers. If business case can be developed with a relevant pay back period then Capex funding for phones can be redirected elsewhere.	Travis	Jun-18	Discussion underway with Telstra and NEC regarding investigation of best solution. Most providers now require ongoing licensing hence costs are problematic.	
Support Services	Install TV's in to every room and provide some public TV/monitors for information/marketing purposes	\$64k in capex budget for 2017-18. Develop program to install TV's into rooms and solutions to provide information on public TV's etc.	Travis	Jun-18	Still obtaining quotes - the labour portion for cabling and installation has been varying substantially form quote to quote. Currently the 64K allocation is not looking to be sufficient	
Support Services	Capex Budget for 2018 includes camera system to enable better coverage throughout the facility	In capital Budget for 2017-18. Full coverage of public areas combined with the potential for RNIC to open doors etc. via iPads.	Travis	Mar-18	Quote received for Avigilon product was well above budgeted figure and not achieving full site coverage so currently looking at alternative products with similar features.	
Support Services	Scope, Design, create and launch improved internal and external communication methodology	Review what communication is required and consolidate where able. Determine what it solution would provide the best outcome	Travis	Apr-18	One of our greatest challenges in this space has always been that not all workers are connected to Alwyndor in the same way i.e. we have almost 280 staff and only 80 workers are licenced in Microsoft O365. Alwyndor needs to find the right partner that can assistance with creating a secure space online potentially as a secure Staff & AMC portal on our website that can easily and seamlessly host content created from within our business environment. This project has a direct relationship to how we move forward with an intranet, CRM and Marketing strategies	
Support Services	Review and Implementation of Marketing Strategy	Develop Marketing Strategy/Plan post Strategy Planning session for approval at August AMC including estimated expenditure	Travis	Jun-18		
Support Services	Best method of communication with staff	Support Services Committee to discuss best method for communicating with staff, e.g. tool box talk at daily handover or communication tree	Brett/ Travis	Apr-18		
Governance	Risk Management	Present SAC Rating Proposal to next Meeting for discussion and ratification	Rick	Feb-18		
Governance	Policy and Procedures update	Managers to provide any suggestion of Policies or Procedures they believe are required in new framework	All Mgrs	Feb-18		
Governance	Document Management Framework project plan	Create project plan for roll-out of Document Management Framework.	Catherine	Mar-18		
Governance	Identify all forms used	Put call out to staff to identify all forms in use (frequent or occasional).	Catherine	Mar-18		
Governance	Memberships	Identify and review all memberships for Clincial and Legal Advice and Support		Mar-18		
Governance	Staff training - Missing Resident and Reportable Assault Procedures	Confirm with Committee once all required staff have completed training.	Brett	May-18		
Governance	Review Key policy structure	Provide feedback and identify gaps	All Mgrs	Apr-18		
Governance	Local Government Legislatvie Requirements	Meet with Council's Governance Officer & Manager People & Culture to identify Local Government legislative requirements around policies and procedures	Brett	May-18		
Governance	Clinical Incident Analysis	RSM to review information and complete report for presentation to March meeting of AMC	Susan	Mar-18		
Governance	SAC Matrix	To be reviewed and adopted or adjusted at next GOC meeting	Susan/Rick	Apr-18		
Governance	Corporate Risk Register	Work through risk matrix and discuss with Council if necessary	Susan/Rick	Apr-18		
Governance	Agency reports, outcomes and action plans	Present Agency report and action plans to next GOC for noting	Rick	Apr-18		
Governance	Agency reports, outcomes and action plans	RSM to communicate results and action plan requirements to staff	Susan/Rick	Apr-18		
Governance	Legislative updates	Policy/procedure re: Surveillance Ace changes to be prepared and presented to next GOC meeting.	Travis	Apr-18		
Governance	Organisational Road Map	Organisational road map, including all departments/ business plans and key time lines, required.	Rick	Jun-18		

Item No: **7.4**

Subject: **GENERAL MANAGER'S REPORT**

Date: 20 March 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

1. **That the following items be noted and items of interest discussed:**
 1. **Meeting Dates and Task Schedule**
 2. **WHS Implementation Plan**
 3. **Interview Panel for AMC Member Selection**
 4. **Analysis of Clinical Statistics**
 5. **Risk Management**
 6. **Current HR initiatives**
 2. **That the Alwyndor Management Committee elect two panel members to join Chief Executive Officer, Mr J Lynch, on the interview panel for future AMC member selection.**
-

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. Interview Panel for AMC Member Selection

An advertisement seeking expressions of interest for two places on the Alwyndor Management Committee will be placed in print and online mediums at the beginning April.

We require two AMC members to join Chief Executive Officer, Mr J Lynch, on the interview panel. The panel will be required to interview short-listed applicants between 27 April and 3 May.

4. Analysis of Clinical Statistics

The General Manager will provide a verbal analysis of clinical statistics.

5. Risk Management

The draft Corporate Risk Register is provided for information.

Refer Attachment 3

6. Current HR initiatives

The General Manager will provide a verbal update on current HR initiatives.



Attachment 1



Attachment 2

Alwyndor WHS Management System Implementation Plan 2017-2018

	Action Required	Status	Proposed Completion	Notes
Element 2: Planning				
2.2 Objectives and targets	Objectives and targets, such as KPIs should be built into HSC and AMC reporting. Lead and lag indicator KPIs based on historical data should be consulted and agreed upon. KPI's then should be actively tracked and used as a mechanism to support specific applied risk programs based on data trends.	Best to implement after six months of Skytrust use.	Jul-18	This should occur at least six months after full WHMS implementation
2.3 Health and safety management plans	The current Alwyndor WHS Plan is to be updated in consultation with the CoHB WHS Advisor on a regular basis to ensure all elements and program progressions are on target. A new WHS Plan is to be drafted and implemented after the first Management Review (see 5.1).	Completed	Dec-17	
Element 3: Implementation				
3.1 Structure and responsibility – Resources	Viability of Alwyndor WHS Portal to be assessed based on the alternative capabilities of SkyTrust. Much of the Alwyndor WHS Portal already requires updating before any potential release, based solely on the implementation of the Hazard and Incident Reporting SkyTrust modules, as well as any impending changes to high level WHS policies and procedure accessibility (see 1.1) and changes to the best method approach to the risk management program (see 3.10) - also based on SkyTrust implementation.	Completed	Dec-17	Current policies and processes are workable and compliant. Small adjustments needed to reflect the use of Skytrust system
3.2 Structure and responsibility – Responsibility and accountability	Responsibilities and accountabilities register to be created.	Completed but ongoing depending on resources	Dec-17	
3.3 Structure and responsibility – Training and competency	All induction and training related actions from the WHS Management System Gap Analysis 2017: -Tiered induction framework -Alwyndor-wide training needs analysis -Individualised training plans -Position description consistency and control (incorporation of safety responsibilities)	Completed	Feb-18	

3.7 Documentation				
3.9 Health and safety risk management program	<p>Skytrust implementation - changes the current/would-be procedures.</p> <p>A suitable form of hazard management training to be incorporated into SkyTrust implementation (training) and included in induction.</p>	Underway	Mar-18	Current system still workable and compliant
3.10 Hazard identification, risk assessment and control of risks	<p>Tasks: Risk assessments and SWI's to be completed as per the relevant One Page Procedure requirements and Task Hazard Register outline. A change in approach to this entire element of the WHSMS is likely (SkyTrust).</p>	All risk assessments completed. SWI's and Plant SOP's completed require sign off and roll out to staff.	Mar-18	Working with new Clinical Management for consultation and signing off. Only small components left to complete which require consultation and sign off.
Element 4: Measurement and evaluation				
4.1 Monitoring and measurement – General	<p>A method of monitoring and measurement related to the WHSMS and all activities and events triggered by the WHSMS should be established. An audit of the One Page Procedures and the creation of an annual schedule of the events and activities that should be occurring in the workplace will aid in keeping the WHSMS up to date (including document reviews).</p>	One Page Procedure audit has commenced	Jan-18	Audits are currently being undertaken. New audits would reflect altered policies and procedures
4.3 Incident investigation and corrective action	Skytrust implementation - changes the current/would-be procedures.	Underway	Dec-18	Current system still workable and compliant
4.4 Records and records management	Formal process for records and records management implemented based on Skytrust capabilities.	Complete	Feb-18	All WHS documentation now managed electronically
4.5 Health and safety management system audits	WHSMS internal audit schedule to be devised and implemented.	Schedule will be developed in Skytrust based on one page procedures.	May-18	Audit schedules will have to be devised in consultation with new Managers
Element 5: Management review				

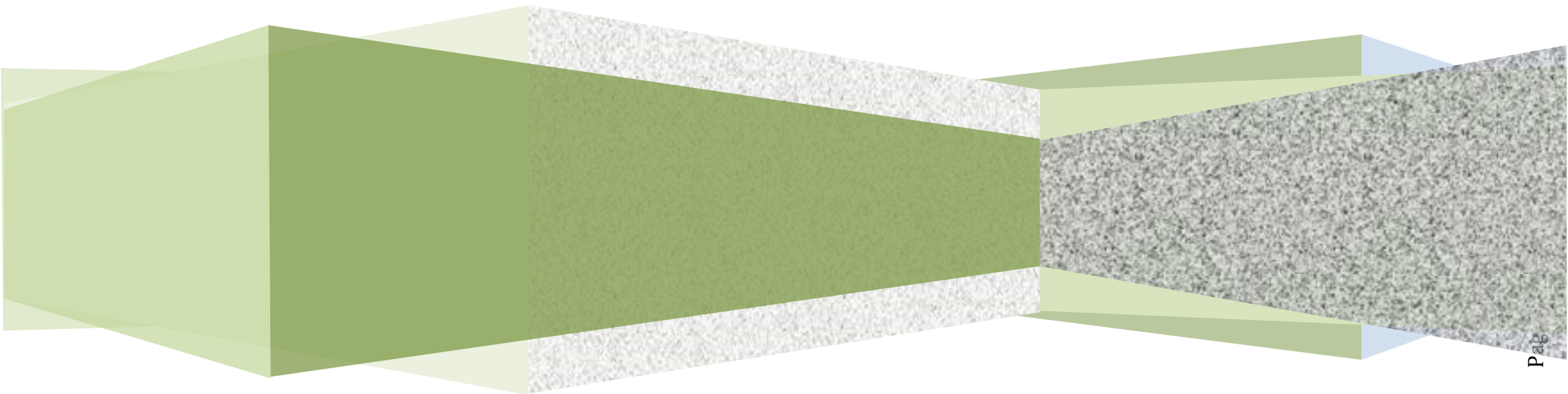
5.1 Management review	12-months post implementation of WHSMS, management is to review: -health and safety management system audit results -objectives, targets and performance indicators -changing circumstances -opportunities for continuous improvements Data and decisions from the review are to included in the next WHS Plan (see 2.3)		Dec-18	
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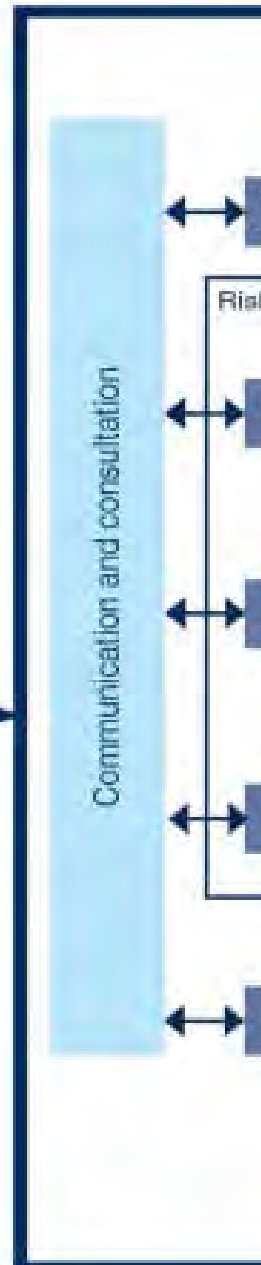
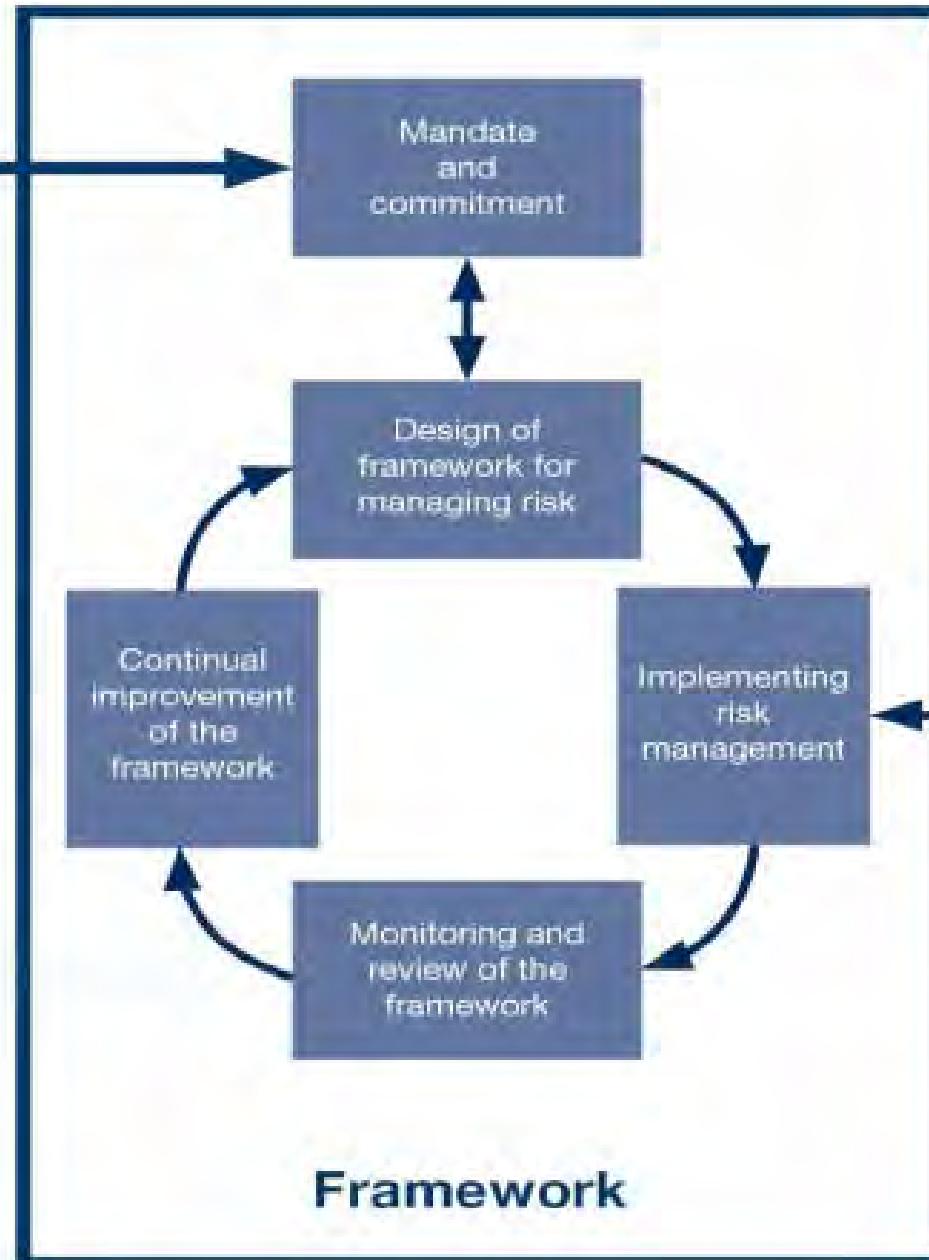
Attachment 3

Corporate Risk Register

February 2018



Principles, Framework and Process



Consequence Scale and Descriptions

Impact Scale	Reputation	Business impact	Public Safety	Environment
1. Insignificant	No adverse effect on public image No media interest Insignificant level of community concern. A slight but manageable increase in the number of adverse resident complaints Negligible adverse impact upon social health and wellbeing of the community which has little or no impact upon established relationships and links.	Low financial loss – impact of less than \$5k Operational issues manageable within normal activities	No injuries Minor repairs required of an insignificant nature to property infrastructure.	“Nuisance” category under the SA Protection Act (1993) met Short term, immediately reversible
	2. Minor	Minor adverse effect on public image Minor media coverage in paper distributed within the local area scale single article). Minor level of community concern, an increase in the number of complaints requiring direct effort to resolve/attend to. Minor adverse impact upon social health and wellbeing of the that may have a minor impact upon established community & links.	Medium financial loss – impact of Minor impact in undertaking routine activities	Only First Aid treatment required Minor loss or infrastructure damage. Normal seasonal illness leading to minor disruption to activities
3. Moderate		Moderate adverse effect on public image Adverse media campaign in Messenger over two or more issues, supported by uptake of issue in Advertiser and or local electronic Moderate level of community concern, large number of complaints letters to editor in Messenger Paper Minor common law action or ombudsman investigation initiated.	Moderate financial loss – impact of between \$20k and Impaired ability to maintain normal operations. Reprogramming required. Minor legal issues, non-compliances and breaches of regulation.	Medical treatment required which may admission to hospital Moderate loss/or infrastructure damage Local epidemic leading to noticeable disruption of
	4. Major	Significant adverse effect on public image Widespread adverse media campaign including electronic local and national media. Social media going viral requiring management intervention. State Government and Agencies to intervene Significant level of community concern Social health and wellbeing of the community seriously affected by	Major financial loss - impact of between \$50k and \$100k Significant effects loss of ability to complete programs, major restrictions to services and project delivery Serious breach of regulation investigation or report to authority with prosecution	Serious & extensive injuries Serious structural damage to infrastructure or serious loss of assets. Widespread epidemic that significant disruption to

5. Critical	community unrest and/or significant breakdown of established community relationships and links.	and/or moderate fine possible.		
	Significant Common Law Action threatened, major ombudsman investigation initiated			
	Major effect on public image	Critical financial loss/exposure – impact greater than \$100k	Fatalities	“Serious Material harm” category under Environment Protection Act (1993)
	Widespread adverse media campaign including electronic local, and international media.	Projects & programs failure, inability to meet minimum acceptable standards,	Critical loss, irreversible property / infrastructure with a replacement cost that overwhelms the capital budget (>25%)	Off-site contamination requiring immediate remediation actions
	Widespread community outrage			Ecosystems – irreversible damage, key stone species extinctions, destruction of biodiversity
	Social media going viral, unable to be contained. State Government Agencies to intervene.	Major breaches of regulation, sanctions imposed	Community movements restricted under State Plan	widespread domination of invasive species effectively remediated.
	Social health & wellbeing of the community severely affected fracturing of established community relationships & links.			Restriction on resource usage resulting in accepted life-style
Class Actions, Judicial Inquiries Initiated				

Consequence and Likelihood Tables

Consequence \ Likelihood		Consequence	Insignificant	Minor	Moderate	Major	Catastrophic
			1	2	3	4	5
Almost Certain	E		Moderate	High	High	Extreme	Extreme
Likely	D		Low	Moderate	High	Extreme	Extreme
Possible	C		Low	Low	Moderate	High	Extreme
Unlikely	B		Low	Low	Low	Moderate	High
Rare	A		Low	Low	Low	Moderate	High

Consequence Rating	Description
1. Insignificant	Not worthy of intervention. Existing controls and procedures are able to cope with the event.
2. Minor	Minor event with consequences which can be readily absorbed but requires management effort to minimise the impact
3. Moderate	Moderate event which can be managed under normal circumstances
4. Major	Major event which will be endured with proper management
5. Catastrophic	Critical event with potential to lead to business, project or event failure

Likelihood Rating	Description
E. Almost Certain	Is expected to occur in most circumstances – 95% to 100% probability over next 5 years or had occurred in last 12 months.
D. Likely	Will probably occur in most circumstances – 76% to 94% probability over next 5 years or had occurred in last 12 – 24 months.
C. Possible	Might occur at some time – 26% to 75% probability over next 5 years or had occurred in last 1 – 10 years.
B. Unlikely	Could occur at some time – 6% to 25% probability over next 5 years or had occurred in the last 10 – 100 years.
A. Rare	May occur only in exceptional circumstances – 0% to 6% probability over next 5 years or had occurred in over 100 years.

Risk Acceptance Criteria/Tolerance Table

Residual Risk Descriptions	
Extreme	<ul style="list-style-type: none"> Immediate implementation of risk mitigation plans/actions to reduce current residual risk or halt/remove activity Successful reduction of residual risk to be regularly reported (daily or weekly) to the Management group responsible, until risk becomes acceptable.
High	<ul style="list-style-type: none"> Senior management attention required to regularly monitor the risk (monthly or quarterly) Review of current controls and further risk assessment required Consideration of development and implementation of further mitigating actions/strategies
Moderate	<ul style="list-style-type: none"> Section Managers to monitor and reassess periodically (6 months – 1 year) Report to senior management as to effective of existing controls Ensuring rating does not increase over time
Low	<ul style="list-style-type: none"> Managed through routine Consideration should be given to streamlining of excessive or redundant controls

Identify Risk			
Risk Number	1	Risk Owner	Chief People and Culture Officer
Risk Description	Work Health and Safety (WHS) System not meeting needs and exposing organisation to liability		
Sources of Risk	<ul style="list-style-type: none"> Alwyndor Staff Contractors Residents/Clients/Community 		
Causes of Risk	<ul style="list-style-type: none"> No previous dedicated resources Reliance on Aged Care accreditation system Lack of systems and processes Little interaction with COHB WHS team Lack of local WHS knowledge 		
Consequences	<ul style="list-style-type: none"> Compliance Safety Reputation Financial 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Possible	Extreme

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Work Health and Safety Committee Work Health and Safety Policies and Procedures Complete WHS Action Plan, rebuild system and review all current documents Implementation of SkyTrust Confirmation with Council on responsibilities of Council/Alwyndor staff WHS compliance audit incorporated within System Support roles
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Likely	High

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Possible	Moderate

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	2	Risk Owner	Chief People and Culture Officer
Risk Description	Lack of systems and processes and/or 'local' processes being followed contrary to formal process		
Sources of Risk	<ul style="list-style-type: none"> Alwyndor Staff Clients/Residents Contractors 		
Causes of Risk	<ul style="list-style-type: none"> Lack of qualified resources around specialised areas including quality, WHS and HR Lack of supervision in particular areas of the organisation, specifically care. Limitation of communication networks due to technological concerns No formalised document control system Lack of governance around policies and procedures 		
Consequences	<ul style="list-style-type: none"> Human Resources Compliance Safety Service Delivery Reputation 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Possible	Extreme

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Operational Review Process – Review of all elements of operations and change where required Upskilling of RN and EN's in Performance Management Improved Education systems and processes Implementation of Best Practice role with specific Clinical Specialist and Process review functions Reintroduction of Behavioural Expectations link to Council Code of Conduct Reintroduction of Rewards and Recognition Scheme Stronger Performance Management stance across the organisation including introduction of Reflective Practice Tool Cultural Change process moving towards a Customer driven model
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Possible	High

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk	
Risk Number	3
Risk Owner	Home Support Services Mgr
Risk Description	Loss or significant changes to funding for Home Support and / or Allied Health
Sources of Risk	<ul style="list-style-type: none"> Resthaven (contract owner for CHSP) City of Holdfast Bay - CHSP Commonwealth Government (CHSP and CDC funding) Other service providers Consumers – current and future
Causes of Risk	<ul style="list-style-type: none"> Resthaven CHSP contract ceases 30/6/18 and no renewal of subcontracting arrangement occurs Performance of CHSP programs below targets Consumer Directed Care packages not obtained Other service providers targeting similar consumers More service providers available for consumers to choose Consumers going to another service provider
Consequences	<ul style="list-style-type: none"> Loss of funding of \$500,000 for Resthaven contract and 200 consumers Loss of funding from City of Holdfast Bay CHSP contract Loss of staff – Support Workers and Co-ordinators due to reduced service provision Potential cost of staff redundancy or redeployment to other areas in organisation Loss of CHSP program funding reduces options to gain CDC packages for those clients (transition avenue) Higher marketing costs required to increase profile for CDC packages if no CHSP transition program Potential loss of reputation as service provider if lose Resthaven CHSP contract with those consumers and the industry

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Possible	Extreme

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Maintain +90% performance of Outputs in service agreement Maintain dialog with Resthaven in regard to extension of current Service Agreement Focus of Growth of CDC Package levels to offset potential loss Greater alignment with CHB and transfer of clients with similar service needs Significant efforts in transition of CHSP customer to CDC Focus on greater service offerings to 55+ age groups resulting in greater utilisation of Health and Wellbeing Centre
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Possible	High

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Possible	Moderate

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk	
Risk Number	4
Risk Description	ACFI funding not always reflective of resident care needs. ACFI revenue insufficient, unable to sustain quality care services
Sources of Risk	
Causes of Risk	
Consequences	<ul style="list-style-type: none"> • Human Resources • Financial • Service Delivery • Service Delivery • Reputation • Compliance

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> • Employ Assessment and Planning Care Manager • ACFI upgrade program • New Clinical Management Structure • Greater ACFI education for all staff • Ongoing and regular staffing reviews of each unit • Review Unit configuration for potential alternate set up • Adjustment to Admissions profile • Adjust to new ACFI rules quickly • Reduce non-care costs
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Likely	High

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	5	Risk Owner	Chief People and Culture Officer
Risk Description	Inability to improve Staff Culture, Resistance to change		
Sources of Risk	<ul style="list-style-type: none"> Alwyndor Staff Alwyndor Management AMC 		
Causes of Risk	<ul style="list-style-type: none"> Legacy issues around lack of change Lack of recruitment processes which discouraged external recruitment processes. This created an insular workforce with little diversity. Lack of supervision throughout the organisation Failure to performance manage staff with conduct and performance issues Failure to enforce policies and procedures Poor communication Urgency required to address risks limits change management processes 		
Consequences	<ul style="list-style-type: none"> Human Resources Financial Reputation 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Possible	Extreme

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> A formal introduction of updated organizational values and vision A values and expectations policy will be aligned to reflect the changed values An independent staffing survey A strategic workforce plan which highlights current gaps or deficiencies in culture The phasing out of annual appraisals and introduction of more regular documented reviews Staff will be assessed against the values of the organization A staff recognition program to recognize high performing staff Organisational KPIs will be developed which will assist to monitor the ongoing culture of the organization
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Possible	High

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	6	Risk Owner	Residential Services Manager
Risk Description	Clinical nurses care skills not adequate to manage complex care		
Sources of Risk	<ul style="list-style-type: none"> Poor Resident Outcomes Quality Agency Accreditation ACFI Revenue 		
Causes of Risk	<ul style="list-style-type: none"> Poor training and deskillling of staff by previous management Inability of staff to acquiesce to high level of care requirements Staff culture of entitlement Staff whom have worked in Hostel environment for long time Poor or absence clinical leadership Absence of Best Practice Culture Absence of appropriate Performance Management 		
Consequences	<ul style="list-style-type: none"> Compliance Reputation Safety Human Resources 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Possible	Extreme

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Assess each RN's skills Assessment of current staff for and Recruitment of (if required) CN (Level 2) roles Develop tailored education program incorporating a monthly 'training day' for all clinical staff Set specific KPI's and timelines for improvements Adjust CNM functions to enable greater 'Education' component in one of the roles Recruitment of Assessment and Planning Care Manager Recruitment of Best Practice Coordinator with initial focus on clinical specialties Adjustment of EN structure to implement 'Team Leader or Mentor' roles
Effectiveness of Controls	Partially Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Likely	High

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	7	Risk Owner	Best Practice and Innovation
Risk Description	Failure to meet Legislative requirements under the Aged Care Act 1997 and Accreditation Standards, resulting in the imposition of sanctions and / or revocation of Residential Care Licence. Failure to adjust to Single Aged Care Quality Framework		
Sources of Risk	<ul style="list-style-type: none"> Australian Aged Care Quality Agency Aged Care Commissioner Department of Health, SA Health, Holdfast Bay Council Safe Work SA 		
Causes of Risk	<ul style="list-style-type: none"> Previous Accreditation history of the home (Non- Compliance in 2013) Poorly performing consumer feedback system Infectious outbreaks poorly managed resulting in consumers requiring transfer to acute care with severe illness or death Food Safety Plan not adequately managed and associated record keeping Failure to report Missing resident(s) and reportable assaults Organisational Policies and procedures not maintained Regulatory Compliance processes ineffective in identifying changes to Acts and Regulations resulting in possible breach Police Check process fails to monitor staff who have expired certificate and/or criminal conviction of assault Clinical Incident reporting and associated processes ignore warning signs such as the rate of injuries, medication errors, excessive mechanical restraint, numerous falls, unexplained bruising, failed accreditation, poor documentation and unidentified clinical deterioration responsibility for clinical outcomes is not owned open disclosure is rare, and external scrutiny not encouraged by management professional accountability is weak, inconsistent and leads to some staff not being sanctioned for unacceptable behaviour; no identifiable process to support greater clinical effectiveness education, training and professional development that should underpin excellent care is seriously deficient and focussed in areas that are out of date and irrelevant, areas such as trauma informed care, sensory modulation, falls prevention and safeguarding against elder abuse 		
Consequences	<ul style="list-style-type: none"> Service Delivery Financial Reputation Human Resources Compliance 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Possible	Extreme

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Certification compliance maintained Triennial Fire Safety compliance through the MFS Prudential and Service Provision Reporting requirements are maintained and submitted to Government annually Governance Standards are developed and reviewed annually Continuous Improvement Plan Food Safety Plan & Audit Program Water Safety Audits Security of Tenure Contractual compliance Delegations Instrument compliance and reviewed annually Annual Professional staff Registration Checks Mandatory Criminal History Checks Asbestos Register Mandatory Equipment Tag and Test Drug and Chemical Registers Resident Serious Clinical Incident Log in place Departmental and other Complex Complaints Log Reportable Assaults and Missing Resident Registers Consolidate and maintain effective clinical data systems Restructure to include Best Practice and Innovation Role (RN Qualifications)
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Unlikely	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk	
Risk Number	8
Risk Owner	General Manager
Risk Description	Loss of Public Benevolent "Charitable" Status
Sources of Risk	<ul style="list-style-type: none"> Australia Tax Office City of Holdfast Bay Council
Causes of Risk	<ul style="list-style-type: none"> Previous attempt by ATO to remove status in 2004. If operation of Trust is not operated as per legal requirements PBI status could be revoked Council attempting to generate funds out of operation of trust Alwyndor ceasing to provide Care for the Aged or Infirm on the site
Consequences	<ul style="list-style-type: none"> Financial – Significant additional Tax costs and employee costs resulting in need to rectify financial position by dropping services and staff numbers. Human Resources – Significant reduction in benefits to staff resulting in turnover or additional expenses required to keep staff Reputation – Any rectification of cost increases resulting in lose or reduction of services would damage reputation

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Marketing and Communication Plan includes imperative to include and promote AAC history and the legacy of the Dorothy Cheater Trust in all documentation and correspondence Comply with all registration and reporting requirements of the Australian Charities and Not for Profit Commission Ensure Alwyndor continues to operate within the requirements of the Trust Deed Educate Council and AMC members on requirements to maintain purpose of Trust Deed
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Rare	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	9	Risk Owner	Residential Services Manager
Risk Description	The ability and adequacy of our internal systems and policies to minimise harm and identify trends in outcomes, communicate and implement procedural requirements		
Sources of Risk	<ul style="list-style-type: none"> Poor Resident Outcomes Quality Agency Accreditation 		
Causes of Risk	<ul style="list-style-type: none"> Non- adherence to Governance Framework Normalised Deviance where policies are not completely followed 'Local' procedures overriding documented processes Staff resistance to change Low staff competency Poor data integrity coming out of iCare Staffs belief they are overworked Poor document control Poor communication systems and processes Staffs reliance on being 'spoon feed' information and not being accountable for own development 		
Consequences	<ul style="list-style-type: none"> Reputation Compliance Financial Safety 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Governance System – AMC bi-annual review of key policies and procedures Internal Audit –finance / asset systems and associated policy compliance External Audit including Government Accreditation and Certification legislative requirements Mutual Liability Scheme Review and Implement Document Management System Review of Communication Systems and implementation of new processes and IT solutions
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Possible	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	10	Risk Owner	General Manager
Risk Description	Lack of income diversity.		
Sources of Risk	Residential Services provides 85% of service revenue hence any Federal government changes aimed at reducing funding costs will affect organisation performance.		
Causes of Risk	<ul style="list-style-type: none"> Federal Government Changes to funding No application of COPO hence cost increase not offset by revenue Failure to improve revenue performance in Healthy Living and Home Support business Residential bed licenses being 'deregulated' resulting in occupancy issues 		
Consequences	<ul style="list-style-type: none"> Financial - Any savings initiatives undertaken by Federal Government would have a significant revenue effect on Alwyndor. Service Delivery – Reduction in ACFI funding will need to result in reduction in staffing to ensure sustainability in the medium term. Various 'social' initiatives currently being undertaken may need to be ceased. Reputation – Any rectification measures resulting in removal or reduction of services will have inevitable flow on effects on Alwyndors reputation. 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Strategic Plan Imperative to grow transitional care beds / community services / healthy living services / palliative beds / day respite services Pursue opportunities to provide home support services in other regional planning areas Review potential to build and manage Retirement Living Services Grow public participation in new AAC amenities, e.g. café, Gym for the middle-aged person – promoting stay in your mid age longer Review New Resident admission processes to ensure that all new admissions to Residential are adequately assessed either through their Respite stay or preadmission ACFI assessment to meet the minimum entry ACFI of MMM Develop unsolicited proposal for purchase of Dorothy Cheater Court
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Possible	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	11	Risk Owner	Chief Operations Officer
Risk Description	Loss of business due to increased competition/open market		
Sources of Risk	Lacking understanding of consumer expectations and market conditions		
Causes of Risk	<ul style="list-style-type: none"> • Poor customer experience • Not understanding what our consumers want or what they are currently experiencing • Unmatched product and price offering • Failure to prepare for the next generation of care recipients • Inability to effectively and efficiently monitor the consumers experience • Poor conflict resolution and follow up 		
Consequences	<ul style="list-style-type: none"> • Reputation • Financial 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Unlikely	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> • Complete a consumer journey map • Customer service needs to become engrained in the organisations culture • Continued training and consistent information is required for all staff • Monitoring Pricing on CDC – reduce exit fee and total of case management and Admin charges • Development of Consumer Engagement strategy, incorporating Consumer Reference Group • Investment in systems to enable improved engagement, communication and polling • Marketing Strategy
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Possible	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Possible	Moderate

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	12	Risk Owner	Chief Financial Officer
Risk Description	Increasing administrative/compliance costs		
Sources of Risk	Inadequate systems resulting in reliance on manual processes Aged Care Act City of Holdfast Bay		
Causes of Risk	<ul style="list-style-type: none"> Inadequate and/or redundant software platforms Federal Government increasing the complexity of the aged care funding model Non-compliance of internal processes 		
Consequences	<ul style="list-style-type: none"> Financial – higher staffing costs due to inefficient systems, complex funding model and high levels of compliance Non-Compliance – Increased inefficiencies from not following processes, actions not aligned to policy and procedures. Service Delivery – unable to service consumer needs or resolve consumer requests in an efficient manner resulting in consumer dissatisfaction 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Invest in updated software platforms Review of staff functions and levels of roles Greater business acumen in each service area and KPI's related to efficiencies and improvements in processes Ensure all appropriate functionality of systems are used more effectively and processes adhered too
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Possible	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Possible	Moderate

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	13	Risk Owner	Best Practice and Innovation Coordinator
Risk Description	Not adequately prepared for any event that may cause a severe / significant risk to on-site and remote staff, resident, client safety and / or interruption to core service provision		
Sources of Risk	<ul style="list-style-type: none"> • Department of Health • State Emergency Services • Safe Work SA • Australian Aged Care Quality Agency • Aged Care Commissioner • SA Health (TCP/CAPS) 		
Causes of Risk	<ul style="list-style-type: none"> • Unable to prevent the continuance of critical business functions for a predetermined period of time. • Contingency not in budget to cover financial costs of disaster • Inadequate identification of regulatory and legal requirements that must be complied with • Identifying all possible threats and risks • Estimating the probability of these threats and correctly identifying their loss potential • Poorly documented BCP, communication of plans to employees, and inadequate preparation of staff through training and drills • Policies and procedures and steps to resume business functions following a disaster 		
Consequences	<ul style="list-style-type: none"> • Service Delivery • Financial • Asset • Reputation 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Catastrophic	Possible	Extreme

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> • Disaster Management Plan including Contingency Plans for loss of water, power, gas, communications and significant staff absences • Pandemic, Heat Wave Contingency and Action Plans • Evacuation Kits • Disaster Management Wardens and all staff / volunteers trained in fire safety and evacuation procedures • Formal reciprocal accommodation arrangements (MOU's), in place with other regional providers in the event of an evacuation • Remote worker (home based community support services), Emergency Event Policy and Guidelines • Records Management Storage and Safety Policy • Back- up power supply provided by generator system • Business Interruption insurance • Replication Server and Tape Back Up's • Staff training in disaster management
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Rare	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Possible	Moderate

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	14	Risk Owner	Chief Operations Officer
Risk Description	Condition of assets are not "fit for purpose" or do not meet standard customer expectations		
Sources of Risk	Rapidly change in expectations of our stakeholders		
Causes of Risk	<ul style="list-style-type: none"> Higher expectations of Baby Boomers and their Gen X offspring Frequent changes and new developments in the Tech landscape Lack of investment in modern technologies Disruption of wearable and mobile technologies Feedback and survey data too little and often too late 		
Consequences	<ul style="list-style-type: none"> Service Delivery Human Resources Reputation 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Asset Management Plan and Developing digital adoption strategy Consumer journey mapping Implementing new engagement technologies to acquire more relevant and timely information about product and service deliverables Annual Capital Replacement Budget aligned with consumer expectations Alwyndor refurbishment schedule Develop New Alwyndor Master Plan
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Unlikely	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	15	Risk Owner	Chief Financial Officer
Risk Description	Inadequate information available to conduct/complete thorough business cases, due diligence and/or feasibility studies prior to undertaking major projects or significant business changes		
Sources of Risk	Finance system not suited to requirements of an aged care facility and greater financial expertise required to implement contemporary processes and reporting models		
Causes of Risk	<ul style="list-style-type: none"> Inadequate financial system that is not aged care specific, resulting in a significant reliance on manual processes Blended financial reporting structure making it difficult for service managers to gain a comprehensive understanding of service areas current performance Lacking expertise in KPI reporting and financial modelling to undertake feasibility studies Budgeting process not linked to service area KPI's and no accountability for financial results 		
Consequences	<ul style="list-style-type: none"> Financial – inability to understand current profitability of service areas and feasibility of new initiatives which could result in poor decision making Reputation – Increased risk of errors due to high level of manual processes resulting in poor decision and/or consumer dissatisfaction Service Delivery – Unable to act quickly to market changes 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Governance role of AMC and authority of Council (Delegated responsibility, Terms of Reference, compliance with Local Government Act ie S48) Linkages to current adopted Strategic Plan and within Annual Budget Financial System upgrade Adjustment to more contemporary financial processes and accounting methods Business planning process for each service aligning with Strategy Recruitment of CFO role and implementation of new finance system
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Moderate	Possible	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date

Identify Risk			
Risk Number	16	Risk Owner	Chief People and Culture Officer
Risk Description	Inability to attract and maintain sufficiently skilled and experienced staff and volunteers to meet the required and expected levels of service provision		
Sources of Risk	<ul style="list-style-type: none"> Aged Care Recruitment Market Alwyndor External Reputation 		
Causes of Risk	<ul style="list-style-type: none"> High Demand for qualified aged care staff in the market New quality standards creating a high demand for high level clinical expertise Alwyndor agreement has lower rates of pay for RN qualified staff than public sector Expansion of community aged care sector creating high levels of demand for experienced community aged workers Increase in market salaries for specific positions makes it difficult for Alwyndor to compete without breaking salary structure Insular nature of aged care industry means that any damage to Alwyndor reputation may discourage quality candidates from applying 		
Consequences	<ul style="list-style-type: none"> Service Delivery Reputation Human Resources Compliance 		

Assess Risk – Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Possible	High

Evaluate Risk	
Mitigation Strategy	Reduce
Existing Controls	<ul style="list-style-type: none"> Volunteer Policy and Procedures Greater connection with Council regarding Volunteer roles Pursue placement programs for students Effective staff recruitment systems/program Effective induction systems/program for new staff Ongoing Professional Development Program linked to Workforce Plan Succession Planning and Talent Management Framework Single industrial instrument - AAC Enterprise Agreement with common and consistent employment conditions Well at Work Program Full Salary Sacrifice Entitlements Subsidised Travel Insurance Staff Reward and Recognition Program Carer staff paid approximately 10% higher
Effectiveness of Controls	Effective

Assess Risk – Residual Risk (After Controls)		
Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Unlikely	Moderate

Target Risk		
Consequence Rating	Likelihood Rating	Target Risk Rating
Moderate	Unlikely	Low

Treat Risk			
Treatment Number	Treatment Plan	Responsibility	Due Date