

ITEM NUMBER: 17.1

CONFIDENTIAL UPDATE

ALWYNDOR ACTION PLAN PROGRESS

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

- a. information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of a person or persons (living or dead).

CONFIDENTIAL

Helen Rennie

From: Justin Lynch
Sent: Tuesday, 17 April 2018 1:44 PM
To: DL Elected Members
Cc: DL Senior Leadership Team; Darryl Royans (royans.dw-h@outlook.com); rklugeALW
Subject: Alwyndor Action Plan progress - in confidence
Attachments: Action Plan Summary.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon again Councillors,

As per my comments at the last Council meeting, I committed to keeping you informed about progress on the Alwyndor action plan. Attached is the updated action plan showing where each initiative from the Uniquity Review is up to and that matters are in hand and being managed by Administration. We now require some time to initiate what is a considerable package of work. Further updates will come via the AMC Meetings, but the next full review will be at the briefing scheduled in your diary for 29/5/18.

One of the pieces of work you will see recommended in this plan was an HR Audit on the proposed structure i.e. from the 3 perspectives of business operations, resident outcomes & staff wellbeing. This is currently being performed by Anthea LeCornu, an ex-Aged Care CEO and accreditation assessor with SA Health for 7 years. She is eminently qualified and respected and I met with her yesterday. Her initial observation is that we are very well staffed but need to urgently lift our clinical knowledge and practices eg in areas like shift hand-over and infection control. She said this may ruffle a few RN feathers as they appear entrenched in their ways but it is imperative that we raise up to the industry standard. If not, accreditation is in jeopardy. She believes the new staff have this capability once shown how it should be done. She confirmed that Rick and the AMC are definitely on the right path in terms of improvements and that the Primary Care Model is a common industry benchmark and a worthy goal. As background, Anthea mentioned that our clinical disciplines slowly declined when Donna left due to ill-health. However, she (and I) have great faith in Sue Wirth as the new RSM. Whilst I am wanting Council to maintain a more strategic role rather than operational outlook, I will nevertheless send to you a copy of Anthea's report as soon as it comes to hand. I think that will give a good balanced overview of the complex and sometimes competing demands of managing our facility. Nonetheless, I have every confidence that our action plans will deliver the results we all want in terms of long-term cultural improvement that puts top resident care as the primary focus.

Regards,

JUSTIN LYNCH
Chief Executive Officer
City of Holdfast Bay
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Action Summary

The following is a summary of the actions derived from the Uniquity Review Recommendations and details on their implementation:

Build a Positive Culture

Recommendation	Proposed Action	Resource	Due Date	Progress
Review the benefits of an overall AAC Cultural change program	<ul style="list-style-type: none"> Develop Cultural Change Plan. 	Chief People and Culture Officer	30 May 18	Cultural Change Plan currently under development.
	<ul style="list-style-type: none"> Conduct Staff Survey. 		30 May 18	
	<ul style="list-style-type: none"> Conduct Staff Survey in 12 months. 		30 May 19	
	<ul style="list-style-type: none"> Staff teamwork activities/social events. 		20 Jun 2018	
Bullying and Harassment Awareness Sessions	<ul style="list-style-type: none"> Deliver Training to all staff at Monthly Professional Development Sessions. 	Marie Reynolds	30 Apr 18	Fair Treatment Training booked in for 17, 18 and 19 April (PCW's), 17 Apr Home Support and 2 May (CN/EN). Awaiting confirmation of Hospitality, Lifestyle and Healthy Living
	<ul style="list-style-type: none"> Training to include: <ul style="list-style-type: none"> Bullying, EEO, Diversity 			
EEO and Diversity Education Program	<ul style="list-style-type: none"> Follow up training consisting of: <ul style="list-style-type: none"> Purpose/Mission/History Values and Behavioural Expectations Performance Management Team work 	Derek Stamoulis / Leadership Team	31 May 18	Meeting to be held next week with Derek to discuss potential scope.
	<ul style="list-style-type: none"> Training incorporated in Induction of new staff. 			

Review and design an Induction and Onboarding program	<ul style="list-style-type: none"> • Complete Strategic Plan Initiative of re-designing new Onboarding and Induction program. • Implement program for new staff. • Provide Opportunity for re-induction training to staff whom request additional assistance. 	Uniquity	30 Jun 18	
Roll Out re-induction program to all staff	<ul style="list-style-type: none"> • Implement program for new staff. • Provide Opportunity for re-induction training to staff whom request additional assistance. 		31 Aug 18 As Required	
Educate staff on all employee lifecycle policy and processes	<ul style="list-style-type: none"> • Review all current and required HR Policies and Procedures. 	Employee Engagement Officer	30 Jun 18	Liaise with CHB HR department for advice and assistance as required
Educate staff on the AAC performance management framework	<ul style="list-style-type: none"> • Re-Design and launch updated Employee Handbook including eg. Grievance and EBA Interpretation 	Employee Engagement Officer	31 Jul 18	
Review the effectiveness of the HR function	<ul style="list-style-type: none"> • Develop and Deliver Training Sessions and Incorporate into Induction Program. • Review HR Structure. 	Employee Engagement Officer	31 Aug 18	Await outcome of short term initiatives then review to determine ongoing HR requirements and appropriate structure.
	<ul style="list-style-type: none"> • Performance Management training for Leadership Team 	Ian Pratt	30 Jun 18	
	<ul style="list-style-type: none"> • Sourcing of online performance management system to enable timely and accurate action 	Chief People and Culture Officer	31 Dec 18	

Coping with Change

Recommendation	Proposed Action	Resource	Due Date	Progress
	<ul style="list-style-type: none"> Recruit Employee Engagement Role (12 Month Contract) 	GM	14 May 18	Job Description developed and advertisement sent out
Conduct an HR Audit on proposed structural change and individual and business impacts and risks	<ul style="list-style-type: none"> Conduct a high level strategic assessment of the current structure, proposed changes and predicted effects on the three organisational pillars of: <ul style="list-style-type: none"> Staff Wellbeing; Business Operations; Resident Outcomes. 	Anthea LeCornu	30 Apr 18	Anthea Engaged. Conducting initial 'Gap' analysis and report will be completed by 20 April 18.
Develop a strategic change plan which includes a one-page change plan timeline and make available to staff	<ul style="list-style-type: none"> Re-design of overall Change Plan Create Flow Chart for visual representation of changes and their benefits. 	Trisha Helbers/Employee Engagement	30 May 18	
Increase communication and education on industry change	<ul style="list-style-type: none"> Change communication and advocacy and provide direct avenue for staff feedback and concerns. 	Employee Engagement	30 Jun 18	
Immediate individual meetings with affected staff	<ul style="list-style-type: none"> All affected staff of determined changes have had meetings 		Complete	
	<ul style="list-style-type: none"> Determine Final Structure for EN's and PCW's and then communicate to staff and conduct one on one meetings as required. 	Trisha Helbers/Employee Engagement	30 Jun 18	On completion of Anthea LeCornu review final structure will be determined and process commenced.
All staff education sessions on coping with change and change management	<ul style="list-style-type: none"> Development of Resilience Training session to be delivered during Professional Development Sessions. 	Uniquity	30 Sep 18	

Communication and Engagement

Recommendation	Proposed Action	Resource	Due Date	Progress
	<ul style="list-style-type: none"> Source Communications Expertise 	Trisha Helbers/Nat	30 Apr 18	Trisha Helbers will be engaged on a fixed term contract for 6 months commencing 23 Apr 18
Facilitated staff sessions on the findings of the Uniquity report	<ul style="list-style-type: none"> Staff Forums will be held on 4 and 5 April 2018 with Uniquity present. Communicate to all staff the agreed action plan 	GM Trisha Helbers/Nat	Complete 30 Apr 18	
Facilitated targeted focus groups to action findings from Uniquity report	<ul style="list-style-type: none"> Working Parties will be developed if/when required. 	Employee Engagement	As Required	
Develop a Strategic Communication Plan	<ul style="list-style-type: none"> Hold staff forums to determine what communication methods are the most efficient. Develop Strategic Communication Plan. 	Trisha Helbers	14 May 18 30 Jun 18	
Review current staff forum structure	<ul style="list-style-type: none"> Continue trial of communication of information to staff being part of the mandatory Professional Development sessions or business unit staff meetings. 	Leadership Team	30 Sep 18	
	<ul style="list-style-type: none"> Redesigned PDR process to incorporate individual meetings Implement Individual one on one monthly meetings with staff by supervisors 	Employee Engagement Employee Engagement	31 May 18 30 Jun 18	

Leadership Development

Recommendation	Proposed Action	Resource	Due Date
Increase AMC and CHBC visibility and AAC support	<ul style="list-style-type: none"> Liaise with AMC and CHB Members to determine a schedule of activities that they can attend. 	PA GM	31 May 18
Increase AMC and CHBC visibility		GM	Completed
An AMC or CHBC member to attend staff change forums to demonstrate alignment and support			
Review and assess the benefits of a GM self-awareness and development program	<ul style="list-style-type: none"> Source an appropriate mentor to provide advice and develop GM. 	Ian Pratt	30 Jun 18
Leadership Team to align and drive the implementation of the strategic communication plan	<ul style="list-style-type: none"> Provide consistent and positive messaging to staff. 	Leadership Team	Ongoing
Facilitated leadership expectation and accountability workshop	<ul style="list-style-type: none"> Recommencement of Training currently on hold. 	Derek Stamoulis	30 May 18
Facilitated Leadership team building and development program			Meeting with Derek 17 Apr 18 to discuss options.

Note: Dates shown are still subject to change with greater certainty to be provided once all the relevant resources are in place and/or sourced.

Helen Rennie

From: Justin Lynch
Sent: Tuesday, 24 April 2018 3:23 PM
To: DL Elected Members
Cc: DL Senior Leadership Team; Darryl Royans (royans.dw-h@outlook.com); rklugeALW
Subject: Alwyndor Action Plan progress update - in confidence

Good afternoon Members,

Following my email last week, Anthea LeCornu's structure review is now complete. Her observations highlight the issues we are dealing with and the imperative to keep our focus on residential care as our number one priority. She supports the proposed restructuring and the capability of the new management team in eliminating unsound practices. We are ready to do this but require your full support for myself, Rick and the AMC. Some tough conversations with disgruntled staff may be required if they are not doing the right thing. We cannot support anonymous comments and ask that EM's do not enable this, as this will ultimately undermine our efforts. If staff are unhappy and make contact they must be referred back to their line management and follow agreed internal processes.

Anthea's review adds to the body of evidence that has accumulated on both the processes and systems, the staff culture and the clinical practice at Alwyndor. All the evidence is clear. Alwyndor has rested on its laurels over a number of years, and unless urgent change is put in place, it will not be sustainable – financially, clinically and reputationally. Most importantly of all, residents will be put at risk.

The following outlines some history in getting to this point.

1. In October 2016 the Tierra Report, reviewed the financial sustainability of Alwyndor. This report noted that the financial systems and processes were antiquated (based on numerous interconnected spreadsheets and manual data entry); that, based on modern service benchmarking, the staff rosters were inefficient; and the link between income and care levels was unsustainable.

The new finance system went on-line last month and has already identified errors in previous budget assumptions. Staff changes at management level have streamlined resident care assessment, resulting in an increase in the ACFI rate per resident (currently at \$168 per resident/per day).

2. As a result of comments and challenges amongst staff to the changes above, a culture review was implemented. The Uniquity Report identified a number of serious issues regarding a positive staff culture, as well as a vocal minority who were unhappy with roster changes and didn't believe there was sufficient reason for the changes. They challenged both the communication and the style of senior management.

An action plan has been developed which addresses issues of bullying and harassment, discrimination and culture within the organisation. Training in these areas for all staff has already commenced. A communications specialist has been engaged to improve communication; a HR Staff Engagement specialist is in the process of being recruited; and a mentor has been engaged for the GM.

3. An additional recommendation of the Uniquity Report was to review the new roster and other changes from a clinical perspective to confirm (or otherwise) that the changes supported good practice. Anthea Le Cornu's review was a result of that action.

She confirms all of the steps taken by the GM and the AMC to date have been necessary to ensure both the care of our residents and the financial sustainability of Alwyndor over the long term. There are issues with resident care, already identified, and confirmed by Andrea, and the new senior nursing team, led by the Residential Services Manager, Susan Wirth, have been tasked with improving the level of supervision, knowledge and understanding of the clinical staff. Improved supervision has already led to a greater

awareness in staff reporting of incidents including wound care, falls and medication incidents. One of the new Care Managers (a RN), has been shifted to the role of *Best Practice and Innovation Coordinator* to ensure that clinical care is the focus of quality improvements across the service. The AMC received a comprehensive report on incidents at its last meeting (17/4/18), and understands that the new direction and focus on clinical care is already showing benefits for residents.

To sum up, Anthea has confirmed the understandings of the GM and the AMC - that changes to the structure, systems and processes, practice, and culture across the organisation are necessary, urgent and demonstrably justified. New staff in senior roles have been recruited specifically for their clinical expertise and their comprehensive knowledge of best practice residential aged care, an increased number of specialist staff in human resources will ensure an on-going focus on staff behaviours, training and development, and changes to resident assessment will help ensure on-going financial sustainability.

Kind regards,

JUSTIN LYNCH

Chief Executive Officer

City of Holdfast Bay

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Confidential Minutes of the Ordinary Meeting of Council of the City of Holdfast Bay held in the Council Chamber, Glenelg Town Hall, Moseley Square, Glenelg, on Tuesday 8 May 2018.

17. ITEMS IN CONFIDENCE

13.1 Minutes – Alwyndor Management Committee – 17 April 2018 (Report No: 157/18)

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

C080518/1150

- 1** That pursuant to Section 90(2) of the *Local Government Act 1999* Council hereby orders that the public be excluded from attendance at this meeting with the exception of the Chief Executive Officer and Staff in attendance at the meeting in order to consider Report No: 109/18 Minutes – Alwyndor Management Committee – 17 April 2018 in confidence.
- 2.** That in accordance with Section 90(3) of the *Local Government Act 1999* Council is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 157/18 Minutes – Alwyndor Management Committee – 17 April 2018 on the following grounds:
 - b.** pursuant to section 90(3)(b) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is information the disclosure of which could reasonably be expected to confer a commercial advantage and Council would prejudice the commercial position of the Council.

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 Council 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.

Councillor Snewin left the chamber at 8.01 pm

Councillor Snewin rejoined the chamber at 8.02 pm

Moved Councillor Clancy, Seconded Donaldson

Carried

Elected Members discussed the confidential minutes of the Alwyndor Management Committee.

17.1 Alwyndor Action Plan Progress**Motion – Exclusion of the Public – Section 90(3)(d) Order** **C080518/1151**

- 1 That pursuant to Section 90(2) of the *Local Government Act 1999* Council hereby orders that the public be excluded from attendance at this meeting with the exception of the Chief Executive Officer and Staff in attendance at the meeting in order to consider the information regarding Alwyndor Action Plan Progress in confidence.**
- 2. That in accordance with Section 90(3) of the *Local Government Act 1999* Council is satisfied that it is necessary that the public be excluded to consider the information contained in the attachments on the following grounds:**
 - a. pursuant to section 90(3)(a) of the Act, the information to be received, discussed or considered in relation to Alwyndor Action Plan Progress the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead), being staff of Alwyndor Aged Care.**
- 3. The Council 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 Councillor Bouchee, Seconded Councillor Smedley

Carried**RETAIN IN CONFIDENCE - Section 91(7) Order****C080518/1152**

That having considered Agenda Item 17.1 in confidence under section 90(2) and (3)(a) of the *Local Government Act 1999*, the Council, pursuant to section 91(7) of that Act orders that the attachments be retained in confidence and made available to the AMC in confidence for a period of up to 12 months and that this order be reviewed every 12 months.

Moved Councillor Bouchee, Seconded Councillor Patton

Carried**CONFIRMED Tuesday 22 May 2018****ACTING MAYOR**