



## 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 26 October 2023 at 6.30pm**

Roberto Bria  
CHIEF EXECUTIVE OFFICER

## **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 28 September 2023 be taken as read and confirmed.

### **6. REVIEW OF ACTION ITEMS**

6.1 Action Items

6.2 Annual Work Plan 2023

### **7. REPORTS/ITEMS OF BUSINESS**

7.1 General Manager's Report (Report No: 22/23)

**8. CONFIDENTIAL****8.1 General Manager's Report – Confidential (Report No: 23/23)**

*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.**

**8.2 Finance Report – Confidential (Report No:24/23)**

*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 30 November 2023 in the Hub, Alwyndor Aged Care, 52 Dunrobin Road, Hove or via audio-visual telecommunications.

**11. CLOSURE**

**ROBERTO BRIA**  
**CHIEF EXECUTIVE OFFICER**



## ATTACHMENT 1

### Item 4

### Committee Members - Register of Interests

*The purpose of this register is to effectively identify, disclose and manage any actual, potential or perceived conflicts of interest in order to protect the integrity of Alwyndor Management Committee and manage risk.*

Name of Committee Member	Description of interest	Date when disclosure given to the Committee
Kim Cheater	<p><b>Board and Committee Appointments</b></p> <ul style="list-style-type: none"> <li>• Chair, South Australian Museum</li> <li>• Chair, Advisory Board, Southern Cultural Immersion (Karna owned business operating Living Karna Cultural Centre at Warriparinga)</li> <li>• Advisory Board, SARAH Group (and Chair of Audit, Risk and IT Committee)</li> <li>• Council Member, Flinders University of South Australia</li> <li>• Chair, Advisory Board, Flinders University College of Government, Law &amp; Business</li> <li>• Independent Chair, Audit Risk Finance and Investment Committee, Minda Inc</li> <li>• Board Member, ReturntoWorkSA</li> <li>• Board of RAA Group</li> <li>• Board of RAA Insurance</li> </ul> <p><b>Qualifications</b></p> <ul style="list-style-type: none"> <li>• Fellow, Australian Institute of Company Directors</li> <li>• Fellow, Chartered Accountants Australia and NZ</li> <li>• Bachelor Economics (Major Accounting), Flinders University</li> </ul> <p>Noting: My wife is the Member for Boothby in the Australian House of Representatives.</p>	15/12/2022
Cr Susan Lonie	<p><b>Board and Committee Appointments</b></p> <ul style="list-style-type: none"> <li>• Member of Holdfast Bay Council.</li> <li>• Alwyndor Management Committee.</li> </ul>	

Name of Committee Member	Description of interest	Date when disclosure given to the Committee
	<b>Qualifications</b> <ul style="list-style-type: none"> <li>Qualifications Bachelor of Nursing, Graduate Diploma in Intensive Care Nursing and Bachelor of Laws (Hons). (Please note I am not currently a Registered Nurse.)</li> </ul>	
Cr Robert Snewin	<b>Board and Committee Appointments</b> <ul style="list-style-type: none"> <li>GDCC Board and Chairman of Sponsorship and Fundraising</li> <li>Treasurer of the Rural Media Communicators SA/NT</li> <li>Councillor at the Royal Agricultural and Horticultural Society of SA</li> <li>Member of Holdfast Bay Council.</li> <li>Alwyndor Management Committee</li> </ul> <b>Qualifications</b> <ul style="list-style-type: none"> <li>Dip. Marketing and FAICD</li> </ul>	
Trudy Sutton	<b>Board and Committee Appointments</b> <ul style="list-style-type: none"> <li>Member ACHSM Australian College Health Services</li> <li>Member Lift Consumer Advisory Committee</li> <li>Member COTA</li> </ul> <b>Qualifications</b> <ul style="list-style-type: none"> <li>Registered nurse</li> </ul>	

Name of Committee Member	Description of interest	Date when disclosure given to the Committee
Judy Searle	<b>Board and Committee Appointments</b> <ul style="list-style-type: none"> <li>• Gold Coast Hospital and Health Service Board (GCHHS) – Deputy Chair and member</li> <li>• Queensland Civil and Administrative Tribunal - Medical Practitioner Panel - assessor</li> <li>• Griffith University School of Medicine – Professor</li> <li>• Chair of the Northern Adelaide Local Health Network (NALHN) Governing Board</li> </ul> <b>Qualifications</b> <ul style="list-style-type: none"> <li>• BMBS FRANZCOG(ret) GDPH MD GCTE PCM GAICD</li> </ul>	Updated Sept 2023
Julie Bonnici	<b>Board and Committee Appointments</b> <ul style="list-style-type: none"> <li>• Board member Meals on Wheels Australia</li> <li>• MD and Franchisee Bakers Delight Kurralta Park</li> </ul> <b>Qualifications</b> <ul style="list-style-type: none"> <li>• GAICD</li> <li>• MBA</li> <li>• Post Grad Cert – Health Sc.</li> <li>• Bach Applied Science – OT</li> </ul>	
Jo Cottle	<b>Board and Committee Appointments</b> <ul style="list-style-type: none"> <li>• Work for Carers SA – Carers SA utilises Alwyndor’s services for residential respite and in home respite services – all via short term contracts at market rates</li> <li>• Chair of NFP Discussion Group – Chartered Accountants Australia &amp; NZ</li> <li>• Director of Careworks SA &amp; NT (a small SA NFP)</li> </ul>	

Name of Committee Member	Description of interest	Date when disclosure given to the Committee
	<b>Qualifications</b> <ul style="list-style-type: none"> <li>• Fellow, Chartered Accountants Australia and NZ</li> <li>• Graduate – Australian Institute of Company Directors</li> <li>• Bachelor of Commerce and Bachelor of Business (Commercial Law)</li> </ul>	
Lorraine Sheppard	<b>Board and Committee Appointments</b> <ul style="list-style-type: none"> <li>• Finance Committee, Royal Flying Doctor Service – Central ops</li> <li>• Deputy Chair and director, Australian Nursing and Midwifery Accreditation council</li> </ul> <b>Qualifications</b> <ul style="list-style-type: none"> <li>• B App Sc (Physiotherapy) MBA PhD GAICD</li> </ul>	



Item 6.1 – Action items

Non – confidential

Action No.	Meeting	Agenda Item	Action Required	Responsibility	Due Date	Current Status
61	28/9/23	7.1.2 meeting schedule	EA to send placeholders for 2024 meetings pending approval	BT	Oct 23	Placeholders sent 16/10 completed

AMC Actions

Alwyndor Management Committee Self Assessment Action list				
Item No.	Item	Responsibility	Action	Current Status
19	Strategic Plan - planning	GM	Refer to Confidential Action item 49	In progress

## Alwyndor Management Committee

### Annual Work Plan January - December 2023

	Jan - Nil	Feb	March (Budget)	April	May	June	July	Aug - Nil	Sep	Oct	Nov	Dec - Nil
<b>*Strategic Plan update</b> - Against measures, outcomes achieved, progress on actions, any issues, industry developments, or risks including mitigation actions. <i>*Timeline to be added when new Strategic Plan developed</i>									✓			
<b>General Manager report</b> - relevant issues, strategic matters, environmental scanning, risks etc.		✓	✓	✓	✓	✓	X		✓	X	X	
<b>Quarterly Performance Report</b>		✓ (Q2)			✓ (Q3)		X (Q4)			X (Q1)		
<b>External Presenter</b>									X			
<b>Risk</b>												
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.												
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)									✓			
Risk 3: Major loss of building or disruption to essential services - To include BCP, Disaster Recovery, Emergency Management etc									✓			
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 -						✓						

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

	Jan - Nil	Feb	March (Budget)	April	May	June	July	Aug - Nil	Sep	Oct	Nov	Dec - Nil
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									✓			
Risk 8: Inability to attract and retain sufficiently skilled and experienced employees and volunteers to meet expected levels of service.			✓									
Quality and Assurance Report (purpose to be reviewed, Quarterly Performance Report has been expanded to include Audits)												
<b>Finance, budget &amp; planning</b>												
Review and approval of audited Annual Financial Statements including Audit Report - Attendance by External Auditor.									✓			
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.									✓			
Finance reports (quarterly) including Investment - noting opportunity for adjustments via Quarterly budget reviews & KPI report consistent with CoHB.		✓ (Q2)			✓ (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			✓ (BUDGET APPROVAL)				X		
Annual Review of Investments (inc Policy & Strategy) with Ord Minnette											X	
Performance KPI's and targets – annual review				✓								
Review of Strategic Plan (including actions for the year)				✓								
<b>Governance</b>												
Review of AMC Performance										X		

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

	Jan - Nil	Feb	March (Budget)	April	May	June	July	Aug - Nil	Sep	Oct	Nov	Dec - Nil
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: 26 October 2023

Written by: Beth Davidson-Park  
General Manager

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## 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.

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## RECOMMENDATIONS

**That the Alwyndor Management Committee:**

- 1. Note the outcome of the City of Holdfast Bay Quality of Life Community Survey**
  - 2. Note the Aged Care reform update:**
    - a. Note the Consumer Advisory and Quality Care Groups update.**
    - b. Approve the Chair, Kim Cheater, to sign the Governing Body Statements (Residential Care and Community Connections) and the Governing Body Declaration for Alwyndor.**
  - 3. Approve the 2024 Alwyndor Management Committee meeting schedule.**
- 

## REPORT

### 7.1.1 CoHB Quality of Life Community Survey

The 2023 Quality of Life Survey report has been released by the City of Holdfast Bay (CoHB). This is an annual project and has been conducted for the last 10 years. [This link](#) will take you to the full report on the CoHB website.

This study is designed to measure residents' quality of life, to seek community ideas on how the area and council services may be developed and improved, to seek community opinion on Council's performance and to understand our communities satisfaction with service delivery. A minimum of 400 residents across age and gender cohorts are surveyed to ensure a representative sample.

Alwyndor uses some of the data gathered to inform our services and priorities.

This year the survey asked which services for older community members do respondents think they (and/or a family member) may wish to use in the future? Responses were as follows:

<i>Wellness classes</i>	51%
<i>Household chores</i>	48%
<i>Social opportunities</i>	44%
<i>Home modifications</i>	41%
<i>Assistance with transport</i>	39%
<i>Assistance with shopping</i>	37%
<i>Don't know/not sure</i>	35%
<i>Therapy services</i>	32%
<i>Respite (in house or day)</i>	27%
<i>Residential care</i>	27%
<i>Assistance with medication</i>	24%
<i>Personal care</i>	23%
<i>End of life care at home</i>	19%

The survey also measures respondent satisfaction with the quality and level of services, this year *Providing services and programs for older people and people living with disability* attracted a rating of 7.5 which was equal to last year and is considered a positive result.

### 7.1.2 Aged Care Reform Update

Each month AMC is updated on the progress of the Aged Care Reform agenda. We are on track in all areas, please see Attachment 1 and Attachment 2 to this report for the summary updates.

#### a. Consumer and Quality Care Groups Update

We have completed the EoI process and formal offers have been made to the applicants which have all been accepted. An initial information and welcome session is currently being arranged for the beginning of November and the first meeting to be held before the 1 December. We are still seeking membership and Chair for the Quality Care Advisory Group.

#### b. New reporting requirement - *Provider Operations report*

As a part of the Aged Care Reform agenda, aged care providers are now required to complete an annual *Provider Operations report*. This report includes the requirement for a *Governing Body Statement* and a *Declaration* to be signed by a member of the governing body. Our recommendation is that this be our Chair, Kim Cheater.

The statements declare whether or not the governing body ie the AMC, believes that Alwyndor has complied with its responsibilities under the Aged Care Act 1997 and the requirements under the Aged Care Quality and Safety Commission Act 2018 between 1 July 2022 and 30 June 2023 (ie the current reporting period).

The guidelines state that if the governing body believes the provider failed to comply with one or more responsibilities under the Aged Care Act 1997 or requirements

under the Aged Care Quality and Safety Commission Act 2018, the following details are required:

- 'each responsibility or requirement that the provider failed to comply with
- the reasons why the approved provider failed to comply
- actions that the provider has taken or will take to rectify the non-compliance'.

For Alwyndor this means that we have included in the Provider Operations report the sections of the ACQSC standards for which **Residential** was found to be non-compliant in March 2023, the reasons for the ACQSC findings and our subsequent actions ie the continuous improvement plan and actions which was lodged with the ACQSC on 31 August 2023. This plan was presented to AMC at its meeting held on 28 September 2023 and the outcomes of the audit were reported to AMC at its meetings held on 30 March and 11 May 2023.

No issues of noncompliance have been found in our **Community Connections** services.

The draft Governing Body Statements for **Residential Care** and **Community Connections** are attached to this report (Attachment 3 and Attachment 4) together with the **Declaration** (Attachment 5).

### 7.1.3 AMC Meeting schedule

Consistent with its Terms of Reference, the AMC is required to have a minimum of 8 meetings per year. Meetings are scheduled on the last Thursday of the month at 6.30 pm.

At the meeting of 28 September 2023, a revised meeting schedule was considered and approved ie that there be 8 meetings a year where two meetings (March and October) are dedicated to specific topics or business as required (ie they may be used for strategy or risk focus, subject matter presentations by employees or external presenters).

Meetings will not be held in January, June, August or December.

The proposed dates for 2024 are as follows:

- Thursday 29 February 2024
- Thursday 28 March 2024 (Topic meeting)
- Thursday 25 April 2024 *is Anzac Day.*  
*Option: Thurs 18 April*
- Thursday 30 May 2024
- Thursday 25 July 2024
- Thursday 26 September 2024
- Thursday 31 October 2024 (Topic meeting)
- Thursday 28 November 2024.

Placeholders for diaries have been sent to AMC members and will be updated on approval of the meeting schedule.





## ATTACHMENT 1

### Item 7.1.2



# Aged Care Reform implementation

October 2023

STATUS	TRAFFIC LIGHT
On Track	
Off Track	
Completed	

## 1 Australian National Aged Care Classification (AN-ACC)

WHO: Residential aged care

WHAT: Funding model that replaces the Aged Care Funding Instrument (ACFI)

WHEN: 1 October 2022 - transition period

Transition to AN-ACC. **Complete**



## 4 Serious Incident Response Scheme (SIRS) In home & flexible care

WHO: Providers of in-home services

WHAT: SIRS has been extended from residential to cover in home services (support at home)

WHEN: 1 December 2022

SIRs system implemented & reported quarterly to AMC. **Complete**



## 6 Information Sharing

WHO: Applies to all human services across government

WHAT: Information sharing between agencies across all sectors

WHEN: Now in place

**Complete**



## 7 Use of Refundable Deposits & Accommodation Bonds

WHO: Residential aged care

WHAT: ACQSC can request info and docs regarding the use of funds.

WHEN: Now in place

**Complete**



## 2 Star ratings for residential aged care

WHO: Residential aged care

WHAT: Rating system based on 4 areas of service and care

WHEN: Late 2022.

As at 16 February 2023, we had a 4 star rating, reduced to 3 stars in May 2023 following 2 'unmets'.

Resident experience 33% **4**

Compliance (accreditation) 30% **3**

Staffing (minutes of care) 22% **2**

Quality Measures (kpi's) 15% **4**



## 5 Strengthened Governance of Approved Providers

WHO: Governing bodies of approved providers

WHAT: Requires providers to 'improve their governance arrangements'

WHEN: from 1 December 2023

Membership of AMC ie ensure governing body has majority of independent non-executive members with relevant skills and experience to deliver safe and quality care, minimum 1 member with clinical care experience.

**Compliant**



## 8 Independent Health & Aged Care Pricing

WHO: All aged care services

WHAT: National pricing schedules across the sector.

WHEN: Now in place

**Stage 1 Support at Home complete:**

Care and Package management pricing schedules finalised

**Complete**

**Stage 2: pending**



## 3 Code of Conduct (The Code)

WHO: Providers, governing bodies and workers

WHAT: Sets out how those delivering care are expected to behave.

Strengthen consumer protections

WHEN: 1 December 2022.

**Complete**

Final Code published and promoted.

All staff training complete.

AMC signed.



Establish a *Quality Advisory Group*

**Options and recommended model considered by AMC in August 2023.**

**Complete**

Establish an approach to comply with *Consumer Advisory Group*

**Options and recommended model considered by AMC in August 2023.**

**Complete**



## 9 Restrictive Practices

WHO: Residential aged care

WHAT: Strengthens consent arrangements for use of restrictive practices

WHEN: December 2022 - requirements for obtaining informed consent introduced

**Compliant**





## ATTACHMENT 2

### Item 7.1.2



# Aged Care Reform Implementation – Governance

October 2023

## Part 2

### Membership of governing body

- A majority are independent non-executive members
- At least one member has experience in the provision of clinical care.

Compliant



### ***Governance Reform: Strengthened Governance of approved providers***

*WHO: Governing bodies of approved providers*  
*WHAT: Requires providers to 'improve their governance arrangements'*  
*WHEN: from 1 December 2023*

Status Traffic light

On track	
Off track	
Completed	

## Part 3

### Advisory bodies

- Consumer Advisory :
  - *ToRs complete*
  - *Members selected*
  - *First meetings to be held by 1 December 2023*
- Quality Care Advisory
  - *ToR's complete*
  - *Seeking members*



## Part 5

### Notification of certain matters to the Commission

- Notification of change of circumstances key personnel

Compliant & reviewing systems to ensure maintenance



## Part 7

### Constitution of certain providers

- Not relevant as Alwyndor does not operate under the Corporations Act



## Part 4

### Suitability of key personnel

- Review 'suitability matters' at least every 12 months; notifications
- Keep compliance records of matters considered

Compliant



## Part 6

### Staff member qualifications, skills & experience

- Staff have appropriate qualification an opportunities to develop capabilities

Compliant



## Part 8

### Information about providers operations & statement of compliance

- Regarding compliance with the Aged Care Act and Commission Act.

Compliant and reporting pending the reporting proforma & portal





## ATTACHMENT 3

### Item 7.1.2

## GOVERNING BODY STATEMENT – RESIDENTIAL CARE

1 July 2022 – 30 June 2023

### ***What type of responsibility or requirement does the governing body believe the approved provider has failed to comply with?***

Alwyndor was given a Notice of Direction to revise its Plan for Continuous Improvement on 2 May 2023 after a contact visit was conducted onsite on 14-16 March 2023.

The Plan included the following:

- 1) make improvements at the service to ensure the Aged Care Quality Standards are met.
- 2) assess the care it provides at the service against those Standards.
- 3) monitor and improve the quality of care and services as measured against those Standards.

### ***Please specify each responsibility or requirement the governing body believes the provider has failed to comply with during the period 1 July 2022 -30 June 2023***

The ACQSC found that Alwyndor had not met 5 out of 42 requirements of the Aged Care Quality Standards. This includes requirements relating to the following Standards:

- Standard 2 – Ongoing assessment and planning with consumers.
  - Standard 2 Requirement (3)(a): ACQSC site audit identified that assessment and planning did not provide sufficient information to guide staff in the delivery of safe and effective care in relation to changed behaviours and restrictive practices.
- Standard 3 – Personal care and clinical care
  - Standard 3 Requirement (3)(a): ACQSC site audit identified that not all residents were receiving safe and effective personal care, and clinical care: that is best practice is tailored to their needs and optimises their health and wellbeing in relation to skin and wound care.
  - Standard 3 Requirement (3)(b): ACQSC site audit identified that Alwyndor was not ensuring that high impact high prevalence risks to residents were monitored for effective management.
  - Standard 3 Requirement (3)(e): ACQSC site audit identified that care and services were not being reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals, and preferences of consumers.
- Standard 8 – Organisational governance
  - Standard 8 Requirement (3)(d): ACQSC site audit identified that Alwyndor did not ensure incidents are captured in line with policies and procedures to inform effective risk management systems to identify trends and drive positive outcomes in care and services.

### ***What service does this non-compliance relate to?***

Alwyndor Aged care – Service ID SRV – 4340.

***Did the non-compliance cease during the period 1 July 2022 – 30 June 2023?***

The identified non-compliance(s) have been addressed as detailed below and submitted to the ACQSC, receipt has been acknowledged, no additional information has been sought and the ACQSC are yet to visit Alwyndor to close out these matters.

It should be noted however that 3 years accreditation was granted on 26 April 2023.

***Reasons why it was considered the approved provider has failed to comply with the responsibility or requirement?***

- Issues related to initial and ongoing assessment and planning for care and services in partnership with the care recipient.
- Issues related to the delivery of safe and effective personal care, clinical care, or both personal care and clinical care.
- Issues related to accountability of the governing body for the delivery of safe and quality care and services.

***What actions have been taken to rectify the non-compliance?***

Alwyndor has provided the ACQSC with our Continuous Improvement Plan to identify how we are continuing to manage improvements at the service to ensure the Aged Care Quality Standards are met, and how we assess, monitor, and improve the quality of care we provide as measured against the Standards.

The revised Plan includes:

- a) The date the issue was identified.
- b) A description of each issue and how it was identified.
- c) The Quality Standard(s) to which each issue relates.
- d) Details of planned actions to address the specific issues identified by the Commission.
- e) The person/s responsible for ensuring implementation of each planned action.
- f) The planned completion date for each planned action
- g) The review date to evaluate the success and sustainability of each planned action and provide the Commission with supporting evidence the actions have been taken.

Alwyndor Management Committee (AMC) was provided a copy of the Continuous Improvement Plan at its meeting held on 28 September 2023 meeting.

Full Name	Position
Kim Cheater	Chair
Signature	Date



## ATTACHMENT 4

### Item 7.1.2



## GOVERNING BODY STATEMENT – **COMMUNITY CONNECTIONS**

1 July 2022 – 30 June 2023

***What type of responsibility or requirement does the governing body believe the approved provider has failed to comply with?***

There have been nil non-compliances during the period of 1 July 2022 – 30 June 2023.

***What service does this relate to?***

Alwyndor Care Packages – Service ID: SRV-18459

Full Name	Position
Kim Cheater	Chair, AMC
Signature	Date



## ATTACHMENT 5

### Item 7.1.2



**Australian Government**

**Department of Health and Aged Care**

## **Governing Body Statement**

*Information for the governing body member signing the statement*

### **Declaration by a member of the governing body of an approved provider**

Section 53G of the [Accountability Principles 2014](#), requires approved providers of aged care that deliver home care services or residential care services to submit a statement about the provider's compliance with its responsibilities and requirements.

The Governing Body Statement MUST be accompanied by a declaration signed by a member of the approved provider's governing body on behalf of all members of the governing body for each approved provider that delivers a residential care service or a home care service.

- The Governing Body Statement is completed as part of the Provider Operations Collection Form on the Government Provider Management System (GPMS).
- The Declaration is on page 3 of this document. The signed Declaration is to be uploaded to the Provider Operations Collection Form for submission through GPMS.

### **The Governing Body Statement**

The Governing Body Statement details:

- Whether or not the governing body of the approved provider believes the approved provider has complied with its responsibilities under the *Aged Care Act 1997* and the requirements under the *Aged Care Quality and Safety Commission Act 2018* between 1 July 2022 and 30 June 2023 (the reporting period)

- If the governing body believes the approved provider failed to comply with one or more responsibilities under the *Aged Care Act 1997* or requirements under the *Aged Care Quality and Safety Commission Act 2018*, details of:
  - each responsibility or requirement that the approved provider failed to comply with
  - the reasons why the approved provider failed to comply
  - actions that the provider has taken or will take to rectify the non-compliance

In all cases of compliance and failed compliance, the statement must be signed by a member of the approved provider's governing body on behalf of all members of the governing body.

With the exception of the governing body member's details, no personal information is to be included in the statement.

The statement is intended to support the governing body to examine the approved provider's compliance with its responsibilities and requirements. The signed statement allows governing bodies to demonstrate their understanding of, and accountability for, issues affecting the quality of care of care recipients.

The process of completing a statement can assist approved providers to proactively look to identify and improve any areas of non-compliance. A provider's demonstrated and transparent commitment to addressing non-compliance can give confidence to care recipients about an approved provider's commitment to quality and safety.

The reporting of this information aims to increase approved provider transparency and accountability and help drive continuous improvement across the sector.

### **How Will the Statement and the Declaration be Submitted?**

The Governing Body Statement and the declaration signed by a member of the approved provider's governing body are to be electronically submitted to the department as part of the Provider Operations Collection Form through the GPMS **by 31 October each year**.

Further information on the Provider Operations Collection Form, including the Governing Body Statement is available on the Department's [website](#).



**Australian Government**

**Department of Health and Aged Care**

## **Declaration by a member of the governing body of the approved provider**

**This page must be uploaded to the Provider Operations Collection Form once signed by a member of the governing body of the provider.**

I certify that:

- ☐ I am a member of the governing body of the below approved provider:

\_\_\_\_\_  
*(Insert name of the approved provider)*

- ☐ This Governing Body Statement detailed in the Provider Operations Collection Form on the Government Provider Management System is true and correct to the best of my knowledge and belief.
- ☐ This statement does not include any personal information other than my own name, role and signature.
- ☐ I understand that my name and role may be published by the Department as part of this statement.

<b>Full Name</b>	<b>Position</b>
<b>Signature</b>	<b>Date</b>

**Note to the governing body member signing this form:**

Giving false or misleading information or documents is an offence under Division 137 of the *Criminal Code Act 1995* (Cth) with a maximum penalty of 12 months imprisonment.

Approved providers have a responsibility to:

- comply with section 63-1G of the *Aged Care Act 1997* in relation to the giving of information relating to a reporting period to the Secretary of the Department of Health and Aged Care; and
- comply with other such responsibilities as are specified in the *Accountability Principles 2014* under paragraph 63-1(m) of the *Aged Care Act 1997*, including reporting responsibilities detailed in section 53G of the *Accountability Principles*.

**Submission due date**

You must submit the completed Governing Body Statement, including this signed declaration, by **5:00pm on 31 October 2023** online via the Provider Operations Collection Form on the Government Provider Management System.

## 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 23/23 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: 23/23, 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 NUMBER: 8.2

### CONFIDENTIAL

#### FINANCE 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 24/23 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: 24/23, Finance Report 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.**