



Alwyndor Management Committee

NOTICE OF MEETING

Notice is hereby given that a meeting of the Alwyndor Management Committee will be held in the Boardroom, Alwyndor, 52 Dunrobin Road, Hove.

Thursday 24 February 2022 at 6.30pm

Roberto Bria
CHIEF EXECUTIVE OFFICER

AGENDA

Alwyndor Management Committee Agenda

1. OPENING

The Chairperson, Mr K Cheater 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

5.1 Minutes of the Previous Meeting

Motion

That the Public and Confidential minutes of the Alwyndor Management Committee held on 27 January 2022 be taken as read and confirmed.

6. REVIEW OF ACTION ITEMS

6.1 Action Items

6.2 Annual Work Plan 2022

7. REPORTS/ITEMS OF BUSINESS

7.1 General Manager's Report (Report No: 04/22)

8. CONFIDENTIAL**8.1 General Manager's Report – Confidential (Report No: 05/22)**

Pursuant to Section 87(10) 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.**

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 Thursday 31 March 2022 in the Hub, Alwyndor Aged Care, 52 Dunrobin Road, Hove or via audio-visual telecommunications.

11. CLOSURE

ROBERTO BRIA
CHIEF EXECUTIVE OFFICER

CITY OF HOLDFAST BAY

Minutes of the meeting of the Alwyndor Management Committee of the City of Holdfast Bay held via Audio-visual telecommunications on Thursday 27 January 2022 at 6.30pm.

PRESENT

Elected Members

Councillor Susan Lonie
Councillor Robert Snewin

Independent Members

Mr Kim Cheater- Chair
Ms Julie Bonnici
Prof Judy Searle
Prof Lorraine Sheppard
Ms Trudy Sutton
Mr Kevin Whitford

Staff

General Manager Alwyndor – Ms Beth Davidson-Park
Manager, Community Connections – Ms Molly Salt
Manager, Residential Services – Ms Natasha Stone
Manager, Finance – Mr Damian Capurro
Manager People and Culture, Ms Lisa Hall
Personal Assistant (Acting) - Ms Jillian Conner

Guests

Mr Tim Hicks, General Manager Policy, Advocacy & Advisory, Leading Aged Services Australia (LASA)
Ms Rosetta Rosa, State Manager, SA-NT, (LASA)

1. OPENING

The Chairperson declared the meeting open at 6.30pm.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Chair 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 Kaurna People today.

Kim Cheater recognised Australia Day and asked all to pay respect to the Indigenous people on this day and the wider community.

3. APOLOGIES

- | | | |
|-----|------------------|-----|
| 3.1 | For Absence | Nil |
| 3.2 | Leave of Absence | Nil |

4. DECLARATION OF INTEREST

Committee members were reminded to declare any interest before each item.

5. CONFIRMATION OF MINUTES

Motion

That the Public and Confidential minutes of the Alwyndor Management Committee held on 25 November 2021 be taken as read and confirmed.

Moved by Cr S Lonie, Seconded by Prof L Sheppard

Carried

6. REVIEW OF ACTION ITEMS

6.1 Action Items

Noted

6.2 Annual Work Plan

Noted

7. GENERAL MANAGER REPORT

7.1 General Manager Report (Report No: 1/2022)

With the leave of the meeting 7.1.2 and 7.1.3 were brought forward for consideration.

7.1.2 Aged Care Quality and Safety Commission (ACQSC) – visit 17 December 2021

Noted.

7.1.3 Release of confidential items

It was agreed that reports of ACQSC compliance visits and outcomes should be added to the guidelines and that these should be held in confidence for five (5) years and at that time will be considered carefully and potentially have personal details redacted.

Staffing and employee matters were adopted as recommended and agreed that all other items would be held in confidence for (three) 3 years.

Ms R Rosa and Mr T Hicks (LASA) joined the meeting at 6.45pm.

The Chair thanked Ms R Rosa and Mr T Hicks for attending and allocated a presentation time of 45 minutes.

Ms Rosa from Leading Aged Services Australia gave an introduction and outlined local based policy issues.

Mr Hicks noted this is a very complex and challenging time. His presentation focused on Aged Care Reform and Advocacy (Residential Care and Home Care).

A copy of the presentation is available for members around Residential, Key Reforms, Homecare and Advocacy.

The Chair thanked Mr Hicks and Ms Rosa for presenting to the meeting, noting how valuable the information and commentary was to AMC.

The meeting continued with:

7.1.1 COVID-19 update

The General Manager updated that Alwyndor currently has 21 COVID positive staff and one resident. Clinpath are PCR testing residents every 72 hours.

All agency staff and casual contacts are being tested (via Rapid Antigen Tests (RAT)) prior to every shift). This will continue for agency staff and all staff will be issued with RAT's from Monday 31 January 2022 with the requirement to test several hours before commencing work and then again every 72 hours.

Alwyndor has been experiencing significant staffing shortages in all areas ie carers, ENs and RNs. Staff have been working extra shifts, extended or double shifts as well as forgoing days off in both residential and community. Agencies have often been unable to assist or have cancelled at short notice. Staff have shown extraordinary commitment and every effort is made to ensure their wellbeing, as well as ensuring WHS requirements are being managed.

There was some discussion regarding 'essential' services and it was noted that some community clients had reverted to their emergency care plans due to shortage of staff and were being closely monitored. Similarly, some lifestyle services in residential were being reconsidered for care needs.

Partners in Care was working well in residential and had eased some of the social isolation being felt by residents. It was noted that the option of requesting families to participate in community care was available but not fully explored at this time.

It was noted that PPE and RAT supplies had been received (some purchased locally, a small amount from ClinPath and some from the Federal Government) and that ongoing orders are in place with the aim of ensuring a steady flow. This is being carefully monitored and advocacy continues with SA Health and the Federal Department of Health to ensure continuity of supply.

AMC acknowledged the challenging circumstances that Alwyndor is currently operating under. AMC encouraged the General Manager to consider if there are activities that could be delayed or stopped in the current environment to ease pressure on staffing. The General Manager noted consideration had been given but would take this on notice ensuring that resources are focussed on only the most essential activities with a continued focus on client health and wellbeing.

Motion

That the Alwyndor Management Committee:

- 1. Note the update regarding COVID-19 impacts and responses.**
- 2. Note that Alwyndor is fully compliant in all standards following an unannounced visit from the Aged Care Quality and Safety Commission (ACQSC) in December 2021.**
- 3. Approve the recommended guidelines for timeframes for items to be retained in confidence, noting amendments as discussed re all 2-year timeframes standardising as 3 years and the addition of ACQSC compliance reports.**

Moved by Mr K Whitford, Seconded by Ms T Sutton

Carried

Ms J Bonnici left the meeting 7.43pm.

Ms J Bonnici returned to the meeting at 7.47pm.

8. GENERAL MANAGER REPORT – CONFIDENTIAL

8.1 General Manager Report – Confidential (Report No: 2/2022)**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 Reports and Attachments to Report No: 2/2022 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: 2/2022 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 by Prof L Sheppard, Seconded by Cr S Lonie

Carried

8.1.1 Formalisation of Out of Session Circular Resolutions

Noted.

8.1.2 Corporate Risk Status Report: Risk 08

The criticality of this risk was noted and it was agreed it will be reviewed again in March 2022. This will include a review of the residual risk rating which is currently 'High' and management were requested to consider if the current inherent risk was 'Extreme'.

The requirement for a Workforce Plan was acknowledged and it will be a focus in the coming months.

Ms T Sutton left the meeting 8.19pm

Ms T Sutton returned to the meeting 8.22pm

8.1.3 Residential Catering Review

AMC considered the report and it was agreed by all members that catering systems and quality require improvement for current residents and for Alwyndor's ongoing reputation. It was noted that the cost of a revised model may impact upon the Long Term Financial Plan ie may be longer until a 'breakeven' position is achieved, however Alwyndor is in a good cash flow position with no requirement for any funds from the City of Holdfast Bay.

It was agreed that an objective review of the current findings and recommendations be conducted by an independent expert and a final report be brought to AMC in March 2022.

Action: An independent review of the current catering findings be completed and tabled at the March 2022 meeting.

8.1.4 AlayaCare Implementation – Project Status Update

Noted that the project is currently on track with agreed flexibility with AlayaCare should COVID-19 impact on the implementation.

8.1.5 Alwyndor Strategic Plan Update

This item is to be deferred to the March 2022 AMC meeting.

Motion:

That the Alwyndor Management Committee:

- 1. Support the proposal to pay Alwyndor residential care employees a 25% loading when required to work within a COVID-19 positive resident area.**
- 2. Support the proposal to commence Alwyndor residential care visiting whilst in lockdown in accordance with agreed criteria and resident need.**
- 3. Note the Corporate Risk Status update for Risk 08: Inability to attract and retain sufficiently skilled and experienced employees and volunteers to meet expected levels of service and that this Risk be further reviewed in March 2022.**
- 4. Support the Residential Catering review and an independent critique of this review with a final report and recommendation to be presented in March 2022.**

5. Note the AlayaCare Project status report.
6. Defer the Alwyndor Strategic Plan Update until March 2022.

RETAIN IN CONFIDENCE - Section 91(7) Order

7. That having considered Agenda Item 8.1 General Manager's Report (Report No: 2/22) 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 3 years and that this order be reviewed every 12 months.

Moved by Cr S Lonie, Seconded by Ms J Bonnici

Carried

8.2 Financial Report the Quarter Ending 31 December 2021 (Report No: 3/2021)

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 Reports and Attachments to Report No. 3/2022 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: 3/2022 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.

Motion**That the Alwyndor Management Committee**

1. **That the quarterly financial reports for period ending 31 December 2021 provided at Attachments 1 and 2 to this report be received and noted.**
2. **That the General Manager be authorised to re-invest Cash at Call with external investment advisor, Ord Minnett consistent with the Alwyndor Investment Management Strategy.**

The General Manager commented in regard to the positive outcomes in ACFI and in Home Care ie increased packages.

Residential care costs were queried the Manager Finance noted they are tracking well within budget and that additional COVID-19 related costs will flow through in January. The accuracy of the budget is currently being reviewed ie assumptions appear to be higher than required. It was noted that a claim will be submitted to the Federal Government for COVID-19 relief funding.

3. **That the revised Q2 Profit & Loss Forecast for year ending 30 June 2022 be adopted and submitted to Council.**

RETAIN IN CONFIDENCE - Section 91(7) Order

4. **That having considered Agenda Item 8.2. Financial Report Period Ending 31 December 2021 (Report No: 3/2022) 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 Report, Attachments and Minutes be retained in confidence for a period of 3 years and that this order be reviewed every 12 months.**

Moved by Prof L Sheppard, Seconded by Cr Susan Lonie

Carried

9. OTHER BUSINESS – Subject to the leave of the meeting**9.1 AMC Recruitment**

Prof L Sheppard requested an update on the recent AMC recruitment. It was noted that interviews with two (2) candidates were taking place on Monday 7 February 2022. It was reinforced that the focus was on attracting and appointing a person with strong commercial financial skills.

9.2 Recent Media

The Chair noted recent media regarding Home Care administration fees, it was noted that Alwyndor was included in the article and is positioned mid-point amongst other providers.

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on **Thursday 24 February 2022** in the Boardroom Alwyndor, 52 Dunrobin Road, Hove or via Audio-visual telecommunications (to be advised).

11. CLOSURE

The meeting closed at 9.07 pm.

CONFIRMED 24 February 2022

CHAIRPERSON

AMC ACTION ITEMS

Action No.	Meeting	Agenda Item	Action Required	Responsibility	Due Date	Current Status
1	20/02/2020	8.1.2 General Manager Report	That guidelines be prepared to support the CCTV Position Statement as accepted in principle.	GM	Ongoing	TBA ie post the State Government CCTV in residential aged care trial.

CONFIDENTIAL AMC ACTION ITEMS

No.	Meeting	Confidential matter or agenda item	Action Required	Responsibility	Due Date	Current status
1	29/07/2021	8.1.3 General Manager's report	A business case to bring catering in-house is to be presented to AMC at the November meeting. <i>Update 27 Jan 2022:</i> An independent review of the current catering findings be completed and tabled at the March 2022 meeting.	GM	Mar-22	
2	29/07/2021	8.1.5 General Manager's report	Manager Projects and Quality, Emma Burke to report biannually at a summary level to the AMC in relation to quality and risk. To be added to the AMC Workplan.	GM	Nov-21	Work amended. Will be presented at the March 2022 meeting.
3	27-Jan-22	8.1.5 General Manager's report	Alwyndor Strategic Plan Update to be deferred to the March 2022 meeting	GM	Mar-22	

Alwyndor Management Committee Self Assessment Action list				
Item No.	Item	Responsibility	Action	Current Status
6	Add a new AMC member with a strong commercial and strategic finance skillset (Beth & Roberto to commence the recruitment process).	GM		Process commenced 11/11/2021
8	As part of the meeting to approve the annual budget, AMC to agree KPI's / targets for the quarterly performance reports (and AMC to ensure targets reflect strategic aspirations).	GM	Add to the budget process and reflect in the AMC Work Plan	2022 annual work plan reflects this change for March.
18	Agreed that AMC is keen to see the policy framework come together soon for review and confirmation of which policies sit with AMC for approval. This framework should also include CoHB policies that apply to Alwyndor.	GM	AMC considered a draft Policy framework in November 2020, subsequently AMC was advised in May 2021 that we have purchased the LASA policy/procedure framework and are customising as required for Alwyndor. The timeline on this work was reported as December 2021 which we are working toward noting the focus on compliance in both ACQSC and WHS have taken priority over the past few months. Following this relevant policies will be tabled for AMC consideration and approval together with a framework.	Noted.

Alwyndor Management Committee

Annual Work Plan July 2022

	Jan	Feb	March – Budget	April	May	June	July	Aug - Nil	Sep	Oct	Nov	Dec - Nil
Strategic Plan update - Against measures, outcomes achieved, progress on actions, any issues, industry developments, or risks including mitigation actions.	✓											
Theme: Customer Experience									X			
Enabler: Digital and Tech					X				X			
Theme: Growth					X							
Enabler: Marketing & Communications					X							
Theme: Sustainability											X	
Enabler: Finance											X	
Theme: Connecting Communities	✓											
Enabler: Partners	✓											
Enabler: People and Culture	✓											
Summary Review of Strategic Plan actions for the year and draft for following year.			X									
General Manager report - relevant issues, strategic matters, environmental scanning, risks etc.	✓	X	X	X	X	X	X		X	X	X	
Quarterly Performance Report	X (Q2)			X (Q3)			X (Q4)			X (Q1)		
External Presenter	✓					X						
Risk												
Review Risk Appetite Statement, policy & framework. - Approach to identify and manage risks, capacity & capability of Quality & Risk team, review CoHB internal audit plan which includes Alwyndor.						X						
Risk 1: Failure to meet requirements of Aged Care Act and Quality Standards. - To include Aged Care Quality Standards & Aged Care Act, review approach to ensure compliance, current measures of performance, work of Quality & Risk team)											X	
Risk 2: Failure to understand, respond to and deliver customer expectations - To include CX development, rollout and associated measures, feedback reports etc)									X			

	Month complete.
✓	Complete with no further action required.
X	Yet to be completed. Refer to item for date of completion and commentary.

	Jan	Feb	March – Budget	April	May	June	July	Aug - Nil	Sep	Oct	Nov	Dec - Nil
Risk 3: Major loss of building or disruption to essential services - To include BCP, Disaster Recovery, Emergency Management etc									X			
Risk 4: Inability to operate with long term financial sustainability.											X	
Risk 5: Failure to protect the safety and wellbeing of employees, contractors, volunteers and visitors Work Health and Safety -		X										
Risk 6: Failure to protect the safety and wellbeing of residents/clients).	✓											
Risk 7: Failure of information security to prevent disruption to services, loss of data, access to sensitive information or theft of assets									X			
Risk 8: Inability to attract and retain sufficiently skilled and experienced employees and volunteers to meet expected levels of service.	✓											
Quality and Assurance Report	✓						X					
Finance, budget & planning												
Review and approval of audited Annual Financial Statements including Audit Report - Attendance by External Auditor.						X						
Update on end of financial year reporting process including key risks and assumptions for end of year accounts - Incorporating review of EOFY plan, external audit plan and attendance by an external auditor.					X							
Finance reports (quarterly) including Investment - noting opportunity for adjustments via Quarterly budget reviews & KPI report consistent with CoHB.	✓ (Q2)			X (Q3)			X (Q4)			X (Q1)		
Budget: Review of draft operational and capital budget and update of LTFP - To include as, environmental scanning and other considerations including alignment with LTFP.			X	X (APPROVAL)								
Annual Review of Investments (inc Policy & Strategy) with Ord Minnette											X	

	Month complete.
✓	Complete with no further action required.
X	Yet to be completed. Refer to item for date of completion and commentary.

	Jan	Feb	March – Budget	April	May	June	July	Aug - Nil	Sep	Oct	Nov	Dec - Nil
Performance KPI's and targets – annual review			X	X								
Review of Strategic Plan (including actions for the year)			X									
Governance												
Review of AMC Performance										X		
Confirm AMC meeting dates for following year and Annual Work Plan											X	
Review of delegations									X			
Review Policy Framework											X	
Review of AMC Terms of Reference											X	
Review Annual Prudential Compliance Statement											X	

	Month complete.
✓	Complete with no further action required.
X	Yet to be completed. Refer to item for date of completion and commentary.

Item No: 7.1

Subject: **General Manager Report**

Date: 24 February 2022

Written by: Beth Davidson-Park
General Manager

SUMMARY

This report is to update and inform the Alwyndor Management Committee (AMC) regarding items, initiatives and issues of relevance to Alwyndor business specifically and to the aged care sector more generally.

RECOMMENDATIONS

That the Alwyndor Management Committee:

- 1. Note the update regarding COVID-19 impacts and responses.**
 - 2. Note the information regarding the LASA/ACSA merger proposal.**
 - 3. Note the information regarding Recruitment.**
 - 4. Note the update regarding the annual Dorothy Cheater & Length of Service Awards.**
 - 5. Note the information regarding the upcoming Employee Survey.**
-

REPORT

Environmental scanning

7.1.1 COVID-19 Update

AMC have been updated on a regular basis regarding our response to COVID-19. Responding to the myriad issues which the virus presents continued to take much of our collective time and energy until early this month.

Staffing:

At the time of preparing this report we have no residents that have tested as positive, 26 staff have tested positive and 5 close contacts (staff) are being monitored. A further update will be provided at the meeting.

All staff are required to undertake a rapid antigen test (RAT) every 72 hours (or before a shift if longer than 72 hours). We distribute RATs in packs of three and work on an honesty system trusting our staff to use them and report appropriately.

As discussed at the January AMC residential rosters were severely strained throughout January. Our statistics for the whole month averaged of 24% of shifts unfilled. This was addressed via double shifts, split shifts, staff returning from leave or forgoing days off, staff working across areas or simply work short staffed, reducing lifestyle activities etc. It is a great testament to the team that we worked through this with no major care concerns arising as an outcome. Into February we have seen a more settled roster and the introduction of a number of new staff following a successful month of recruitment in January (see below).

Community (*Support at Home* and *Therapy and Wellness*) staffing pressures have been more evident in February to date. This is due to the impact of our HCP client growth and the requirement for additional RNs, Coordinator's, Support Workers and allied health staff. As above we have introduced some new staff as well as staggering the onboarding of new clients across the month and into March. Please re commentary re *Recruitment* below.

PPE: our stocks have been replenished in all areas thanks to both Federal Government and local suppliers.

Partners in Care: the approach was very successful. It was used by 72% of resident families with generally very positive feedback. As at 14 February, Residential is back to 'normal' hours of opening and visiting. We are confident that should COVID return we have our systems and processes fine-tuned should we need to move back into a lockdown mode.

7.1.2 LASA / ACSA – proposed merger

For a number of years there has been discussion regarding a merger of the two major Australian Aged Care Peak bodies: Aged Care Services Australia (ACSA) and Leading Age Services Australia (LASA).

A Heads of Agreement to formally consider and move toward a membership vote has now been finalised with two key structural themes to progress this work:

- Transformation & design (led by ACSA CE)
- Business as usual across the sector and both memberships (led by LASA CE).

Joint Executive meetings have been scheduled and work is progressing toward a membership vote in April 2022 with a view to commencing a new entity from 1 July 2022 if the vote is positive.

Business administration

7.1.3 Recruitment

As noted above we have had a successful recruitment drive throughout the past 6 weeks. This is even more impressive noting that half of the People and Culture worked from home during this period managing children with COVID and then contracting it themselves.

We have been successful in a very tough environment using both standard and targeted recruitment advertisements, referrals from other staff, agency transfers etc. Our approach to recruitment is one of continuous refinement which will be documented in our upcoming Workforce Plan.

A summary of recent recruit is as follows with an indication of the source and total fte:

Residential

Care Workers: 9 to a total of 87

Source: 5 from other residential care (mix of for profit and not for profit), 2 from agencies, 1 ex-employee, 1 private provider.

Clinical Quality Nurse: 1 (new position)

Source: Retire Australia

Enrolled Nurses: 2 to a total of 22

Source: 1 agency and 1 other residential

Lifestyle Assistant: 1

Source: Dept Education Swim Instructor, previous placement at Alwyndor

Registered Nurse: 2 to a total of 16 (including CNs)

Source: both from for-profit residential

Housekeeper: 1 to a total of 11

Source: Disability / Hospitality Cleaner

Support at Home

Support Workers: 2 to a total of 50

Source: 1 disability and 1 other provider

Therapy Assistant: 1 to a total of 5

Source: ex-employee

Home Care Assistant: 1 to a total of 14

Source: Kindy Educator

Gardener: 1 to a total of 4

Source: NFP provider

Customer Care Officer: 1 to a total of 10

Source: not for profit provider.

Maintenance Officer: 1 to a total of 4

Source: Private sector & Horticulture Apprentice.

As noted above there have been significant pressures within the Community area. Support at Home is the focus of a current recruitment drive noting this pressure is being felt by all providers, locally and nationally). We are reviewing our recruitment strategy to include:

- analysis of availability gaps for Support Workers and targeted advertising and recruitment to address these gaps
- recruitment of ENs for wound care and to fill Support Worker shifts
- transitioning of casuals to permanent part time
- consideration of placements for Certificate III in Individual Support
- employee referral scheme (not yet implemented)
- offering fixed shifts to permanent Support Workers (not yet implemented).

7.1.4 Dorothy Cheater & Values and Length of Service Awards

Each year Alwyndor celebrates our values (individual and/or team awards) and length of service achievement (individual). This takes place on or around Dorothy Cheater's Birthday (12 March) and the associated event is known as the *Dorothy Cheater Awards*.

This year we have decided to approach this annual event differently. Given the commitment and support we have seen from all our staff through what has been a difficult time of COVID-19 we have chosen to acknowledge all staff with a thank you and a voucher. We are still working through the detail of this approach which will be an equivalent expenditure of budget invested into the event and awards which we have given in previous years.

The years of service will be acknowledged through team meetings. The idea of an AMC message to go with the vouchers will be discussed at the meeting.

7.1.5 Employee Survey

In 2017 and 2019 Alwyndor conducted an employee survey through BPA Analytics. BPA are a national group who focus on quality and culture employee surveys in the health, disability and aged care sectors. They hold an Aged Care Census Database (ACCD) in conjunction with the Aged Care Workforce Industry Council (ACWIC). This database has more than 133,000 respondents working in for-profit, not-for-profit, and public health aged care organisations and so offers a comprehensive overview of aged care worker responses and a very useful benchmarking and comparison point for us.

Historically BPA surveys have been extensive, offering a raft of questions across all areas of employment and a significant amount data which is not always fully utilised. This year we are continuing to use BPA but taking a slightly different approach ie we will not be undertaking one significant survey, instead we are introducing a series of 'pulse check' surveys. The first of these will be conducted in March 2022 with a focus on Personal Wellbeing, Engagement, NPS and 'Truly great place to work'. Some of the questions and commentary areas are new to the BPA suite however we have retained several question/ areas which we have used in the previous two survey top ensure comparison and trend analysis.

ITEM NUMBER: 8.1

CONFIDENTIAL

General Manager Report

Pursuant to Section 87(10) 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.**

Recommendation – Exclusion of the Public – Section 90(3) 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 02/22 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: 02/22, General Manager's Report - Confidential 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.**

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.**

Item No: 8.1

Subject: **General Manager Report**

Date: 24 February 2022

Written by: Beth Davidson-Park
General Manager

SUMMARY

This report is to update and inform the Alwyndor Management Committee (AMC) regarding items, initiatives and issues of relevance to Alwyndor business specifically and to the aged care sector more generally. This report is confidential given the commercial nature of the items in the competitive environment in which we work.

RECOMMENDATIONS

That the Alwyndor Management Committee:

- 1. Note the Corporate Risk Status Report Update - Risk 5; Failure to protect the safety and wellbeing of employees, trainees, contractors, volunteers and visitors Work Health and Safety.**
- 2. Note the Quarterly Performance Report for Quarter 2, December 2021.**

RETAIN IN CONFIDENCE - Section 91(7) Order

- 3. That having considered Agenda Item 8.2 General Managers Report – Confidential (Report No: 05/22) 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 reviewed every 12 months.**
-

REPORT

Business Administration

8.1.1 Corporate Risk Status Report Update - Risk 5; Failure to protect the safety and wellbeing of employees, trainees, contractors, volunteers and visitors Work Health and Safety.

Corporate Risk Status Report			
Risk Number	RA05	Risk Owner	Manager, People & Culture
Risk Description	Failure to protect the safety and wellbeing of employees, trainees, contractors, volunteers and visitors		
Sources of Risk	<ul style="list-style-type: none"> Inadequate policies and procedures Insufficient training and awareness Lack of emergency management procedures Lack of understanding and proactive management of WHS System 		
Causes of Risk	<ul style="list-style-type: none"> Failure to identify, report and mitigate hazards and incidents (including lack of efficient and effective reporting systems for hazards and incidents) Failure to monitor Employee well-being (eg Ineffective workload management, ineffective scheduling etc) Failure to identify, report and manage risk of services delivered off site (in the community) Failure to adequately maintain buildings, plant and equipment 		
Consequences	<ul style="list-style-type: none"> Injury to employees, trainees, contractors, volunteers or visitors Negative impact on employee wellbeing, morale etc and therefore on performance and delivery Loss of reputation Reduced service delivery capacity and/or capability Non-Compliance with WHS Act and Regulations, Local Government WHS, SafeWorkSA requirements Increase in workers compensation and leave related costs due to injury and illness 		

Inherent Risk (Before Controls)		
Consequence Rating	Likelihood Rating	Inherent Risk Rating
Major	Medium	Extreme

Risk Strategy			
Existing Controls		Last Review	Effectiveness
<ul style="list-style-type: none"> WHS Policy and Procedures WHS Training including Manual Handling Training Emergency Management/Business Continuity Management Plans Effective onboarding process in place including WHS induction Effective Support at Home contractor engagement procedures Incident and hazard reporting processes Regular workplace inspections Established WHS Committee Efficient and effective maintenance system (eg maintenance log, maintenance participation in WHS Committee) WHS reporting including hazard and incident reporting Commitment to achieving WHS Plan deliverables 		16/2/22	Partial
Overall Effectiveness of Controls		Partial <i>This rating reflects that the controls are in place however reviews and training are required to ensure effectiveness.</i>	

Risk Tolerance Levels			
Indicator	Details	Limits	Current

Incident Management	MTI/LTIs	0	5	10	9
	Near misses	5	10	15	1
	No. of hazard reviews overdue	0	1	5	5
Workforce Management	Compliance with employment conditions	100%	97%	95%	100%
	Mandatory training completion rate	100%	97%	95%	100%

Residual Risk (After Controls)

Consequence Rating	Likelihood Rating	Residual Risk Rating
Major	Medium	High

Risk Target

Risk Appetite	We have no appetite failing to protect the safety and wellbeing of employees, trainees, contractors, volunteers and visitors. We will take all possible measures to mitigate this risk.
----------------------	--

Risk Treatment

Treatment Plan	Responsibility	Due Date	% Completed
Review of Emergency Management Plan (Last Reviewed February 2021, further review still required)	Manager P&C	30 June 2022	0%
Review of Offsite Emergency Evacuation Plan (Last Reviewed February 2021, further review still required)	Manager P&C	30 June 2022	0%
Review of Business Continuity Plan (Last Reviewed February 2021, further review still required)	Manager P&C	30 June 2022	0%
Review of Fire Warden documentation and training (April 2020)	Manager P&C	31 March 2022	0%
Review of Fire Indicator Panel training	Manager P&C	31 March 2022	0%
Upskill leaders in use of Sky Trust for logging hazards and incidents electronically	Manager P&C	28 Feb 2022	90%
Overall review of WHS employee induction to ensure completeness and effectiveness	Manager P&C	31 July 2022	0%

Comments

CoHB and Alwyndor have a comprehensive WHS System that supports effective WHS practices. The treatment plans listed are designed to improve the effectiveness of the current controls. Training will also ensure a greater understanding by staff of the WHS processes.

8.1.2 Quarterly Performance report

We continue to refine the report each quarter regarding data collection and analysis, presentation, benchmarking and trending.

Summary of items

1. Customer Safety

Residential

Residents with **acquired pressure injuries** has increased from previous quarter and interventions are being implemented to address this.

There has been a rise in **residents with other infections**, in particular wound infections and further training is to be developed for staff around wound care.

Residents with altered skin integrity remains slightly above target, this is particularly an issue in the MSU. Trial of a new moisturiser began in February to reduce skin impairments.

Medication related incidents continues to trend down.

Support at Home

Staff related **medication related incidents** have increased this quarter, some have been due to agency staff. All support workers undertake face to face annual medication training and refresher training as needed.

One **Clinical care plan** is overdue.

2. Financial Performance

Residential

Care costs have increased due to NoroVirus outbreak, emergence of Omicron, staff shortages and the need to use agency to fill shifts.

Average ACFI is starting to rise due to a focus on uplifts and the engagement of Provider Assist.

Support at Home

Home Care Package growth has exceeded growth target.

Case management costs continue to be under target.

Average unspent funds per client remains above target.

Therapy & Wellness

Private Client Service Hours remain low, impacted by room density restrictions.

3. Operations

Residential food satisfaction decreased this quarter, further work is being done to finalise a project to move catering services in house.

Net Promoter Score increased this quarter with excellent results.

Website and Facebook statistics mostly decreased this quarter, though engagement and comments remain positive.

People and Culture

LTIs/MTIs remained high this quarter, staff have been counselled on remaining mindful of environment, posture and manual handling techniques when performing tasks.

Agency rate exceeded target for the quarter due to NoroVirus outbreak in November, emergence of Omicron in December, sector wide staff shortages and the need to increase staffing levels in high needs areas.

4. Quality

There are currently no **Risk Reviews, Risk Treatment Plans** or **Continuous Improvement Actions** overdue.

Complaint resolution times have risen this quarter due to increased workloads.



Quarter 2

Performance Report - AMC

31 December 2021

Contents

- 1) CUSTOMER SAFETY - Page 3**
- 2) FINANCIAL PERFORMANCE - Page 14**
- 3) OPERATIONS - Page 21**
- 4) QUALITY AND RISK - Page 26**

Traffic Light Key



On target



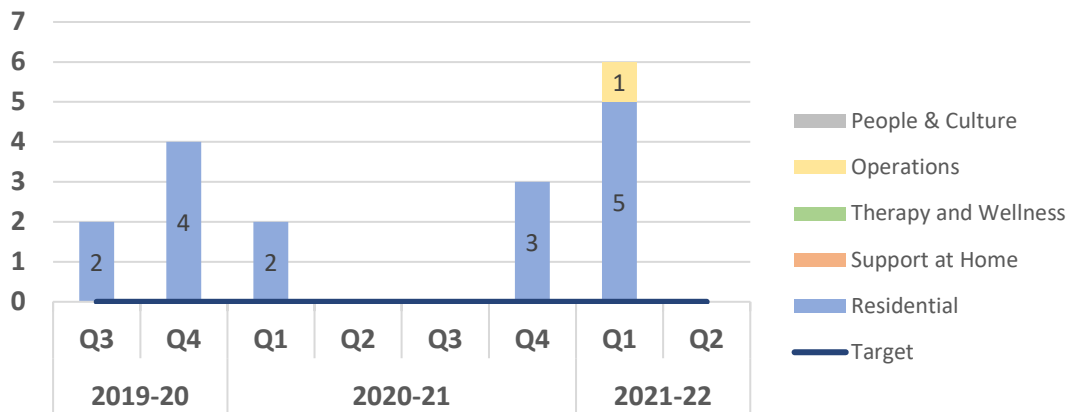
Needs ongoing monitoring



Area of concern, close monitoring required

1. Customer Safety

KPI: No. of critical events by type



Comment:

Nil.

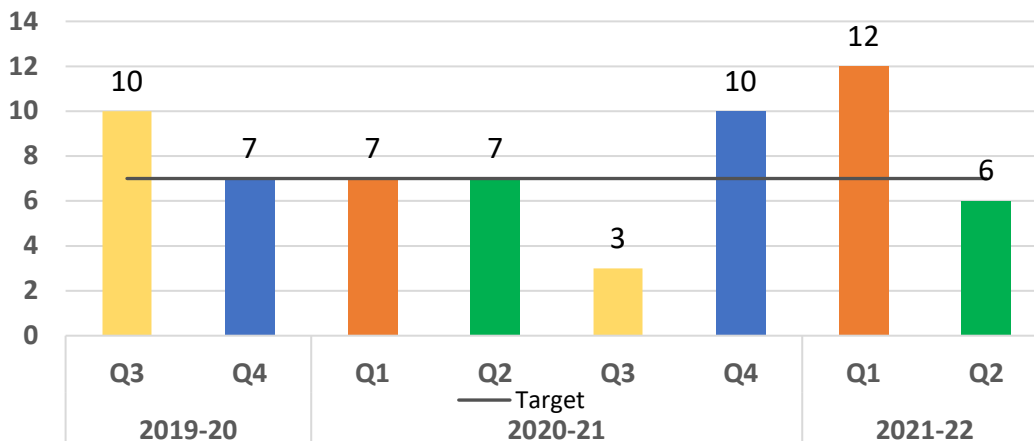


Target: 0

Current: 0

Residential

KPI: No. of residents with unplanned weight loss - National Quality Indicator



Comment:

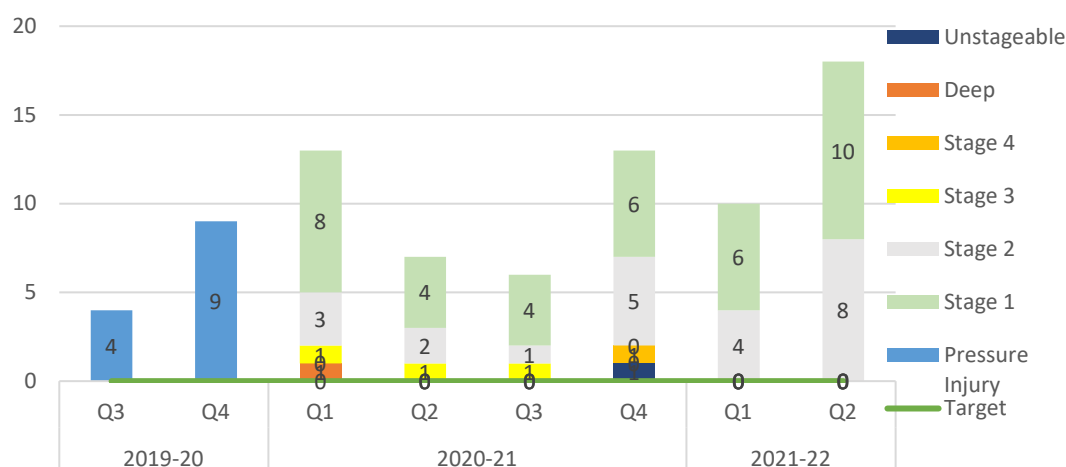
Unplanned weight loss has significantly reduced as a result of continued monitoring and effective interventions, regular weighs, oral intake charts, Dietitian and/or Speech Pathologist reviews and implementation of High Energy High Protein (HEHP) diets.



Target: 7 Residents (< 5% of residents)

Current: 6

KPI: No. of residents with acquired pressure injuries - National Quality Indicator



Comment:

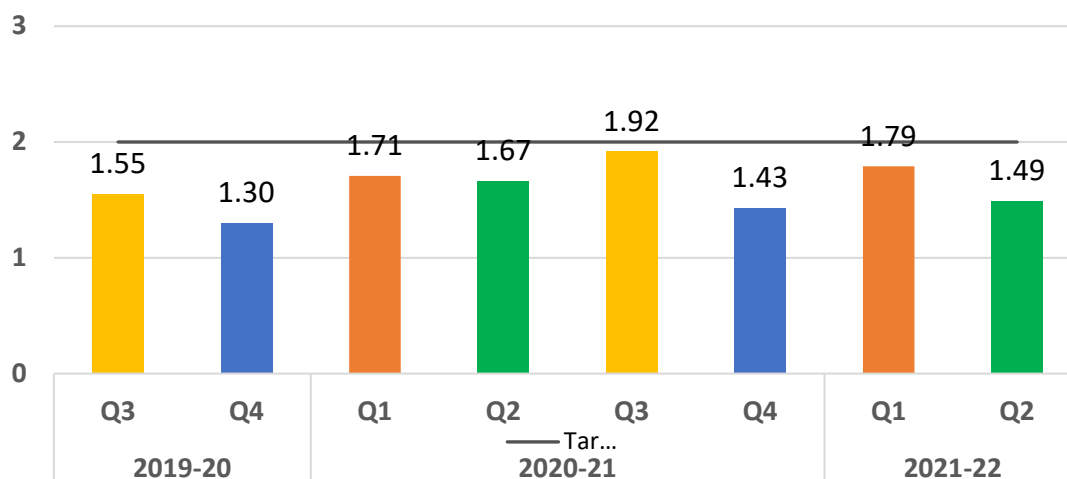


Ten stage one pressure injuries were identified, seven (7) of these were resolved due to effective interventions, including pressure relieving mattress and pressure area care. Three (3) pressure injuries deteriorated to Stage 2 (broken skin) with further interventions required, equipment review by OT, GP review and commencement of nutritional drinks to promote wound healing. Two residents were admitted with Stage 2 pressure injuries and all interventions are in place.

Target: 0 Stage 2 or higher

Current: 8 stage 2

KPI: No. of resident falls (per 100 bed days)



Comment:

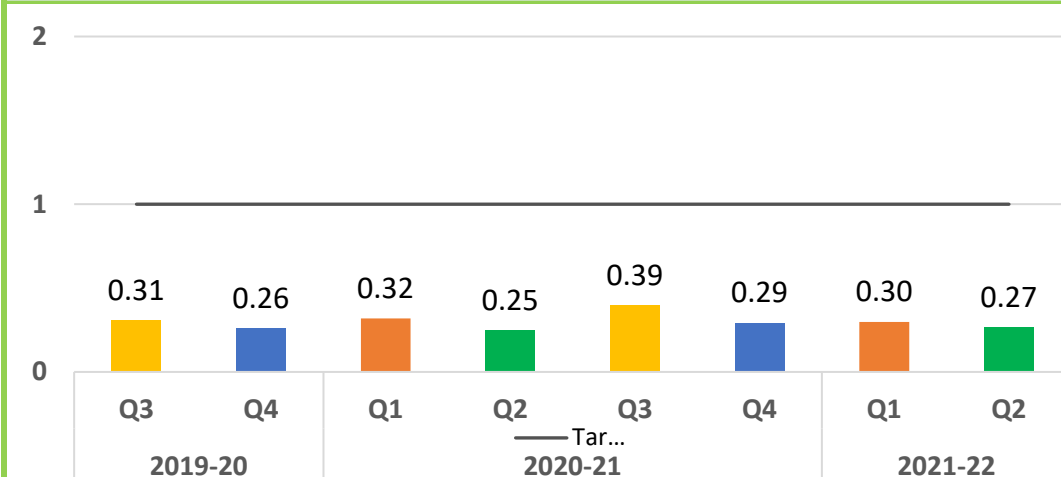


The targeted focus on call bell monitoring has had a direct impact on reducing falls. All residents are reviewed by physiotherapy post fall with personalised interventions added where assessed. Fall risk assessments along with care plans are updated. OT is utilised in this process if resident is assessed as requiring new equipment.

Target: <2 falls per 100 bed days

Current: 1.49

KPI: No. of residents with UTIs (per 100 bed days)



Comment:



Urinary tract infections remain the highest form infection however we continue to be under target. Education is planned for the next mandatory EN/CN meeting to discuss when pathology is required based on clinical symptoms. Also the use of nonpharmacological interventions such as increased fluids and cranberry juice.

Target: < 1 UTI per 100 bed days

Current: 0.27

KPI: No. of residents with other infections (per 100 bed days)



Comment:

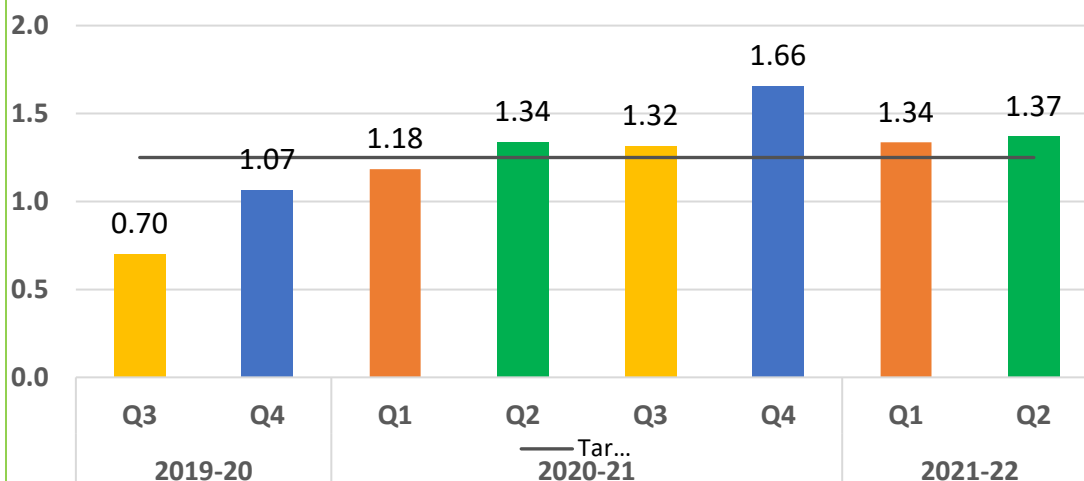


Other infections reported are wound and eye infections. There has been a rise in wound infections and further education and training is required to reduce incidences. Wound care training is also an ongoing focus.

Target: < 0.5 per 100 bed days

Current: 0.51

KPI: No. of residents with incidents of altered skin integrity (per 100 bed days)



Comment:

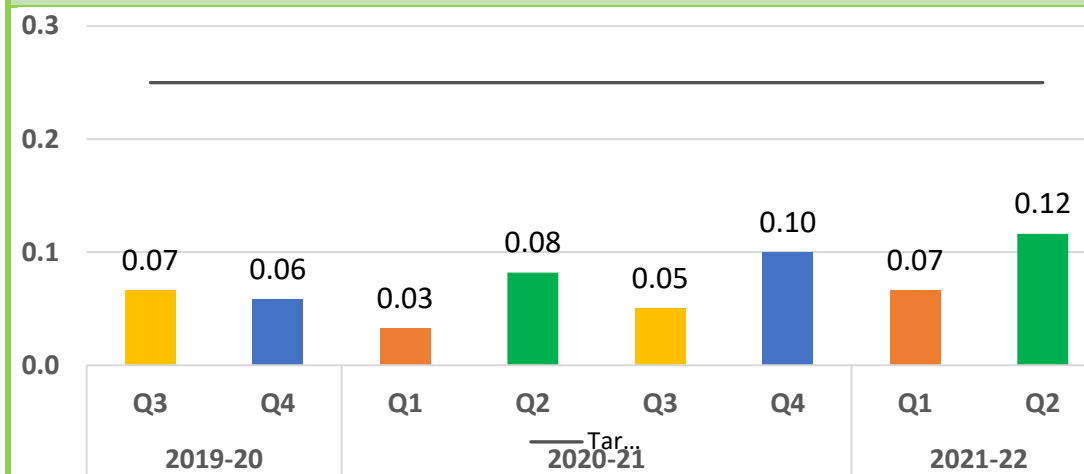


Skin integrity continues to be a focus, predominately in Memory Support Unit (MSU) where the highest number of skin tears and bruises are recorded. Reasons are varied but mainly due to wandering residents with reduced spatial awareness. CI plan commenced in February to trial new brand of moisturiser which is to be applied twice daily to all residents in the MSU, evidence base that this will reduce skin impairments.

Target: < 1.25 Incidents per 100 bed days

Current: 1.37

KPI: No. of resident incidents of challenging behaviours (per 100 bed days)



Comment:

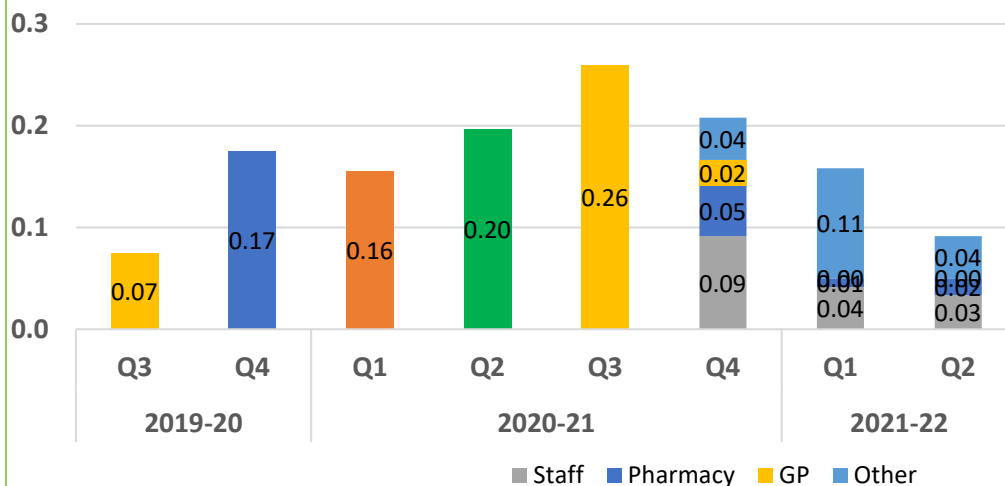


Increase in challenging behaviours noted from last quarter. Predominately these are occurring in the MSU and involving two specific residents. In both instances there has been family consultation and GP review, medication reviews, Geriatrician input. Dementia Services Australia have been engaged to assist with non-pharmacological interventions.

Target: 0.25

Current: 0.12

KPI: No. of residential medication related incidents (per 100 bed days)



Comment:

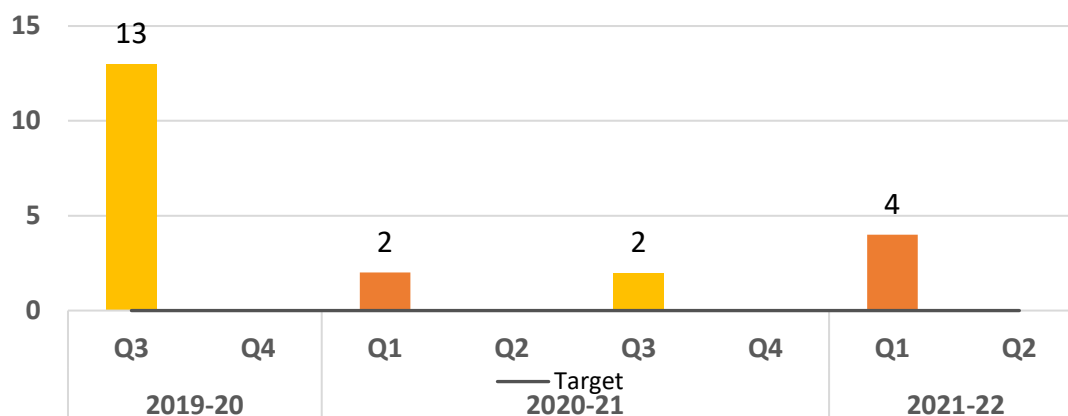


Medication incidents have reduced in all categories. Introduction of further training for staff members involved in errors have now commenced via bridge learning. Other - continue to be DDA patch related, while this has reduced significantly with review of medication and alternate pain relief charted. The application of adhesive dressing to secure patch(es) continues.

Target: 0 staff incidents

Current: 0.03

KPI: Residential - No. of 6 Monthly Care Evaluations overdue



Comment:

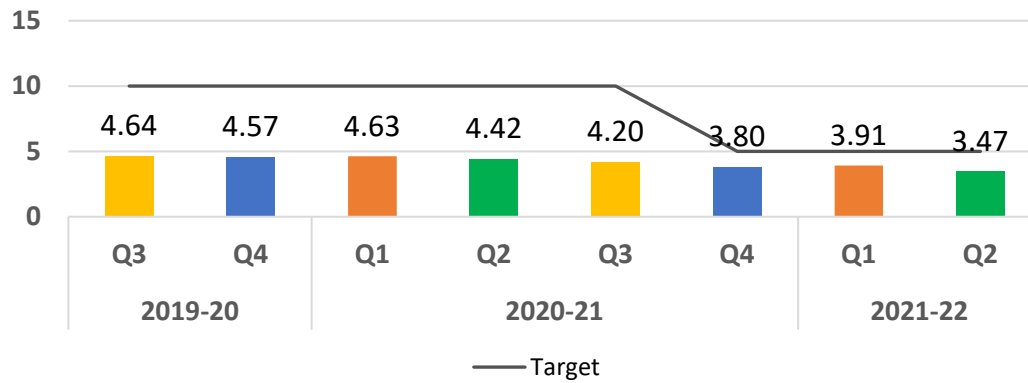


Nil

Target: 0

Current: 0

KPI: Average call bell response time



Comment:

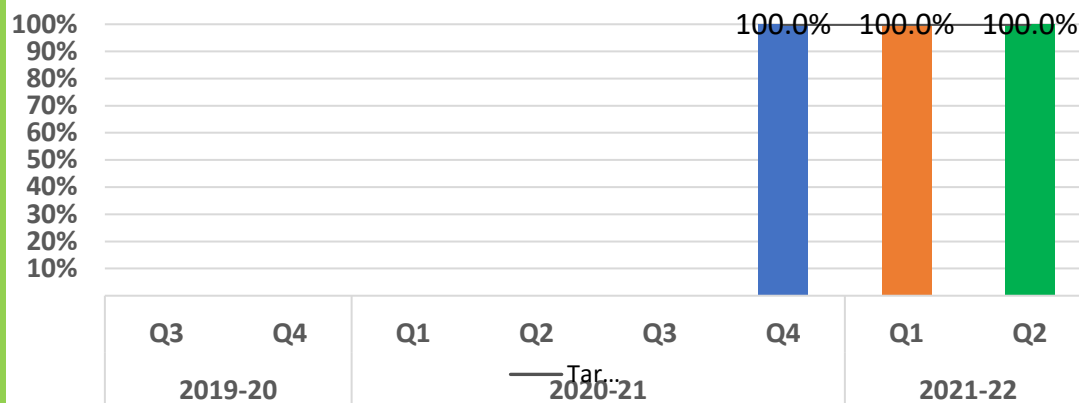


Remains below target. Ongoing call bell surveillance, daily reports and follow up with residents who have been impacted by escalated higher wait times. There has been a significant decrease in call bell response times.

Target: 5
Current: 3.47

Support at Home

KPI: No. of community client FROP-Com Assessments



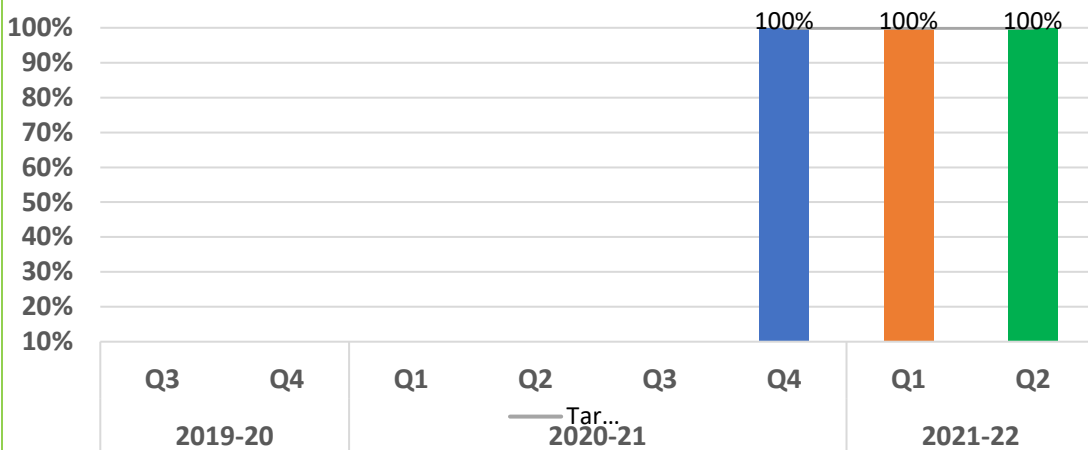
Comment:



22 falls in total - 2 witnessed. 6 hospital admissions. 1 fractured leg. Multiple skin tears being treated by CNs. Physiotherapist and OT referrals together with updated care plans are all in place to mitigate risk.

Target: 100%
Current: 100%

KPI: Percentage of Infection Risks Logged on Incident Report Spreadsheet



Comment:

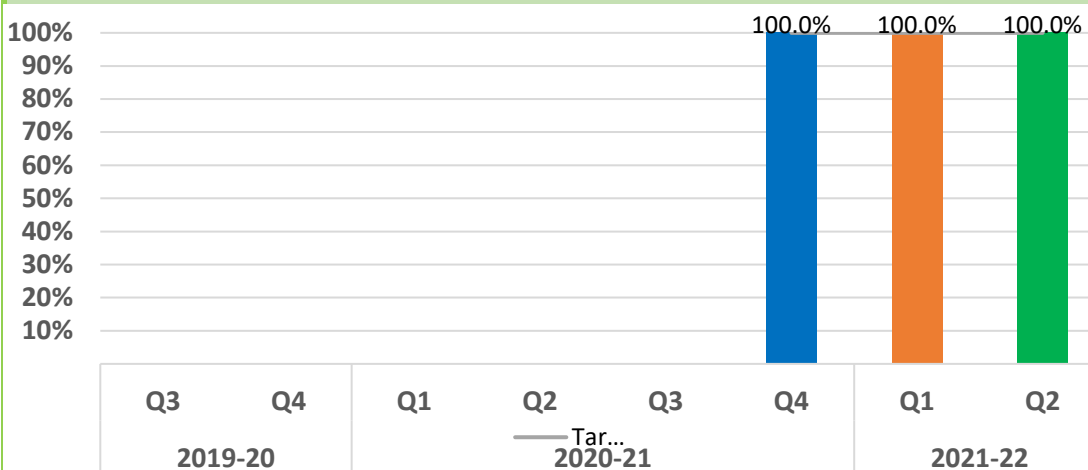


2 infection risks logged (skin tears) - client released from hospital on antibiotics after bumping leg whilst on holidays. CN referred to GP for infection in wound, antibiotics prescribed.

Target: 100%

Current: 100%

KPI: Percentage of community clients with incidents of altered skin integrity visited by clinician



Comment:

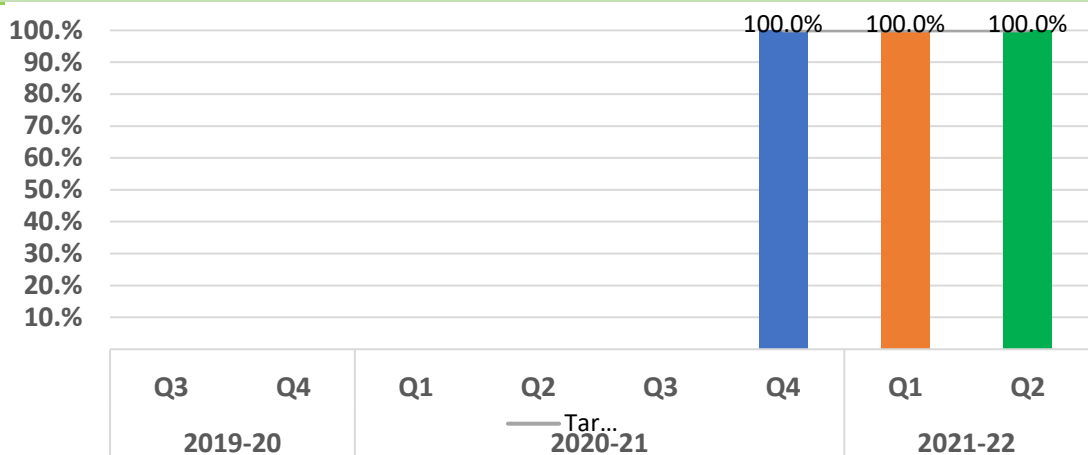


21 wounds recorded, 6 skin tears. 2 pressure areas being closely monitored, OT referrals completed and reviewed by CNs weekly. GP, CN, Allied Health involvement.

Target: 100%

Current: 100%

KPI: Percentage of community client incidents of challenging behaviours logged on incident report



Comment:

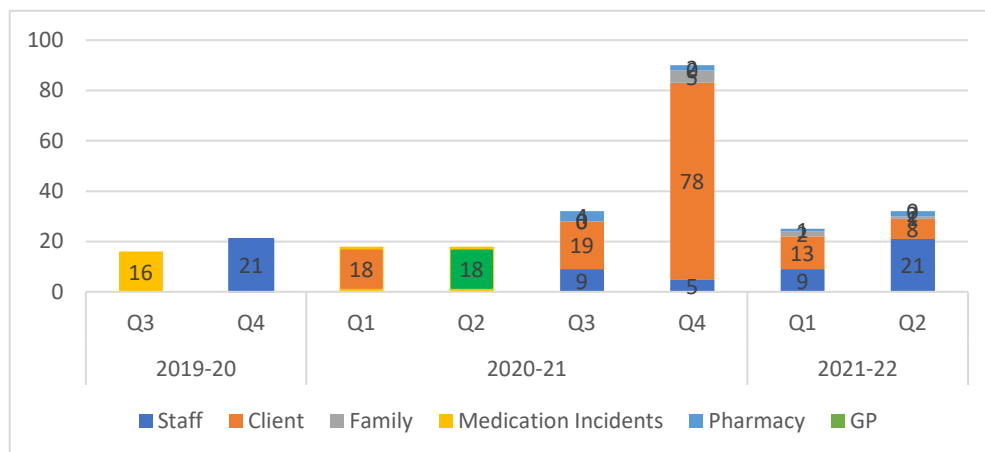


9 client incidents - wheat pack in microwave (family have removed). Client smoking in home whilst staff present (risk assessment completed and client asked to smoke outside when staff present). Client verbal abuse to staff. Pot left on stove (options discussed with client and family for cut-off switch to be installed). Client refusing Personal Care assistance. Client asked staff to leave as she didn't like the questions being asked about COVID. Behaviour support plans have been introduced for some clients.

Target: 100%

Current: 100%

KPI: No. of community client medication related incidents



Comment:

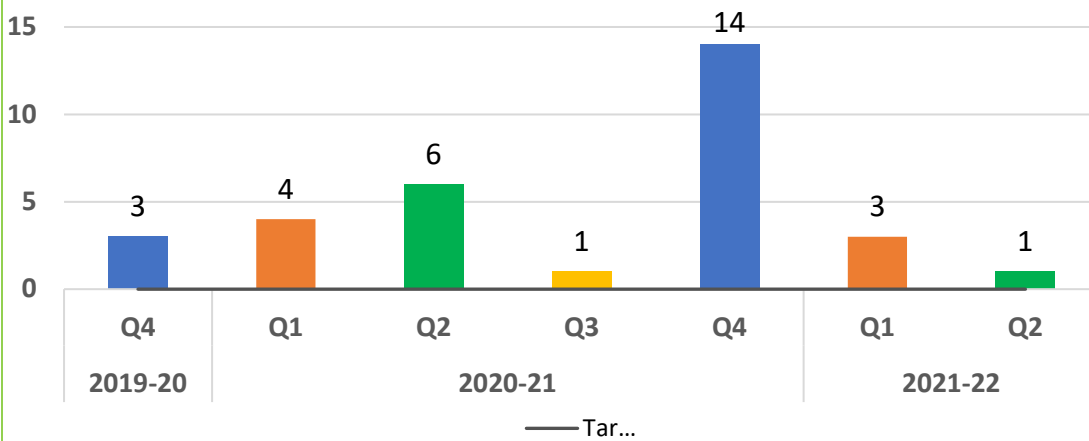


All support workers are currently completing face to face competency medication training, this will be scheduled annually or more often as required. 4 medication errors were due to staff documentation errors. Agency staff not arriving to prompt medication (2 incidences, feedback given to agency). Staff found medication on the floor from a previous service. Incidents and causal factors are discussed at monthly Support Worker meetings with the aim of preventing and/or responding to issues as they arise.

Target: 0 staff incidents

Current: 21

KPI: Support at Home - No. of clinical care plans overdue



Comment:

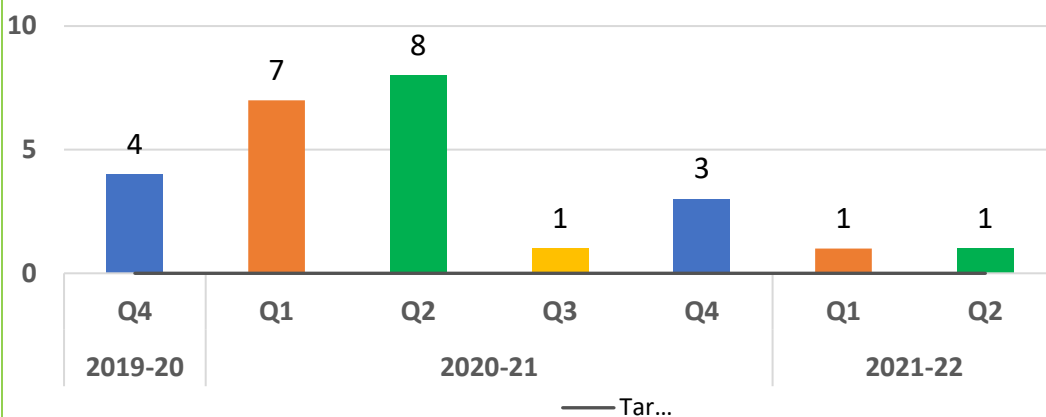


One review not completed in December due to client on social leave, this has since been allocated to be completed in February 2022.

Target: 0%

Current: 1

KPI: Support at Home - No. of care plans overdue



Comment:



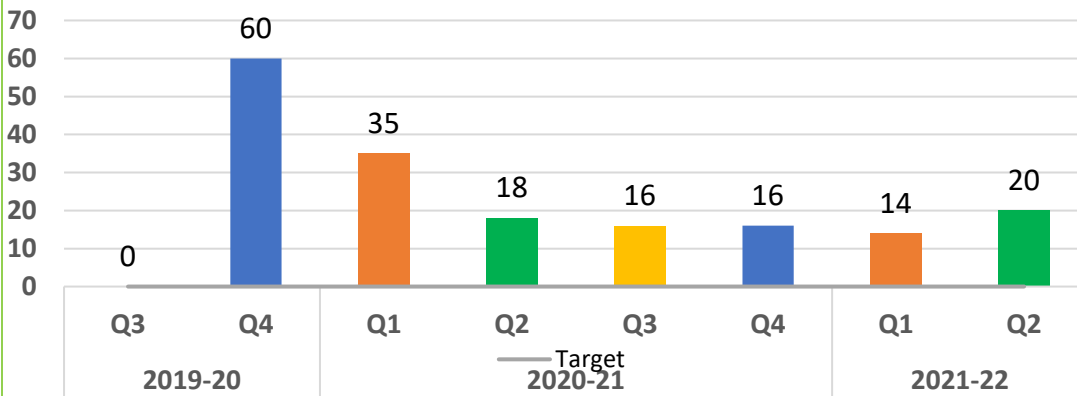
Review not completed in December due to client on social leave, this has since been allocated to be completed in February 2022.

Target: \$0.00

Current: 1

Therapy and Wellness

KPI: No. of annual care plan reviews overdue



Comment:



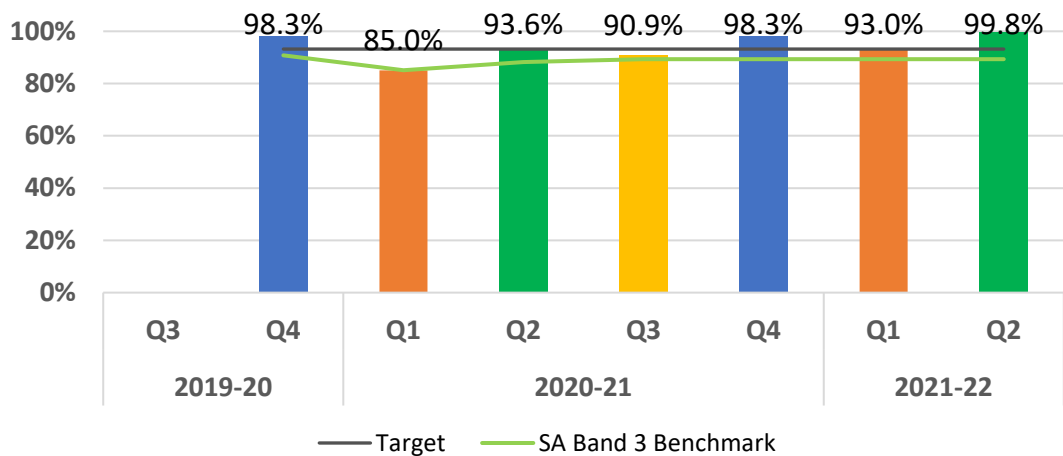
Unplanned closures and reduction in class numbers due to both NoroVirus and COVID-19 mean that client attendance has been irregular. We are conducting an audit of Care Plans with the aim of ensuring all attendees are up to date. NB These clients have had regular phone welfare checks during this time.

Target: 0
Current: 20

2. Financial Performance

Residential

KPI: Residential direct care costs % of care income



Comment:

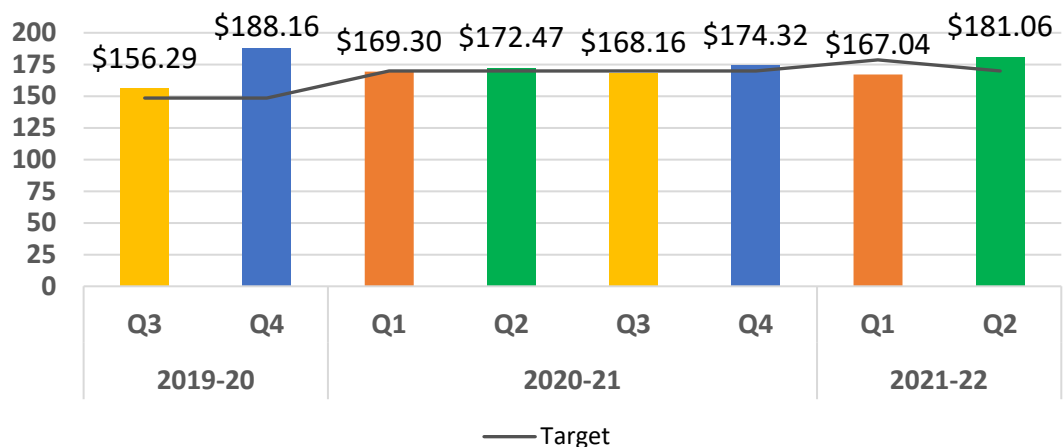


Care costs increased due to NoroVirus outbreak ie higher agency costs to fill shifts.

Target: 95.2%

Current: 99.8%

KPI: Direct care costs per resident day (YTD)



Comment:

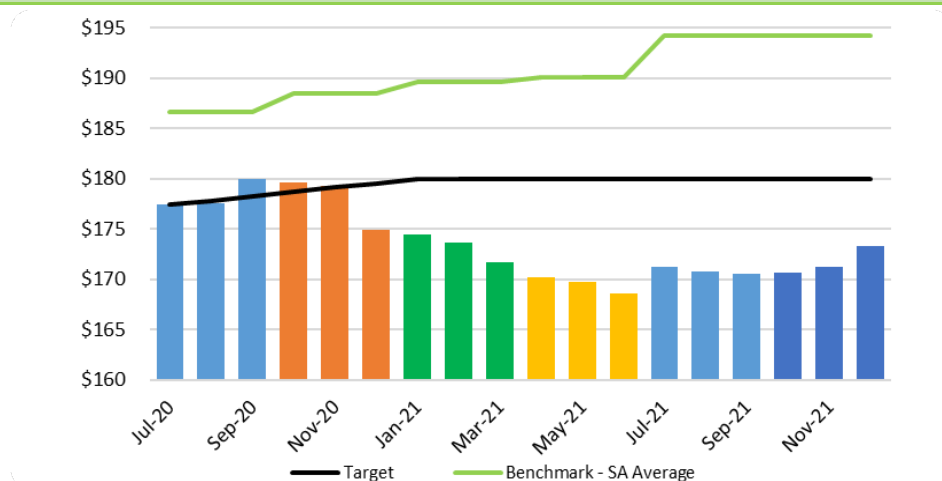


Higher agency costs, higher costs associated with Noro Virus outbreak.

Target: \$178.65

Current: \$181.06

KPI: Average ACFI



Comment:

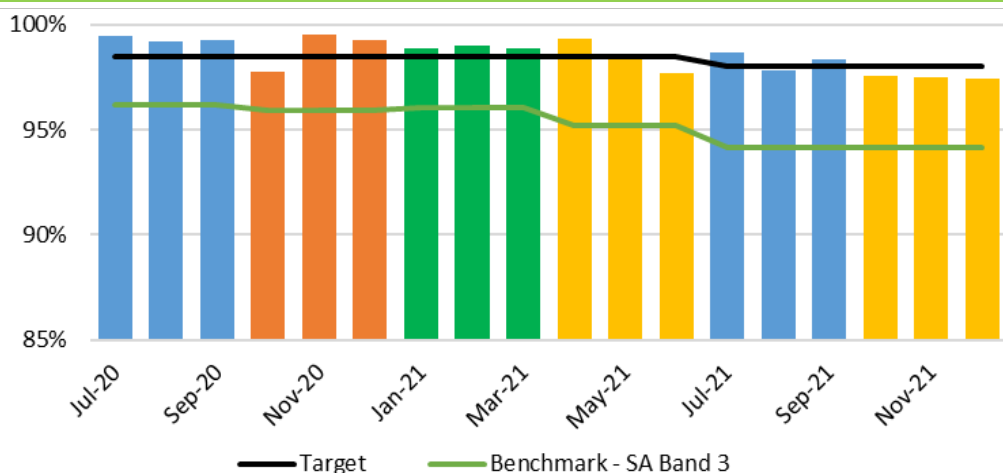


ACFI has increased steadily from September as a result of our revised approach which continues together with Provider Assist. Work to date has returned approximately \$400k on an annualised basis. NB the Provider Assist work includes skills transfer and upskilling of our multi-disciplinary ACFI team.

Target: \$180.00

Current: \$173.30 (NB: \$174.88 as at January 2022)

KPI: Occupancy rate - residential



Comment:

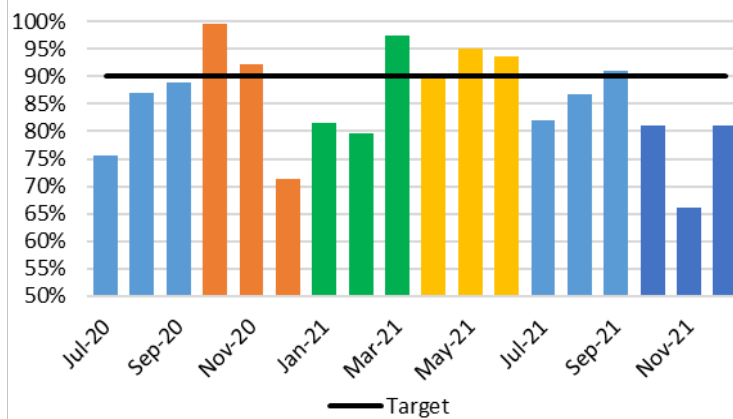


Some reduction in occupancy in November and early December due to Noro Virus outbreak and a higher than average turnover of residents, in particular supported residents in October.

Target: 98.5%

Current: 97.45%

KPI: Occupancy rate - TCP/CAPS*



Comment:



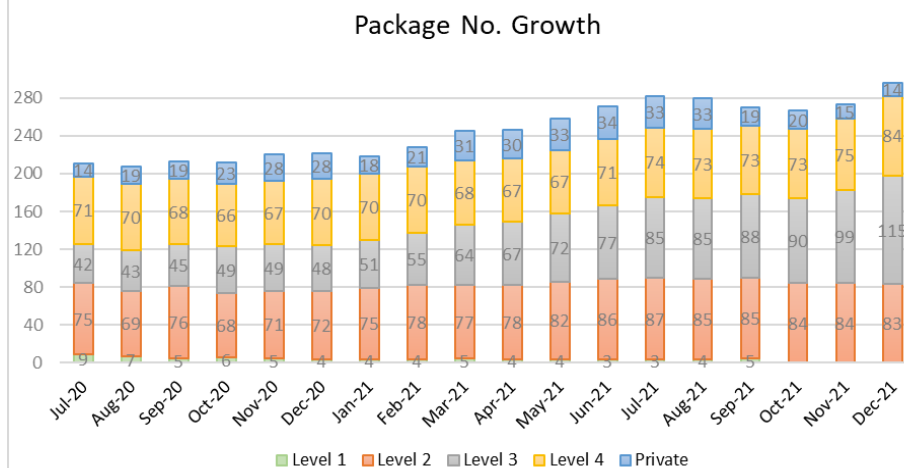
TCP negatively impacted in October due to required bathroom maintenance (impacting on the availability of a double room) and in November due to NoroVirus outbreak ie no admissions during this time.

Target: 90%

Current: 81%

Support at Home

KPI: Home Care Client Growth



Comment:

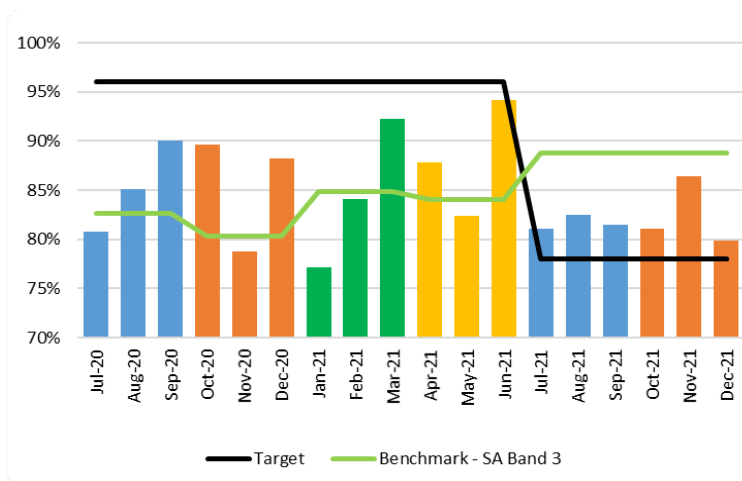


Net increase of 31 HCPs to a total of 301, this exceeds our growth targets.

Target: 21% ie 254 by 30 September 2021 and 291 by 30 June 2022.

Current: 301 ie 11% from June 2021

KPI: Revenue Utilisation (revenue ÷ client budget balance)



Comment:

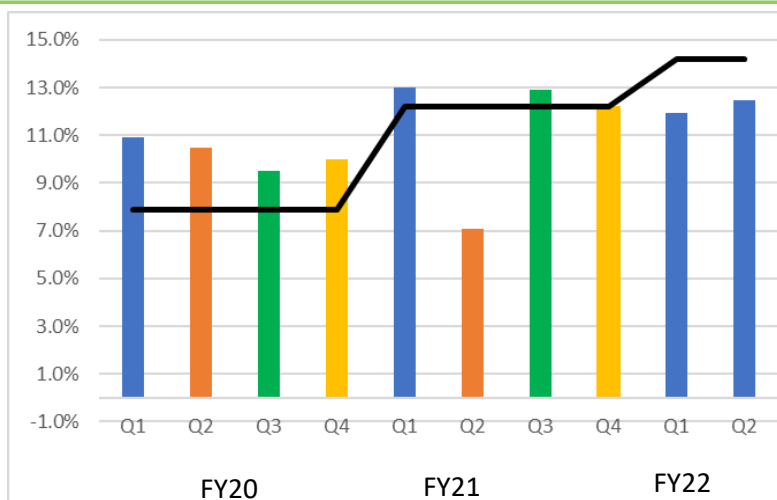


Revenue utilisation is above target for the quarter however the average quarterly performance is below benchmark. We continue to work with multiple strategies to encourage clients to utilise their funds.

Target: Target 78%, Benchmark 84.1%

Current: 79.90%

KPI: Case management cost % of income



Comment:

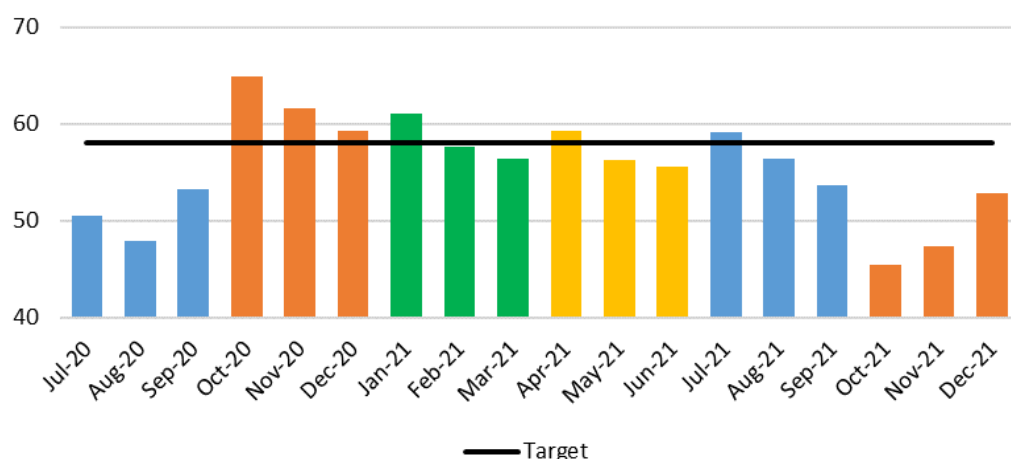


Case management costs as a percentage of income is under target in line with higher Home Care Income.

Target: 14.2%

Current: 12.5%

KPI: Package per coordinator



Comment:

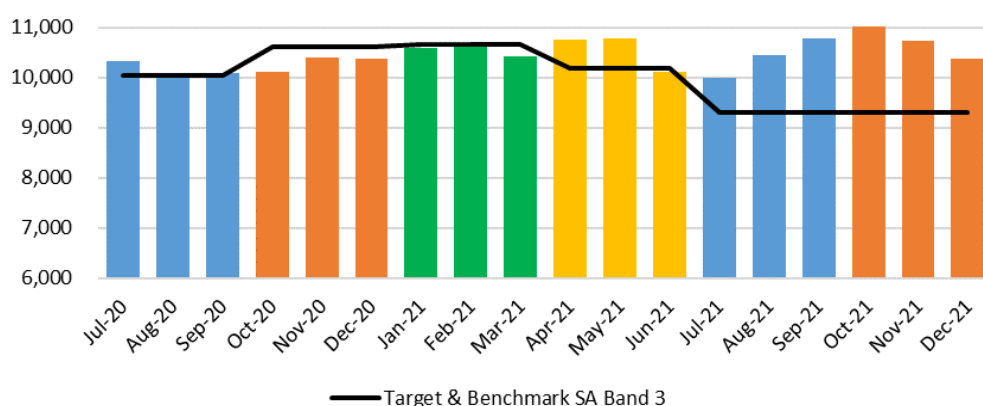


Package per coordinator increased in December consistent with growth noting the previously reported recruitment to assist during AlayaCare implementation. NB please see GM report re subsequent impacts.

Target: 58

Current: 52.88

KPI: Average unspent funds per client



Comment:



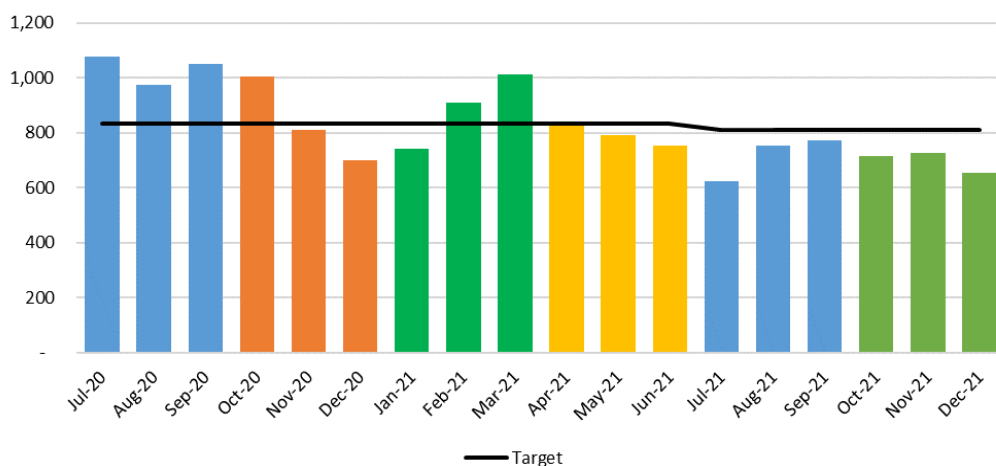
SA Band 3 Benchmark: \$9,281 at 31 December 2021, we exceeded benchmark at \$10,381.

Target: SA Band 3 Benchmark = \$9,281

Current: \$10,381

Therapy and Wellness

KPI: Therapy & Wellness - CHSP output



Comment:



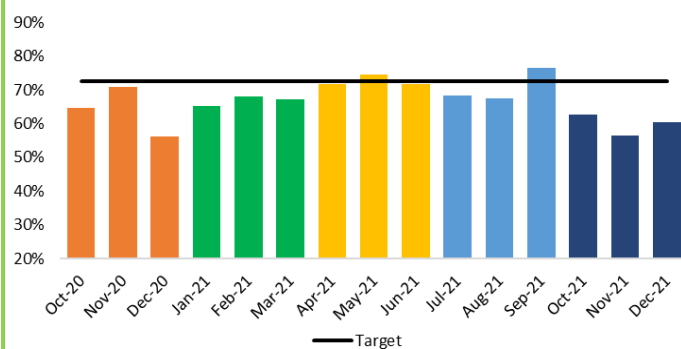
CHSP outputs remain below target consistent with lower overall Therapy visits ie room density reduction to 1 person per 7 sq mt.

Target: 810 per month, 90% of total outputs

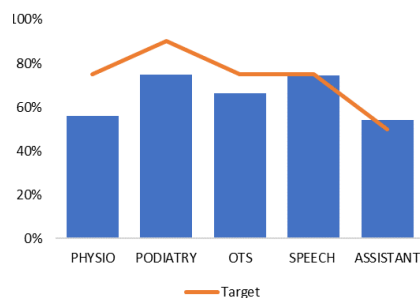
Current: 698 (707 YTD average)

KPI: Therapy & Wellness - Utilisation Rates

Therapy Team Utilisation



Utilisation Rates for Quarter per Service Type



Comment:

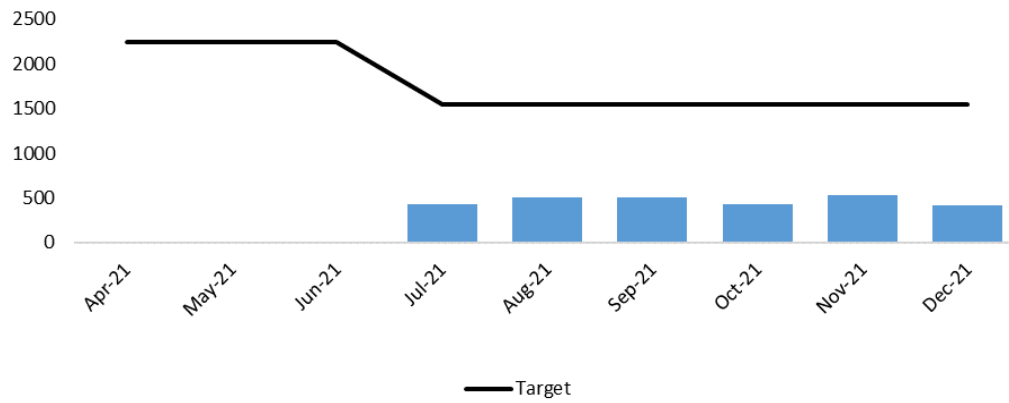


Utilisation rates impacted by NoroVirus outbreak in November and Omicron emergence in December.

Target: Physio 75%, Podiatry 90%, OT 75%, Speech 75%, Therapy Assistant 50%

Current: Physio 56%, Podiatry 75%, OT 66%, Speech 74%, Therapy Assistant 54%

KPI: Therapy & Wellness - Private Client Service hours



Comment:



Number of clients per session continues to be around 4.3 and impacted by room density restrictions of 1 person per 7 sq mt.

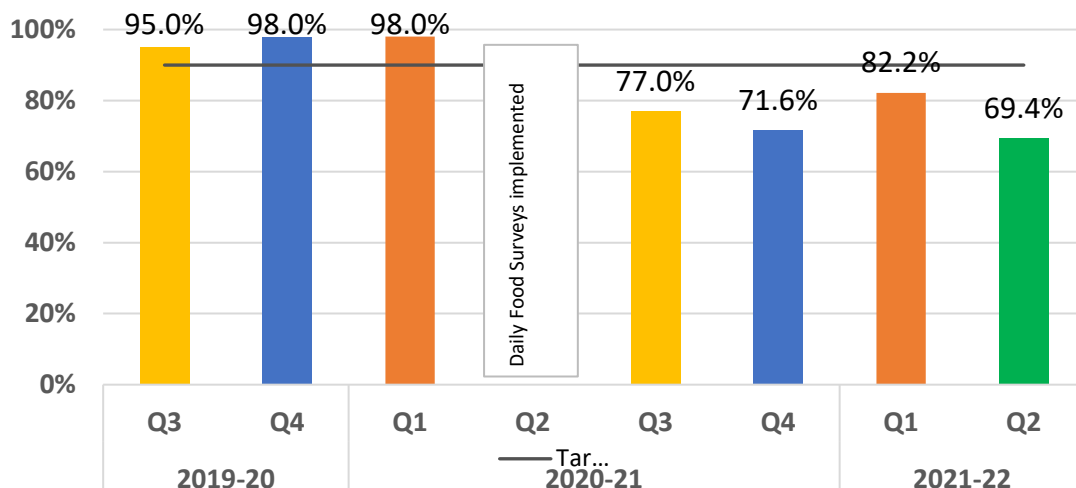
Target: 18,570 per annum ie 4,643 quarterly

Current: 1,383

3. Operations

Residential

KPI: Residential food satisfaction rating



Comment:



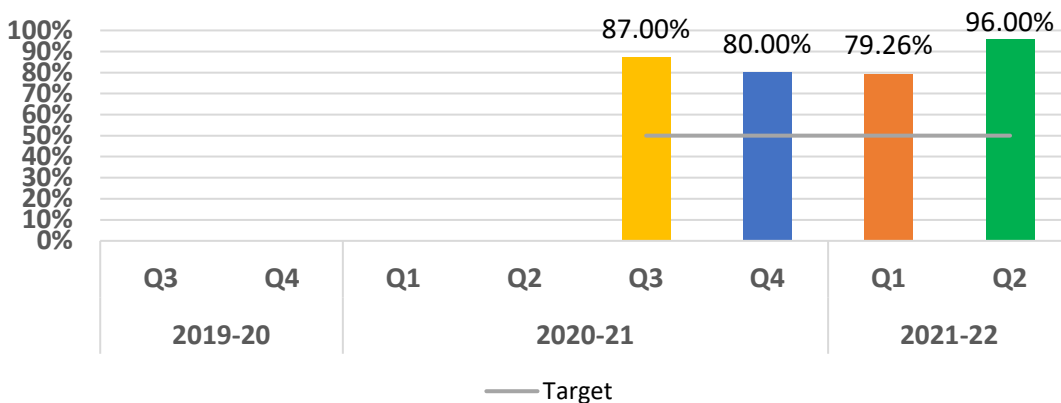
Food satisfaction remains significantly under KPI, issues with presentation, taste, dining experience and kitchen supplies. Food focus group conducted on February 16 reinforced concerns reflected in the ratings.

Target: 90%

Current: 69%

Customer Satisfaction

KPI: Net Promoter Score



Comment:

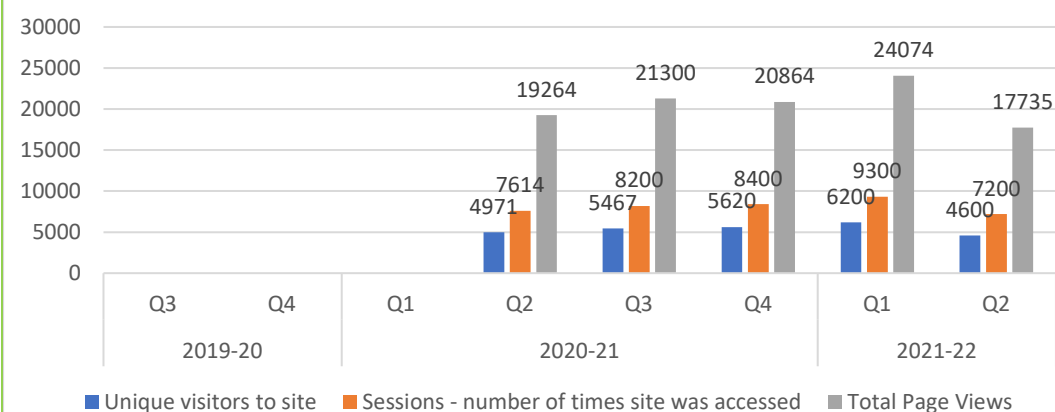


Overall rating is 96% - excellent result. CHSP 95%, HCP 100%, Residential 94% and Therapy & Wellness 100%

Target: 50%

Current: 96%

KPI: Website Statistics



Comment:



Users to the site have decreased by 32%, and the number of sessions in the last quarter have decreased by 22.5%. There are several causal factors for this decrease which we will consider in our M&C discussions:

- No or less lead generations - less links from social posts, newsletters external digital campaigns to drive traffic to the website
- People are seeking different information right now ie less interest globally in exercise programs or visiting
- The website was mainly viewed to source visiting arrangements, when established no need to search further.
- Website information to be updated in response to customer needs ie seeking more detailed information on the café which will be addressed now we are open.

Due to the pandemic, people have different priorities which has a domino effect ie Google changes the algorithms which can impact sites.

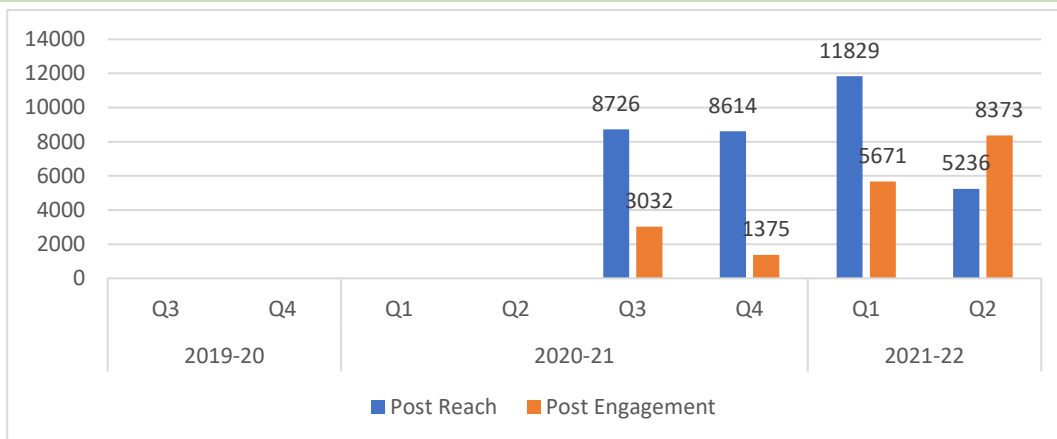
Target:

N/A

Current:

Unique 4600, Session 7200, Total page views 17735

KPI: Facebook Statistics



Comment:



Post reach is down from last quarter but post engagement has increased. Posts with videos continue to have the highest reach ie Christmas (612), Renovated Front Garden Pond (584), Resident Floral Arranging (522). Posts with the most engagement are those that feature residents, Residential Christmas Party (309), 1980s dress up (295), and Resident Floral Arranging (254).

Target:

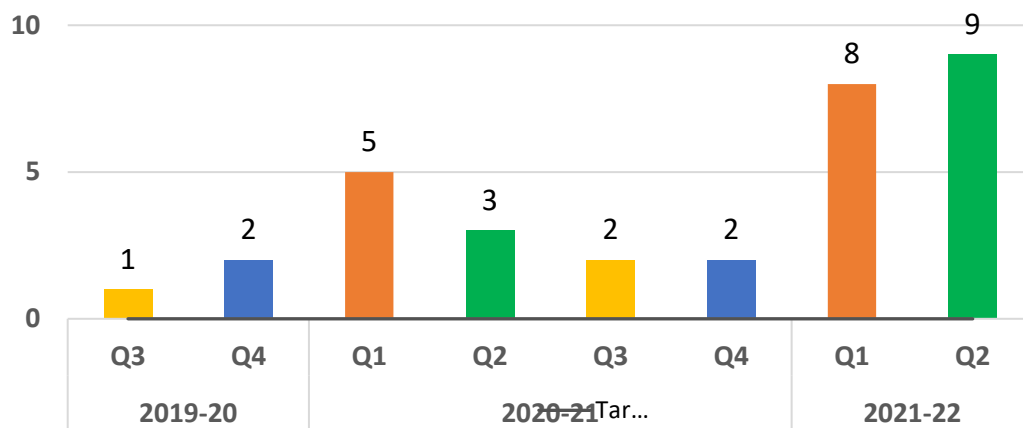
N/A

Current:

Reach 5236, Engagement 8373

People and Culture

KPI: No. of employee MTI/LTI's



Comment:

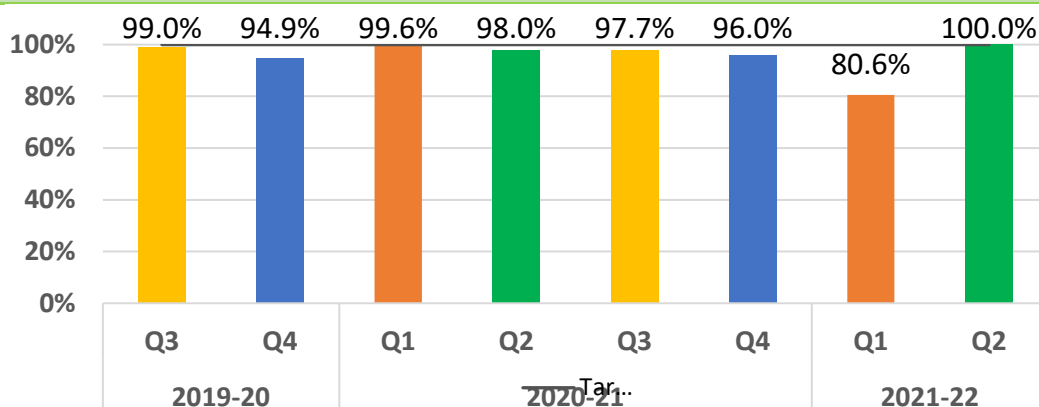


Approximately 30% of injuries were due to task/environmental conditions. These have several causal factors eg lack of hazard analysis (lifting resident up from bed), tools and equipment (old keyboard) and daily tasks in MSU. 40% of injuries were due to human factors which include physical capabilities eg not wearing PPE, manual handling and distraction/preoccupation. All 9 were lost time injuries (LTI). The actions that followed these injuries included allied health assessment of residents to assist in ADLs and interactions, employee counselling regarding wearing PPE, replacement of keyboards as needed, manual handling counselling and training, taking more care in general - particularly with managing own manual handling techniques, body movements and posture.

Target: 0

Current: 9

KPI: Mandatory training completion rate



Comment:

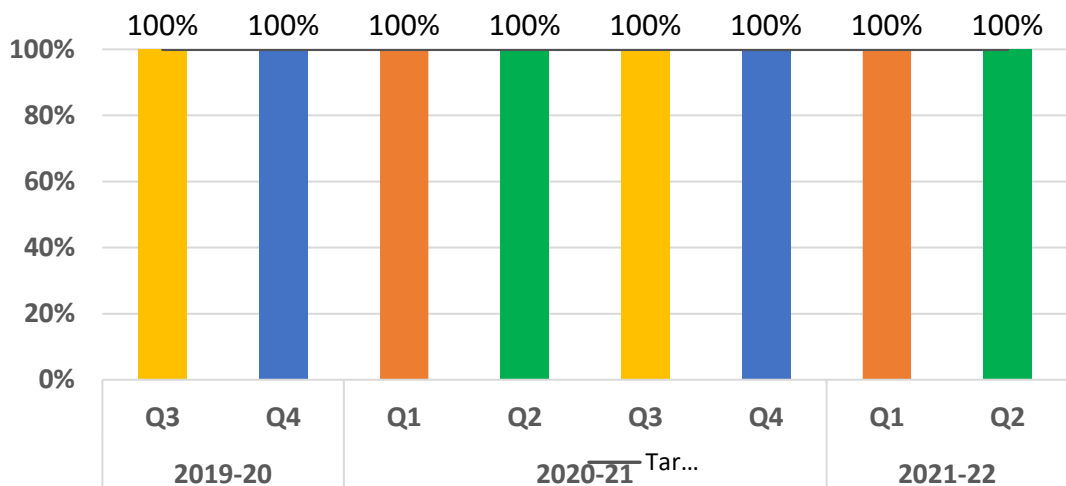


Nil.

Target: 100%

Current: 100%

KPI: Compliance with employment conditions (police checks, visa etc)



Comment:

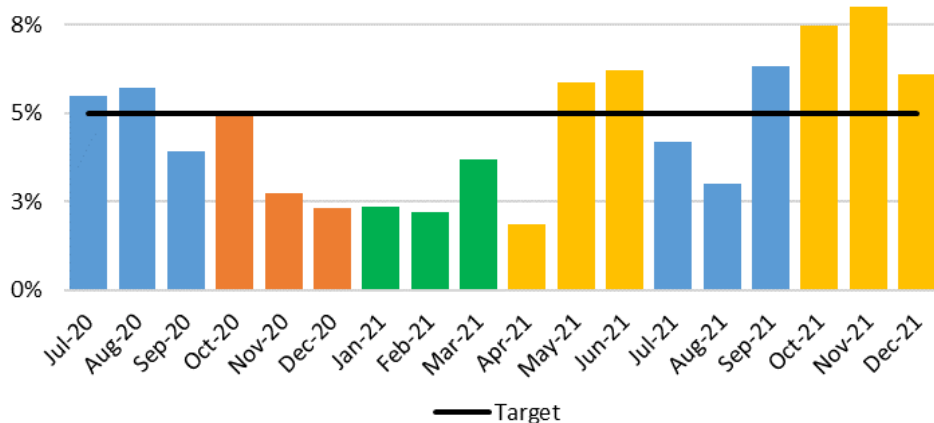


100%

Target: 100%

Current: 100%

KPI: Agency Rate



Comment:

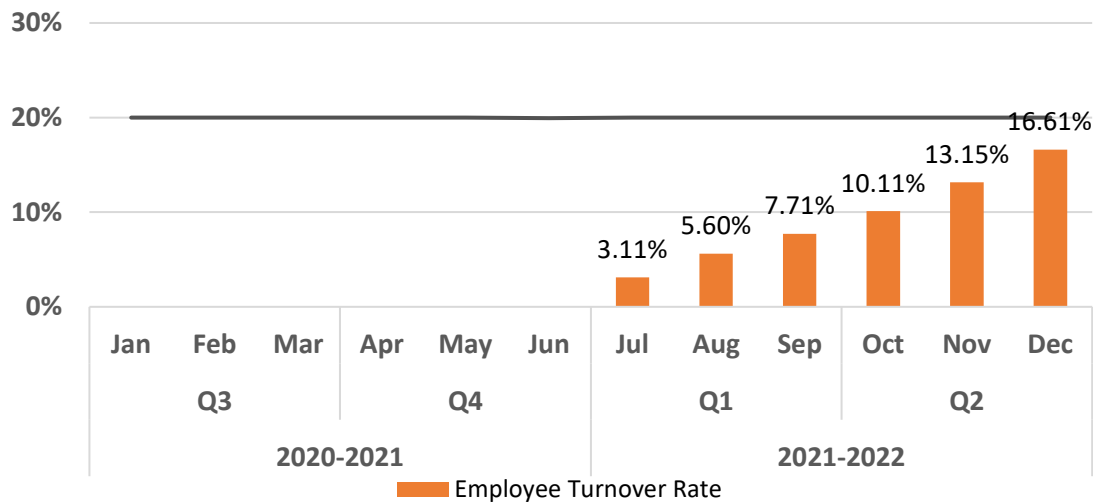


Agency use increased during Q2 partly due to NoroVirus outbreak in November, emergence of Omicron in December and industry wide staff shortages.

Target: 5%

Current: 8%

KPI: Employee turnover rate



Comment:

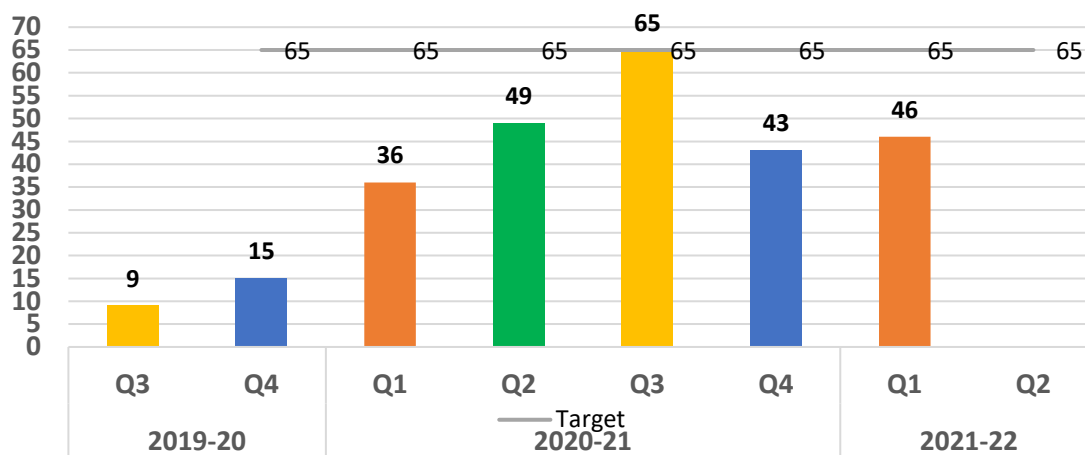


Turnover has increased causal factors including the ever increasing workloads and compliance demands impacting on work satisfaction, COVID-19 and associated impacts including vaccination, attraction of SAHealth roles and associated salaries.

Target: < 20%

Current: 16.61%

KPI: Completion of employee performance reviews



Comment:



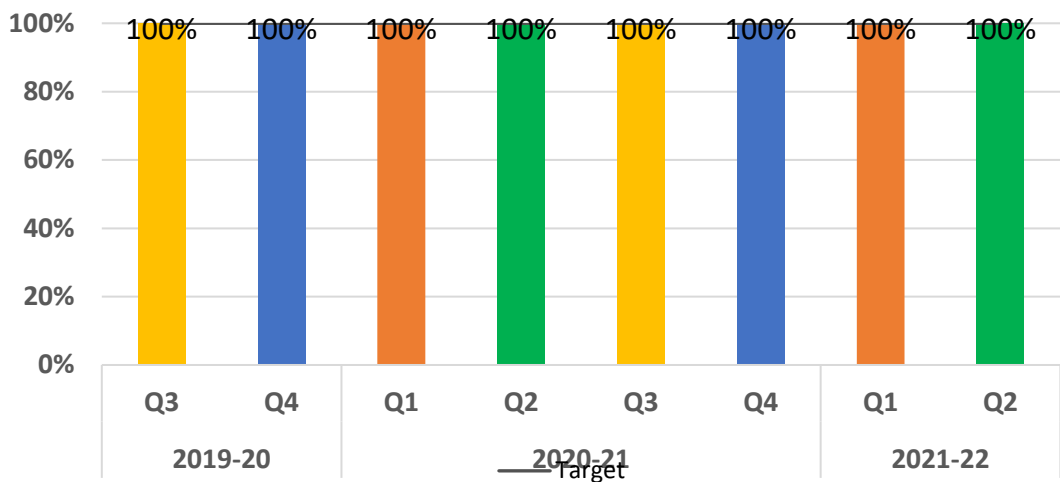
There have been no performance reviews completed during the period. This will be reinvigorated in Q3.

Target: 65

Current: 0

4. Quality and Risk

KPI: Compliance with Risk Review Schedule



Comment:

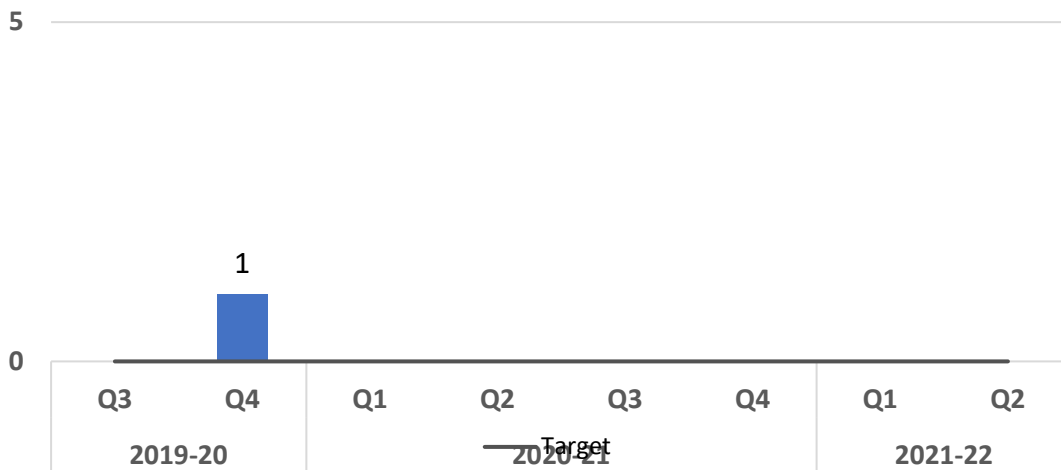


Nil.

Target: 100%

Current: 100%

KPI: No. of Risk Treatment Plans Overdue



Comment:

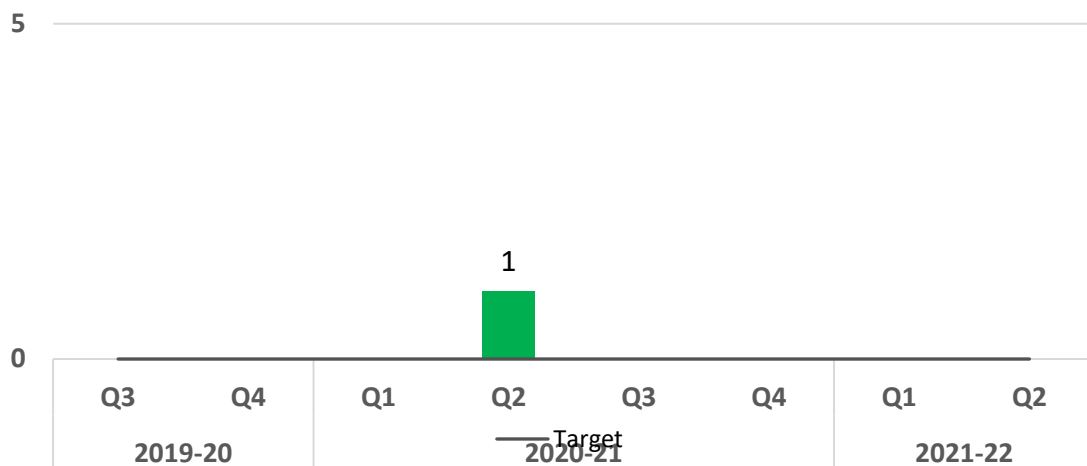


Nil.

Target: 0 Overdue by > 30 days

Current: 0

KPI: No. of CI actions overdue



Comment:

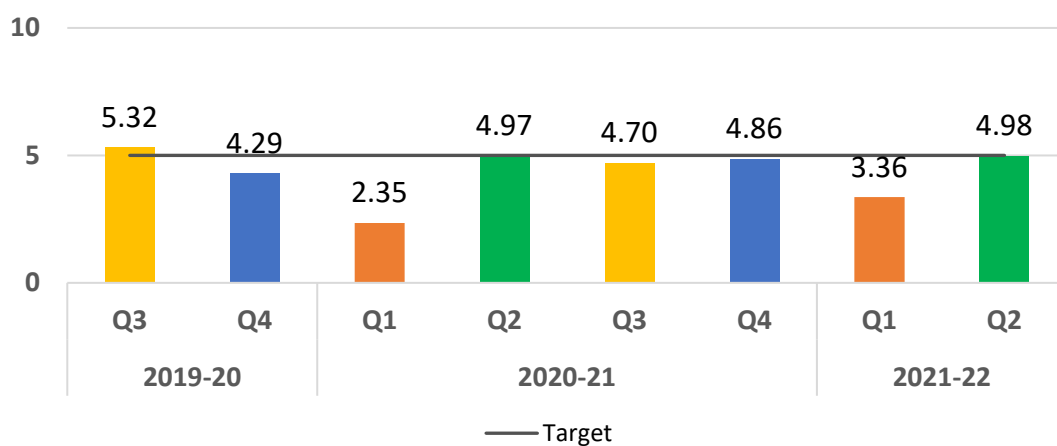


Nil.

Target: 0 overdue by > 30 days

Current: 0

KPI: Avg. Time for complaint resolution



Comment:



Complaint resolution time has risen mainly due to increased workloads on staff due to accreditation compliance post ACQSC visit, NoroVirus and Omicron related matters. It remains within target.

Target: < 5 days

Current: 4.98