

**Evaluation of the
South Australia Innovation Hub Trial**

**Prepared for the Department of Health
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Acronyms and abbreviations used in this document

ACFA – Aged Care Financing Authority

ACFI – Aged Care Funding Instrument

CDC – consumer directed care

CLEA – Centre for Leadership and Excellence in Ageing

Complaints Scheme – Aged Care Complaints Scheme

CoP – community of practice

CoPs – communities of practice

COTA – Council on the Ageing Australia

COTA SA – Council on the Ageing South Australia

CQI – continuous quality improvement

the department – Commonwealth Department of Health

Hub – South Australia Innovation Hub

Hub providers – the South Australian aged care providers participating in the Hub

Hub Trial participants – all participants of the Hub Trial including government, aged care providers and consumer representatives

Hub Trial – South Australia Innovation Hub Trial

QoL – quality of life

Quality Agency – Australian Aged Care Quality Agency

Executive Summary

The aged care sector is evolving, with fundamental reforms being implemented over a 10-year period to support consumer directed care, and ensure that the aged care system is sustainable and affordable. The reforms to the system place consumers at the centre of their care, with a significant focus on giving people greater choice and flexibility. The changes are also intended to encourage businesses to invest and grow, and to provide diverse and rewarding career options in the aged care sector.

Against this backdrop, a group of South Australian aged care providers, motivated to innovate as a collective, developed the concept of an Innovation Hub. The Hub gave providers an opportunity to collaborate with like-minded aged care organisations to innovate in areas of shared interest such as improving governance and quality of life for consumers. Consistent with the Australian Government's reform agenda, and desire to reduce red tape, a 12-month Hub Trial was launched as a joint initiative of government, the South Australian aged care providers, and the Council on the Ageing Australia, to trial a range of initiatives to improve and sustain better outcomes for older Australians. The government agreed that, for providers participating in the Hub Trial, there would be streamlined regulation in the areas of accreditation, complaints, and Aged Care Funding Instrument (ACFI), along with opportunities to work with government to inform broader aged care policy.

The Hub Trial adopted a communities of practice model of collaboration and shared learning, whereby groups were established to progress initiatives in areas such as: governance; quality of life; consumer engagement; and complaints handling.

Following the completion of the 12-month Hub Trial, mpiconsulting was engaged to work with Hub Trial participants to identify the key benefits, challenges, outcomes and learnings from the Hub Trial, along with the critical success factors relating to a community of practice model of collaboration.

Hub Trial participants reported significant benefits from involvement in the Hub Trial and cited numerous examples of changes that had been made to support better outcomes for consumers. Most notably, all Hub providers reported that:

- the Hub had provided an invaluable opportunity to share information in a trusting environment, critically assess practice, and learn from the experience of others. This report identifies some of the critical success factors for a community of practice that could be applied by other providers seeking to build capacity and innovate collectively;
- they had made changes to their governance systems, prompted by comparative analysis, and informed by research into best practice. The Hub also produced a range of governance and complaints resources that are available on the Hub website; and
- they had not just improved their measurement of quality of life and consumer satisfaction, but had each identified ways to address areas of deficit and improve quality of life for consumers.

From government's perspective, the Trial also demonstrated the benefits of a co-design model in which the regulator and providers work together, and offered an opportunity to explore concepts, such as earned autonomy, that will inform broader policy initiatives including the development of a Single Quality Framework for aged care.

mpconsulting sincerely thanks all stakeholders for their contribution to this evaluation.

Chapter 1 – The South Australia Innovation Hub Trial

Part A – About the South Australia Innovation Hub Trial

The South Australian Innovation Hub (the Hub) was the initiative of a group of South Australian aged care providers, motivated to form an industry community that shared a passion for working with older people to improve and support quality of life¹.

As part of the government's agenda to reduce red tape, Minister Andrews (the then Minister for Social Services) engaged with the South Australian providers to discuss and develop ideas for red tape reduction in aged care regulation. Through this engagement, government and the providers identified an opportunity to trial a range of initiatives through the Hub.

The South Australia Innovation Hub Trial (the Hub Trial) was officially launched by Minister Andrews on 10 October 2014. The Hub Trial ran for a 12-month period² and was designed to encourage innovation by providing an environment in which to explore the effects of reducing regulation for providers that:

- satisfy regulatory performance criteria around accreditation, compliance, complaints, prudential and the ACFI; and
- agree to develop and implement better practice approaches to governance and consumer engagement.

“The Hub Trial provided an opportunity for providers to work with government to identify, develop and trial innovative approaches that substituted reduced government intervention for greater reliance on effective governance activity and pursuit of better outcomes for consumers”.

Department of Health

At the commencement of the Hub Trial, the participants agreed to the *South Australia Innovation Framework* (the Framework). The Framework detailed the intentions of the Hub, as well as a range of initiatives to be included in the Hub Trial. Hub Trial participants agreed that an iterative approach would be used to allow adjustment and refinement of initiatives as required.

The objectives and aims of the Hub Trial, as described in the Framework, were as follows:

The objective of the Hub is to improve and sustain better outcomes for older Australians engaged with aged care services. This will be achieved through developing an earned autonomy approach for aged care in support of the Government's deregulation and social policies.

An earned autonomy approach to regulation offers 'lighter touch' regulation to higher performing providers and aims to:

- *Encourage providers to pursue better practice in consumer engagement and governance and improve service delivery outcomes for consumers.*

¹ SA Innovation Hub PowerPoint presentation

² Noting that Hub providers continued to operate as the SA Innovation Hub beyond the 12-month Trial period.

- *Support an expansion in innovative models of care and services in line with the increasing demands of an ageing population.*
- *Facilitate a more targeted approach to government regulatory activities to focus them on where they are needed whilst maintaining safeguards for consumers.*
- *Provide opportunity for mutual sharing, learning and innovation among Hub members and partners.*³

The government agreed that for providers participating in the Hub Trial there would be:

- less frequent audits and a streamlined approach to assessment of accreditation standards by the Quality Agency;
- a greater focus on resolution of complaints by the provider (minimising the involvement of the then Aged Care Complaints Scheme (Complaints Scheme));
- opportunities to work with Aged Care Financing Authority to improve financial data collection and reporting requirements; and
- reduced ACFI reviews where appropriate.

Participants in the Hub Trial

The Hub Trial involved:

- ten aged care providers⁴ in South Australia;
 - Aged Care and Housing Group Incorporated;
 - Barossa Village Incorporated;
 - Boandik Lodge Incorporated;
 - Helping Hand Aged Care;
 - James Brown Memorial Trust;
 - Monreith Aged Care;
 - Resthaven Incorporated;
 - Saint Hilarion Incorporated;
 - Southern Cross Care (SA & NT) Incorporated; and
 - Wambone Pty Ltd;
- the Department of Health (the department) (formerly the Department of Social Services);
- the Council on the Ageing Australia (COTA);
- the Australian Aged Care Quality Agency (Quality Agency); and
- the Aged Care Financing Authority (ACFA).

³ South Australia Innovation Hub Framework, Department of Social Services, June 2015, p 3

⁴ At the inception of the Hub Trial, 10 aged care providers were involved. This number was later reduced to eight following the withdrawal of the two private providers (Wambone Pty Ltd and Monreith Aged Care) due to reasons unrelated to the Hub Trial.

In total, the eight aged care providers that participated in the Hub Trial manage approximately 60 residential aged care services of differing size located in both metropolitan and regional areas. Many of the providers also manage home or other aged care services but these services were not included as part of the Hub Trial.

Governance of the Hub Trial

The Hub Trial was supported and governed by the SA Innovation Hub Working Group, which was established to oversee, monitor and review the Hub Trial initiatives⁵. The role of the Hub Working Group included:

- contributing to a range of national aged care initiatives;
- contributing to the development of initiatives related to board governance and consumer engagement for national application; and
- developing a reporting mechanism incorporating status updates by Hub Trial participants and formal feedback to the department on the earned autonomy criteria and the initiatives being trialled in the Hub.

The Hub Working Group consisted of four representatives of the aged care providers that were participants in the Hub Trial, a representative from the Quality Agency, representatives from the department with experience in aged care regulation, a representative from ACFA, and a consumer representative.

The Hub was also supported by a part-time officer (the Hub Program Director) based in Adelaide and engaged for a period of 24-months. The Hub Program Director supported the Hub members by: coordinating activities; facilitating communication within the Hub network; and undertaking research to support the initiatives implemented through the Hub Trial. The Hub Program Director continued to support the activities of the Hub providers following the conclusion of the Hub Trial.

Part B – Communities of Practice

One way that participants of the Hub Trial worked together to achieve their objectives was through communities of practice (CoPs). The term ‘community of practice’ emerged through the Hub Trial as a means for describing the groups that Hub Trial participants formed to collaborate on specific subject matters of shared interest. Establishing CoPs enabled Hub Trial participants to identify and focus on a range of topics of interest and of relevance in the current aged care context. The model was particularly valuable in enabling providers to leverage off existing capability and to build industry capacity more broadly.

In addition to the subject specific CoPs that were formed around the initiatives trialled through the Hub, the Hub providers (as a subset of the Hub Trial participants) also operated as a CoP, with the shared vision of working with older people to improve and support their quality of life⁶. As discussed below, this model of collaboration between Hub providers has continued even though the Hub Trial has ended and government involvement has ceased.

⁵ SA Innovation Hub Working Group, Terms of Reference, December 2014

⁶ www.sainnovationhub.org viewed 15 April 2016

During the Hub Trial, eight CoPs were established to focus on strategic and operational subject matters. Some of the CoPs flowed directly from the Hub Trial initiatives and others were formed on the initiative of the Hub providers. The CoPs included:

- Governance;
- Continuous quality improvement (CQI);
- Accreditation;
- Consumer engagement;
- CDC;
- Complaints handling;
- Centre for Leadership and Excellence in Ageing (CLEA); and
- Financial reporting.

The CoPs were flexible and adapted over the course of the Hub Trial, sometimes in response to government policy and initiatives, sometimes to reflect the areas of interest and expertise within the Hub provider group, and sometimes because of the close connections between various subject matter areas. Some CoPs merged, some changed their name over the course of the Hub Trial (to better reflect the focus of work) and others became inactive as initiatives were completed. Chapter 3 therefore describes the work of the Hub based on the subject matter of the initiatives, rather than the name of the relevant CoP.

Chapter 2 – Evaluation of the Hub Trial

Part A – Purpose of the evaluation

In March 2016, the department engaged mpconsulting to conduct an independent evaluation of the Hub Trial. The purpose of this evaluation is to:

- identify key activities undertaken as part of the Hub Trial;
- examine the benefits and challenges of the Hub Trial;
- where possible, identify the extent to which the Hub Trial achieved the objectives and aims, along with any learnings for the future; and
- focus specifically on the communities of practice (CoPs) (as a key element of the Hub Trial):
 - analyse the goals and objectives of the CoPs and the processes for establishing the CoPs and for developing resources;
 - identify critical success factors for implementing a sustainable CoP (such as measures of success, clarity of roles and responsibilities, and organisational characteristics);
 - identify the challenges and benefits of CoP participation; and
 - identify the impacts of CoP participation (both positive and negative).

Broadly, the goal for the evaluation was to identify and document the benefits and challenges of participation for organisations involved in the Hub Trial, the outcomes of innovation focus areas, and lessons that can be learned for other ‘communities’ of service providers looking to establish an information sharing model of collaboration.

While this report predominately focuses on the Hub Trial, the work of the Hub (in the form of the aged care providers that participated in the Hub Trial) is ongoing. In some cases, initiatives launched through the Hub Trial have continued after the close of the 12-month Trial period. This report therefore identifies benefits, challenges, outcomes and learnings of the Hub more broadly.

Part B – Conduct of the evaluation

The evaluation of the Hub Trial involved consultation with a range of stakeholders, including:

- the department:
 - the Quality Reform Branch;
 - the Prudential and Approved Provider Regulation Branch;
 - the South Australian Regional Office;
- the Quality Agency;
- the Aged Care Complaints Commissioner (and former officers of the Aged Care Complaints Scheme);
- ACFA;
- COTA and the Council on the Ageing South Australia (COTA SA);
- each of the current aged care provider members of the Hub:

- Aged Care and Housing Group Incorporated;
- Barossa Village Incorporated;
- Boandik Lodge Incorporated;
- Helping Hand Aged Care;
- James Brown Memorial Trust;
- Resthaven Incorporated;
- Saint Hilarion Incorporated;
- Southern Cross Care (SA & NT) Incorporated; and
- the Program Director for the Hub.

Consultations were held by a combination of teleconferences, written questionnaires and/or face-to-face meetings.

Questionnaires, interviews and document review

Questionnaires formed the basis for interviews in person and by teleconference, and the basis of written submissions. Questionnaires were tailored to each stakeholder but largely related to:

- objectives of the Hub Trial and whether participants considered those objectives were met;
- benefits and challenges of participating in the Hub Trial;
- critical success factors for the Hub;
- specific activities and areas of focus that participants were involved in; and
- key changes that Hub providers implemented as a result of participation in the Hub.

The documents reviewed as part of this evaluation include papers and guidance produced by the Hub provider group; media about the establishment of the Hub Trial; minutes; framework documents; and working papers of the Hub Working Group and CoPs. The key documents reviewed are detailed in the bibliography to this Report.

Scope and limitations of the evaluation

The evaluation was largely qualitative, based on consultations with stakeholders and the review of documents. The department confirmed that this was the preferred approach, noting:

- that the evaluation approach was proportionate to the length and the nature of the Hub Trial;
- some of the Hub Trial initiatives had only been recently implemented or were partially implemented, and as a consequence there would be limited data about the outcomes for consumers and other stakeholders;
- that there was limited baseline data available to inform a quantitative evaluation across the range of initiatives implemented by participants;
- that the relatively small sample size could cause challenges for de-identifying information in the evaluation report; and

- the evaluation involved consultation with COTA, as the consumer representative involved in the Hub Trial, but did not include direct contact with consumers.

The evaluation therefore focuses on the outcomes reported by Hub Trial participants, and the initiatives implemented as part of the Hub Trial, rather than on assessing the outcomes for consumers of each of the initiatives.

Chapter 3 – Hub Trial Initiatives

Part A – Overview

This Chapter describes the key initiatives progressed through the Hub in relation to:

- governance;
- CQI – quality of life (QoL);
- consumer engagement;
- complaints handling;
- financial reporting;
- extended accreditation;
- reduced ACFI audits; and
- the proposed Centre for Leadership and Excellence in Ageing.

Part B – Governance

Context

At an early meeting of the Hub Working Group, members identified the potential value and opportunity in exploring ‘good and better’ governance in the context of contemporary aged care. Both the Working Group and Hub providers at the board and management level agreed that good governance is a critical element to high performing organisations and saw effective governance as the cornerstone for supporting high quality care and QoL in aged care service provision.⁷

The *Aged Care Organisation Board responsibilities* initiative was agreed to by Hub Trial participants at the commencement of the Trial. The purpose of the initiative was to improve service delivery outcomes for consumers by ensuring that boards provide strong leadership in relation to better practice governance and consumer engagement. The initiative identified:

- a number of outcomes intended to inform future earned autonomy criteria and support the building of industry capacity, including:
 - the development of a principle based, governance framework for aged care;
 - better practice approaches to governance and service delivery outcomes for consumers achieved through the development of resources to be utilised by the boards of Hub providers; and
 - the development and implementation of consumer engagement strategies to support the provision of high quality care; and
- that a key objective of the Hub Trial was to ensure that boards provide strong leadership in relation to quality outcomes and organisational performance.

⁷ *Effective Governance: a framework for aged care*, June 2015, p 1

In November 2014, the Hub Trial established a Governance CoP to develop a reference point and evidence base for effective governance⁸. Leadership of the CoP was shared by the Quality Agency and Hub providers.

The Governance CoP met on three occasions and also undertook a number of consultations with the Hub Trial participants from December 2014 to June 2015 to capture a range of ideas, insights, experience and examples from Hub providers and their Boards. In summary, the CoP:

- conducted interviews with Hub providers in late 2014 to explore ideas on definitions and descriptions of effective governance and practices used in their organisations;
- conducted a literature search to identify governance models to be used in a comparative analysis with four theories selected to give theoretical context for the comparative analysis;
- selected three governance models for comparative analysis: Corporate Governance Principles and Recommendations (ASX Corporate Governance Council, 2014); Good Governance Principles and Guidance for Not-for-Profit Organisations (AICD, 2013); and Good Governance: A code for the Voluntary and Community Sector (The Code Steering Group, 2011). These governance models were selected for analysis on the basis of collectively representing:
 - the Australian context (or potential to be adapted for);
 - publicly listed and not-for-profit entities;
 - mandatory and voluntary models;
 - different approaches to governance issues; and
 - different structures, for example, the number of principles and how the issues are grouped;⁹
- critically analysed a range of resources to inform the development of a governance framework;
- held a series of three workshops with Hub providers and their nominated Board members (with the initial workshop facilitated by a governance expert and subsequent workshops facilitated by the Quality Agency):
 - to focus understanding using a specified model and to secure agreement as to language and concepts;
 - to determine how the agreed model aligned with current experience and to agree a modified model for the aged care context;
 - to review the emerging framework and agree its structure and approach;
- encouraged individual board consultations in which Hub providers worked with their own boards to test, and gain input, about current experience and the board's perspective on what distinguishes high performing governance; and

⁸ *Effective Governance in aged care: Project Report*, June 2015, p i

⁹ *Effective Governance: a framework for aged care*, June 2015, p 4

- initiated a number of opportunities throughout the Hub Trial period for the boards of Hub providers to meet, network and share information and experiences.

The comparative analyses, research and discussions amongst CoP members informed three key documents that were finalised by the Governance CoP in June 2015 and were published on the Hub website¹⁰.

Experience of Hub Trial participants and outcomes achieved

Based on discussions with Hub providers and the Quality Agency, providers greatly benefited from the opportunity to share and learn in a trusting environment. In particular:

- the process of developing and testing the Governance Framework gave Hub providers the opportunity to ‘stress-test’ their own systems and policies. Hub providers reported:
 - the value of having a measure against which to benchmark and confirm existing practices;
 - some significant changes to organisational practices based on the testing of systems against the Governance Framework (refer discussion below); and
 - the value of the governance research project in informing internal reviews and external evaluations;
- a number of providers implemented changes to governance systems, processes and Board and staff training to better reflect good governance and to increase the focus on consumer engagement and QoL;
 - for example, one provider made significant changes to their Organisational Plan and Continuous Quality Improvement Plan to reflect better-focused goals and outcomes that had been directly shaped by the Hub Trial; and
 - another provider made changes to their staff appraisals to focus on staff strengths and help encourage positive attitudes;
- Hub providers consistently noted that the core value of the documents produced by the Governance CoP was in their specificity to the aged care context and that they had been drafted by an aged care community of practice (while drawing on literature and widely used models);

“The comparative analysis highlighted that high performance manifests from the behaviour and ethics of individual board members; supported by board leadership and culture. A system for good governance sets the foundation of structures, expectations and activities on which high performance can be built. High performance of a board relies on achieving the right balance of the diverse aspects of what a board does and how it operates. In doing so a high functioning board requires adaptation to identify and achieve the right balance to govern and reflect an aged care provider’s mission, context and culture.”
SA Innovation Hub, Governance Framework

“The board skills have improved significantly with the focus on governance. The interaction with other boards has been an excellent learning method.”
Boandik Lodge

¹⁰ Refer www.sainnovationhub.org

- workshops provided the opportunity for cross-provider engagement and learning, and gave Board members and management the opportunity to engage with similar organisations and to speak openly about the common issues they face. As described in the case study below, this was particularly valuable for smaller providers that deliver services in a regional or rural setting.

Case study: Barossa Village and Boandik Lodge

Both the Board and Executive team from the two rural and regionally based providers in the Hub – Boandik Lodge (Mount Gambier) and Barossa Village (Barossa Valley) met in March 2015. Barossa Village Board members travelled to Mount Gambier where they spent several days meeting with their Boandik Lodge counterparts. Participants discussed a range of issues impacting on aged care boards, particularly from a rural and regional perspective. Topics discussed included:

- governance including board sub-committees, board processes and reporting;
- the boards' role in overseeing clinical governance and in policy making;
- strategic planning processes;
- risk management;
- issues impacting the aged care sector and board priorities for the short to medium term;
- consumer engagement;
- succession planning; and
- marketing.

It was agreed that the issues for metropolitan and rural boards were generally the same, however, within smaller communities and smaller organisations the delineation between the roles of Board members and management were sometimes blurred and there were challenges recruiting appropriately skilled Board members. On the positive side, there was often a high level of consumer engagement between Board members and the local community.

The Board members also:

- noted that the ongoing reform within the sector, whilst necessary, had caused the boards to shift their focus to the short term (up to 3 years) when strategically boards should be thinking 5 to 10 years ahead; and
- emphasised the importance of governance supporting the ethics and values of the organisation including a commitment to the future sustainability of smaller, locally owned community organisations (where local boards are a voice for the community in terms of the type and quality of services provided to elderly consumers).

Barossa Village also enjoyed the opportunity to visit and inspect each of the operational sites managed by Boandik Lodge and a future visit by the team from Boandik Lodge to Barossa Village has been planned.

Governance changes within provider organisations

Each Hub provider identified changes that had been made to their governance arrangements, systems and processes as a direct result of the Hub Trial. This included changes to strategic plans, identification of skills gaps and changes to reporting lines and structures.

While the impact of the governance project varied across Hub providers, all providers agreed that the Hub was an opportunity to connect boards and to reposition what were quite diverse approaches to governance. Providers gave examples, including that the increased engagement of Board members across organisations generated significant discussion and prompted self-examination of Board practices. For example:

- some Boards reconsidered their structure and means for renewal;
 - While some Boards had strict rotational policies embedded in their governance frameworks, others had minimal turnover. Discussions amongst Board members highlighted the benefits

and challenges with each approach and, in at least one case, a Board was proposing to adjust its approach based on its learnings through the Hub.

- some Board members were prompted to attend Australian Institute of Company Directors (AICD) training, and one organisation implemented internal and external training for Board members, particularly around good governance;
- one Board dedicated a session to critically reviewing its governance against the Governance Framework generated by the Hub, and to identifying areas of shortfall. As a result, a new Governance Strategic Plan was developed (with KPIs and timeframes) and a skills matrix was developed to identify skills to be developed by Board members and others;
- one Board changed its committee structure to increase the focus on consumer engagement and ensure direct provision of advice from consumers, their families and carers to the Board; and
- based on discussions with other Boards, one Board re-considered its strategic focus and how it might broaden its membership in readiness for the implementation of new health and aged care initiatives such as health care homes.

While building capacity of the Boards is an ongoing venture, Hub providers identified that their Boards have picked up on ideas generated through the Hub. Hub providers noted that Board members will continue to attend governance workshops delivered through the Hub and the Hub providers are committed to continuing to bring Board members together to further establish and strengthen the connections they have forged.

Broader application of governance work

Early in the Hub Trial, participants expressed interest in developing and trialling governance initiatives that could be rolled out nationally to assist boards of aged care organisations (both for-profit and not-for-profit) to adopt better practice approaches to governance. The resources developed by the Governance CoP, including the *Effective Governance: a framework for aged care*, provide benchmarking tools that are now available to providers outside of the Hub. To support use of the resources by other aged care providers:

- Hub providers have published the governance documents developed;
- the department has created a link from its webpage to the Hub's webpage where the governance documents can be accessed;
- the project has been promoted in the Aged Care Provider Newsletter generated by the department; and
- the Quality Agency has made the governance resources accessible from its website and has promoted the resources at Better Practice Conferences.

The department has also advised that the work of the Governance CoP will inform the development of the Single Quality Framework including the development of new end-to-end aged care quality standards.

Part C – Continuous quality improvement – quality of life

Context

In line with the objective of the Hub Trial to improve and sustain better outcomes for older Australians, a key focus of the Hub was implementing initiatives to better measure and improve quality of life and wellbeing for consumers.

In the early stages of the Hub this was referred to as focusing on continuous quality improvement (CQI) and a CoP was formed to focus on this issue. However, over the course of the Hub Trial the CoP evolved as Hub providers became increasingly focused on quality of life (and improving outcomes for consumer) rather than on continuous quality improvement more generally.

The CQI CoP continued its work after the Trial and the Hub providers made significant ground in relation to quality of life initiatives and ultimately produced the Hub Quality of Life Framework¹¹. In developing the QoL Framework, the CoP:

- undertook some work defining QoL and the focus for the Framework. The CoP agreed that the Framework needed to do more than simply provide indicators for QoL. It needed to form a more comprehensive system for measuring QoL and also targeting actions towards *improving* QoL;
- researched a range of tools and systems. The CoP focused on tools that were validated, easy to use, and would be relevant to residential, community and retirement living. The CoP agreed that each Hub provider could have the choice of which tools to utilise to measure QoL but any tools selected should be adopted in their entirety rather than adapted (as any modification could compromise robustness and validity);
- agreed on the appropriate audience to be included in measuring quality of life. On this point, the CoP decided that the best outcome for the consumer would be to include family members and staff amongst those surveyed. Research undertaken by the CoP showed that employee engagement, recipient co-design and health environment heavily interacted with the consumer experience of QoL and were all factors that had the potential to be influenced by the provider¹²; and
- agreed that the QoL work should focus on the ideal outcomes for consumers and some of the factors within the control of the provider that can influence this so that providers can adjust their efforts to better focus on QoL for each individual.

The CoP also engaged experts in the consumer engagement field to inform the various methods of consumer engagement, measures of satisfaction, benchmarking and analysis. This included a market intelligence organisation and the SA Health and Medical Research Institute

¹¹ The SA Innovation Hub: Quality of Life Framework (as presented by Frank Naso, Wellness Direction, St Hilarion Aged Care Inc) (unpublished)

¹² James Brown Memorial Trust, *Written questionnaire response*

Quality of Life Framework

The design methodology for the QoL Framework is based on simple ‘top line and benchmarking tools’, and an associated ‘deep dive’ tool kit to further investigate specific areas, should the top line tool identify a potential deficit. The intent was that simple tools would be used in the first instance (to encourage uptake by large and small providers) and resources could then be targeted on those areas of need, as identified through the top line tool (maximising efficiency).¹³

“The Framework started by looking at quality in aged care and an attempt to define it. This progressed to a focus on Quality of Life as this appeared to be poorly represented in the methods currently in use... This texture of gaps and possibilities started forming into a framework as we looked at Quality of Life and the fact that we did not actually want an indicator, rather we wanted a system to measure and target towards improving Quality of Life.”

James Brown Memorial Trust

The CoP selected three tools as top line and benchmarking tools to measure and compare broad areas of wellbeing and quality of life. Application of the top line tools enabled comparison between service locations. A further two tools were selected as optional “deep dive” tools to further investigate any issues or potential problems identified through the top line tools and to provide recommendations for action.

Top line and benchmarking tools	Deep dive and optional tools
1. Personal wellbeing index (cognitive) (PWI)	1. World Health Organisation Quality of Life (WHOQoL)
2. Quality of Life – AD (QoLAD) (cognitive impairment)	2. CIMPACT
3. Net Promoter Score (NPS)	* see summary of tools at Attachment A

Once the draft QoL Framework was developed, a number of Hub providers trialled the various tools across some or all of their services. Some providers hosted ‘trial sites’, in which a three-day trial of the tools was undertaken with consumers and staff, open to other Hub providers to observe.

Results, outcomes and feedback obtained through this process were provided to the CQI CoP to further inform the development of the QoL Framework. For example, relatively early in the Hub Trial, the CoP identified that the PWI tool would not meet the needs of people with cognitive impairment or mild dementia. In response, the CoP identified QoLAD as a companion tool to better cater for those needs and to enable the QoL framework to extend to as many consumers as possible.

A number of providers also noted that by trialling the tools, this had prompted them to think differently about QoL and the actions that could be taken to improve QoL. This is evidenced in some of the case studies below.

¹³ James Brown Memorial Trust, *Case Study: Hub Quality of Life Framework – a tool for innovation*

Case study: Measuring QoL at Boandik Lodge

As part of the QoL initiative, Boandik Lodge trialled the PWI, QoLAD and DEMQOL. The PWI was also trialled with community care recipients and those in independent living services managed by Boandik Lodge (to ensure relevance across care types). Boandik Lodge also trialled a wellbeing and resilience program provided by the South Australian Health and Medical Research Institute.

As a result of the trial, Boandik Lodge:

- has decided to use the PWI and QoLAD on an ongoing basis with every consumer (residential and community care) and all new clients. The tools are re-applied every 6 months;
- has trained staff in the use of the PWI and QoLAD; and
- is using the results of the PWI and QoLAD to develop life plans with consumers, and to identify consumers that would benefit from involvement in the Perma + wellbeing and resilience training program.

The Chief Executive Officer of Boandik identified that, at times, the results of the surveys can be challenging, particularly for those in the organisation with a specific focus on the provision of clinical care. Staff were, however, very receptive to the use of the tools (and changes to practice that flowed from the results) because it aligned strongly with CDC and also better highlighted what would most benefit each individual consumer.

Case study: Trial at Saint Hilarion

In late September 2015, Saint Hilarion trialled both NPS and CIMPACT at their Fulham site over the course of three days. The trial was preceded by training for key Saint Hilarion staff. Following the trial, advice was also sought from consumers, families and staff about the trial and areas for improvement.

The trial highlighted a number of adjustments that would be made to the application of the tools. For example, Saint Hilarion identified that:

- they would undertake more face-to-face surveys. While this approach is time consuming, Saint Hilarion considered that face-to-face surveys gives rise to more valuable information;
- some of the questions asked by staff could be better focused; and
- there would be value in having all three tools translated into Italian.

Staff at the service reported that the trial had:

- heightened consciousness of QoL and had influenced how they thought about providing care;
- encouraged them to think about creating a home rather than applying a health care model;
- shifted thinking away from a medical deficit model; and
- focused their attention on activity that is meaningful for the consumer.

As was noted by one staff member *“By trialling and using these quality of life tools, staff and consumers have gained a better understanding of people’s needs. Going through this process of co-production means it’s a more equitable process, and consumers feel involved in decisions being made. What we’ve also found using this tool is individual needs are being highlighted and addressed, and staff have improved their emotional intelligence in relation to consumer needs”*.

In parallel with the Hub Trial, Saint Hilarion also trialled the *CommunityWest Step Forward – Together Initiative* which focused on trialling co-production with a wellness and enablement focus. *“The process has helped us to see the whole person, including their aspirations, and staff and consumers feel more connected as a result”*.

Experience of Hub Trial participants and outcomes achieved

All Hub Trial participants acknowledged the significant work undertaken, and outcomes achieved, in relation to QoL. The trial of the QoL tools conducted by the Hub providers returned the following information:

- both small and large providers found the tools easy to use;
- consumers found the questions easy to understand and relevant; and
- results identified areas for improvement, and interventions were implemented accordingly.

One provider reported that by testing tools at their different service sites, they were able to undertake an appreciative enquiry that enabled them to compare results, and work more strategically with project staff on lifestyle programs across its services.

“During the period of the Hub, individual Hub providers have extended their understanding of the use of metrics in understanding the quality of life of consumers within their services. This is an area of increasing focus relative to the specific standards that the care system establishes over time.”

Resthaven Inc.

Case study: Application of QoL methodology at James Brown Memorial Trust

The QoL methodology has been applied across James Brown Memorial Trust’s operations, with the PWI measurement incorporated in the Trust’s annual survey. CIMPACT is being used in response to lower than benchmark PWI outcomes in a specific area as a deep dive service evaluation tool to drive improvement. The outcomes are being used to actively target and evaluate projects in the Trust’s Annual CQI Plan.

Adopting the QoL methodology, and having the tools to measure and target QoL, has informed the development of innovative models of care and a range of development projects targeting specific aspects of QoL. For example, specific projects have been implemented to address ‘achievement in life’ results. The application of the Framework has noticeably shifted the Trust’s strategy and ability to perceive and target QoL. The data gathered will support analysis of these targeted projects.

Based on discussions with Hub providers:

- most providers gave examples of how the application of better practice methodologies developed by the CoP was informing service development and delivery, and the outcomes for consumers;
- data are being collected using quality of life tools, in some cases, for the first time, that will enable quantitative evaluation to take place;
- the quality of life measures trialled under the QoL Framework regularly extended beyond a Hub provider’s residential care services to also include its home care services; and
- staff at services had the opportunity to learn a new way of looking at aged care, in relation to care recipients. Providers reported that, in some cases, the results were confronting and staff were challenged to shift their thinking.

“The members of the working group collaborated and shared both knowledge and resources to plan, develop, test and evaluate the framework. The collective knowledge base allowed rapid progress towards the objective of initially developing indicators for Quality of Life and as the project developed building a framework to enable providers to actively improve Quality of Life.”

James Brown Memorial Trust

National Aged Care Quality Indicator Program

Hub work on the QoL Framework commenced in advance of the National Aged Care Quality Indicator Program. However, Hub providers contributed advice in relation to the National Program.

The voluntary National Program was launched on 1 January 2016 and encourages providers to collect information and report against the following three quality indicators (with the potential for indicators to be further expanded with advice from an expert panel and in consultation with industry): pressure injuries; use of physical restraint; and unplanned weight loss.

The National Program will also consider expanding the information available about QoL life in the Australian aged care setting. Consumer experience and quality of life tools have been assessed for their suitability in residential aged care. Tools that were found to be applicable, feasible and user-friendly for consumers and providers have been piloted. Through the National Program service providers will be able to compare their results with a national data set gained from the consistent approach to measuring quality outcomes.

Part D – Consumer engagement

Context

The Hub's focus on consumer engagement was closely connected with the work in relation to governance and provider participation in the Hub Trial included a commitment to both governance and consumer engagement. In the initial stages of the implementation of the Hub Trial, a consumer engagement strategy was prepared by the Quality Agency and circulated to Hub Trial participants. In summary, the strategy included:

- an approach for Hub providers to develop a consumer engagement strategy:
 - to involve consumers in assessing what already works and why, and planning what could work better; and
 - to develop with consumers, a strategy with an evaluation plan providing performance indicators for success;
- consumer engagement drivers (e.g. community and consumer expectations, demand for 'individual choice' within models of care and quality practices that best promote QoL, independence, social and economic participation);
- a broad framework for initiating and sustaining constructive consumer relationships;
- questions to support evaluation and monitoring of the strategy; and
- information about mechanisms for increasing consumer engagement.

COTA also led a consumer engagement CoP that focused on:

- providing **workshops** for Hub providers. Workshops included presentations from COTA and a visiting expert from the United Kingdom specialising in personal budgets and systems of self-directed support. Some Hub participants also worked with COTA SA in relation to consumer engagement and complaints. COTA SA noted this work is ongoing, with consumer workshops (focused on improving co-design) planned; and
- discussing examples of **tools** that could be used to objectively measure the quality of consumer engagement. This included the Owl Rating model, an initiative of the NRMA in partnership with COTA and Gallup (a global research company)¹⁴.

Members of the consumer engagement CoP noted that the emphasis was largely on sharing insights and information around models, principles and opportunities for improved consumer engagement. This CoP also considered how a consumer engagement strategy could give an organisation's Board visibility of the depth, breadth and measure of consumer satisfaction to better inform co-production models of engagement¹⁵.

Hub providers noted that some of the work that had been planned in relation to consumer engagement and co-production did not progress as originally intended, as it was overtaken by other events and initiatives such as the *Step Forward Together* pilot. This is a joint initiative of CommunityWest Inc. and COTA (funded by the then Department of Social Services) to help aged care services move beyond consulting to co-producing¹⁶.

The department also reported that consumer engagement would also be a focus of the work developing the Single Quality Framework.

Experience of Hub Trial participants and outcomes achieved

While some changes were made within individual organisations to enhance consumer engagement and CDC, the timing and scope of this evaluation did not enable measurement of outcomes for consumers.

Feedback from Hub Trial participants was varied in relation to the consumer engagement initiatives:

- some felt that the consumer engagement work of the Hub was essentially an opportunity to align and validate work that providers were already undertaking in this space;

¹⁴ Owl Ratings are displayed on the *Living Well Navigator* website and independently rate retirement living options to help consumers to navigate retirement living and aged care, including knowing how to choose the best service provider from a personal perspective.

¹⁵ This is a new way of working with consumers of aged care services to co-design service delivery. The service provider works with consumers as equal partners in the design process to ensure that the service offered is relevant to the consumer and meets their needs.

¹⁶ <https://www.communitywest.com.au/explore/exploring-co-design-with-catalyst/step-forward-together-project> viewed 30 May 2016

- some providers had used the opportunity presented by the Hub to re-visit and improve their consumer engagement mechanisms;
 - For example, one large provider noted that they had, for some time, had a consumer and carer engagement committee but the committee had not been directly feeding into the Board. The Hub had prompted them to consider how better connections could be made between consumers, carers and the Board. Changes were made so that representatives from the consumers and carers engagement committee would attend the Board sub-committee meetings to provide direct feedback in relation to consumer outcomes.
- a number of providers noted the close linkages between the work on governance, QoL, complaints and consumer engagement. In particular, providers noted that consumer engagement (and measurement of quality) needs to be at the heart of all aged care service planning and delivery, and this necessarily influences the governance of provider organisations; and
- a number of Hub Trial participants felt that the Trial highlighted the potential for much deeper consumer engagement, co-design and co-production between providers and consumers. Some noted that they had hoped that the Hub providers would make further progress (beyond the Hub Trial), particularly around co-production and CDC in the residential care context;
 - For example, some Hub providers felt strongly that CDC in residential care was a natural extension of CDC in home care, but it required consideration of some complex issues including any funding ramifications. To this end, the CDC in Residential Care Working Group (which later morphed into a combined CDC and consumer engagement CoP) undertook a SWOT analysis of a single care funding regime. The CoP subsequently advocated for a single assessment, approval and funding regime (across all care types). This was also recommended by the Aged Care Roadmap, prepared by the Aged Care Sector Committee.

Part E – Complaints handling

Context

As part of the lighter touch regulation initiatives trialled through the Hub, providers were given the opportunity to demonstrate the effectiveness of their complaints handling mechanisms. It was also intended that decreased intervention by the Complaints Scheme in provider operations would reduce regulatory burden.

The key outcomes sought by the *Complaints Management initiative* were:

- improved service delivery outcomes for consumers achieved through Hub providers having effective internal complaints handling;
- appropriate and responsive governance to respond to emerging issues prior to complaints being raised; and
- complaints mechanisms that are integrated into the provider's overall quality systems.

In relation to complaints raised about Hub participant services during the Hub Trial:

- the Scheme continued to resolve complaints via early resolution, wherever possible and appropriate;
- complaints that would typically be handled through a full Scheme resolution process were referred to the provider for resolution within an agreed timeframe (except where a major or significant risk to care recipients was identified);
- if the complaint posed a major or significant risk to a care recipient, the provider needed to satisfy the Scheme that it had appropriate strategies in place to mitigate the risk prior to the Scheme referring the matter to the provider for resolution;
- the Scheme could decide not to refer a complaint to the provider where the complainant had raised concerns about the matters being resolved by the provider; and
- once the provider had resolved the complaint, or had exhausted its efforts, it advised the Scheme (no written report required). The Scheme tested the complainant's satisfaction that the complaint was resolved and, if satisfied, closed the case. If the complainant was not satisfied, the Scheme would consider whether further involvement was warranted.

Within the Hub, a complaints CoP was formed to develop a complaints feedback framework based on best practice (with processes mapped and documented) which could be used to guide industry practice. To progress this work, the CoP:

- circulated a questionnaire to Hub providers seeking information about each providers' mechanisms for collecting and reporting on complaints and complaints data; and
- undertook a review of relevant resources relating to good complaints handling including documents published by the Australian National Audit Office, the Commonwealth Ombudsman, the South Australian Department of Education and Child Development, the Victorian Health Services Review Council, and the (then) Aged Care Commissioner.

Following the collection of this information (and relatively early in the process), the Complaints CoP identified that there was little value in comparing processes and developing a detailed procedural framework for dealing with complaints (noting that providers have a range of different processes, but it was the outcomes that mattered). Instead, it was agreed that the work of the CoP should focus on the principles underpinning effective complaints handling mechanisms.

Drawing on best practice models and advice from the (then) Aged Care Commissioner, the Complaints CoP developed a two-page document entitled *Complaints Management – Guiding Principles*. The document detailed four guiding principles for complaints handling focused on:

- Culture – an open and learning organisational culture is fundamental to a positive consumer experience. This includes openness, honesty and acknowledgement with the whole process commencing with, and centred on, the consumer's point of view.

- People – to ensure that consumers enjoy their experience, providers will ensure that their people are educated and experienced to be responsive and inclusive. Consumers should feel heard and understood as the providers work towards resolving concerns.
- Process – providers will have an open and transparent process for handling complaints. This will support providers to be responsive and flexible as they resolve problems.
- Analysis – providers will learn and grow from consumers’ feedback by applying what they learn to improve their services for the benefit of others in the future.



The *Complaints Management – Guiding Principles* has been published on the Hub website.



Experience of Hub Trial participants and outcomes achieved

As noted above, there were two main Hub Trial initiatives relating to complaints:

- the development of complaints principles (developed on the initiative of the complaints CoP); and
- changes to the way that the Complaints Scheme handled complaints regarding services managed by Hub providers during the period of the trial.

Development of complaints principles

In relation to the first, most Hub providers noted that the principles had enabled them to test their own system and that, in most cases, providers reported that their assessment of their complaints handling processes against the principles confirmed that they had reasonable complaints handling systems. Some Hub providers noted:

- the value of meeting with the (then) Aged Care Commissioner and the fact that it had shifted their focus from a process orientation to focusing more on culture and people as being critical for good complaints management and improvement of the experience (and outcomes) for consumers; and
- that the development of the complaints principles and the referral of more complaints to providers for resolution had “*sharpened our responsiveness [in managing complaints]*”.

One provider also noted that the complaints principles developed through the CoP had been integrated into their staff training program, and generated a greater focus on the creation of a customer service culture.

Changes to the handling of complaints made through the Complaints Scheme

There were mixed responses from Hub providers in relation to the changes to the Complaints Scheme as part of the Hub Trial. Most providers considered that there had been a lack of clarity

regarding the changes to the Complaints Scheme's arrangements for dealing with complaints relating to Hub services. Some expressed concern that there had not been a greater reduction in the regulatory burden associated with complaints requirements, and that the Complaints Scheme had continued to deal with some complaints (whereas the expectation of some Hub providers had been that providers would deal with all complaints in the first instance).

Likewise, Complaints Scheme staff acknowledged that not all providers or all complaints officers had consistently understood the circumstances in which matters would, and would not, be referred for resolution by Hub providers. Some of the uncertainty around the agreed processes, may have contributed to the early communications issues.

Consultation with the current Aged Care Complaints Commissioner and other Hub members indicated that:

- the number of complaints resolved at early resolution decreased during the course of the trial;
 - Consistent with the changes made through the complaints initiative, this decrease may be explained due to an increase in complaints being referred for provider resolution (as opposed to being addressed by the Complaints Scheme through early resolution).
- over a third of the Hub provider complaints handled through early resolution took more than 22 days to resolve (which was slightly higher than the state average for the same period);
 - The extended timeframes for resolution may relate to an initial lack of clarity regarding the role of the Complaints Scheme compared to that of the Hub providers.
- 13 of the 44 complaints received with respect to Hub providers during the period of the Hub Trial were resolved by Complaints Scheme investigation rather than early resolution or approved provider resolution. The main reasons that matters were not referred to providers for resolution (or were referred back to the Complaints Scheme after a provider resolution process) were:
 - some cases commenced before the Hub Trial and required further clarification following traditional resolution processes;
 - in some cases, complainants were dissatisfied with the provider's process and sought the involvement of the Complaints Scheme. COTA also noted that some consumers had expressed concern that, by being involved with Hub providers, they felt that they had lost their opportunity to seek resolution of their complaints by an independent party;
 - the complainant's dissatisfaction with the outcomes achieved by the provider through provider resolution; or
 - the complainant not agreeing to be involved in a Hub resolution process.

Hub member feedback on this initiative suggests that provider resolution can be effective when used in the right circumstances. It does, however, depend on the willingness of the complainant to be involved and the provider's processes, experience and readiness to resolve complaints. In some circumstances the independent input of the Complaints Scheme (now the Aged Care Complaints Commissioner) is necessary to resolve issues, including where there may be risks to care recipients or where the complainant or the provider seeks the involvement of an independent person.

In parallel with the Hub Trial complaints initiative, changes were also made to the Complaints Scheme, with responsibility for the resolution of all complaints being transferred to the Aged Care Complaints Commissioner from 1 January 2016.

Discussions with the Aged Care Complaints Commissioner confirmed that:

- one of the priorities of the Aged Care Complaints Commissioner is to resolve complaints as quickly as possible in the interests of the care recipient. The Aged Care Complaints Commissioner also acknowledges and supports the importance of maintaining strong relationships between providers, consumers and their families and working to empower both consumers and service providers to deal with most concerns directly themselves; and
- the Aged Care Complaints Commissioner will continue to promote the benefits of resolution at the provider level for both care recipients and the provider. The Aged Care Complaints Commissioner has advised that she also intends to continue to take a proportionate approach to complaints management, based on risk, and limit the burden on both providers and complainants to resolve issues.

Part F – Financial reporting

Context

As part of the Hub Trial (and as identified in the *SA Innovation Hub Framework*), the ACFA consulted with Hub Trial participants on reforms (flagged for possible implementation in 2014-2015) to reduce red tape in provider financial reporting.

As part of the consultation, the ACFA briefed Hub participants on recommendations it had made to government on options to improve the collection of financial data from aged care providers, including options to rationalise financial reporting.

In the report provided to government, *Improving the collection of financial data from aged care providers* (September 2014), the ACFA recommended:

- the adoption of a single Comprehensive Financial Report (CFR) to replace the existing GPFR, the Annual Prudential Compliance Statement (APCS) and Survey of Aged Care Homes (SACH) for residential aged care, and the existing financial report (FAR) for home care;
- that once the CFR was in place and the minimum data set was agreed, the adoption of Standard Business Reporting (SBR) as the mechanism for transferring data between providers and the department;
- collection of income and expenditure information at the facility or service level; and
- where financial data outside of the minimum data set needs to be collected, this will be collected using a representative sample of providers rather than the current Census collection (100 per cent of providers) approach.

A short discussion paper was developed by Hub providers in November 2014 providing comments on the ACFA recommendations. The department then issued a discussion paper, including a draft form CFR, and sought comments by February 2015. It was proposed that the CFR would replace the current annual obligations for: a GPFR; APCS, FAR and SACH. Hub participants were invited to make submissions to the department, along with all other providers.

Experience of Hub Trial participants and outcomes achieved

In discussions with Hub providers, a number of providers expressed disappointment that they had not been more closely involved in the development and trialling of the CFR. In discussions with ACFA and the department, however, both acknowledged that consultation on the CFR needed to be significantly wider than the Hub (i.e. with a diverse range of providers across Australia) and that the trial of the CFR was open to all providers including Hub providers.

Hub providers also noted that at the commencement of the Hub they had hoped that there would be more sharing of financial information (within the Hub) including discussions about the best way to improve financial accountability and reporting, but outcomes were not achieved in this particular area.

On reflection, Hub providers noted that this was an ambitious agenda and that it may have been unrealistic to expect providers to share detailed financial information, particularly early in the Hub Trial, before trust had built. Some Hub Trial participants considered that the trust amongst participants was sufficiently developed that this work could now proceed, but others continued to note that there would be limits on the extent to which providers would be comfortable sharing highly confidential and commercially sensitive information with others.

Hub providers acknowledged that this was a valuable learning in terms of areas that are challenging to discuss openly through a CoP model.

Part G – Extended accreditation

Context

One element of earned autonomy trialled through the Hub was less frequent audits and a streamlined approach to assessment of the Accreditation Standards by the Quality Agency. As described in the *South Australia Innovation Hub Framework*, the Hub trialled three initiatives relating to accreditation:

- an extended accreditation period of up to five years (described in more detail below);
- a streamlined accreditation process for corporate-level assessment of Standard 1; and
- reduced duplication of assessment across the Accreditation Standards.

The purpose of the initiative was to facilitate greater autonomy of Hub providers in managing their services and ensuring that high standards of care and services are maintained. The desired outcomes of the initiative included:

- that quality of care is maintained (through continued compliance with the Accreditation Standards and continuous improvement); and
- reduced government intervention in provider operations and therefore decreased regulatory burden.

Other features of accreditation initiative included:

- that the Quality Agency would conduct an unannounced visit at least once a year for each service;
- that Hub providers would implement consumer engagement strategies to meet consumer expectations of transparency and accountability for quality of care;
- corporate-level assessment (in relation to how the provider addressed expected outcomes in Standard 1) would involve consultation with the provider as to any changes made since the last assessment. Any assessment at the service level would seek to validate the application of the corporate policies and processes; and
- when undertaking a site audit or review audit, the Quality Agency would conduct assessment against any expected outcomes that are duplicated across the Accreditation Standards as though they were consolidated.

New processes were also trialled in relation to provider self-assessment against Standard 1 (Management systems, staffing and organisational development), with outcomes given to Quality Agency assessors to demonstrate impact at the service level.

In the early stages of the Hub Trial an accreditation sub-group was formed to share and reflect on accreditation experiences. However, in March 2015, the Hub providers decided it was appropriate for the accreditation sub-group to merge with the CQI CoP given the related nature of the work that the two groups were undertaking.

The majority of Hub providers reported an increased focus on quality outcomes during the Hub Trial. Different models for ensuring CQI were adopted by Hub providers. Some leveraged off the relationships that they had formed in the Hub and established a process of peer review (including for review of home care services). Another provider described how it voluntarily applied the Quality Improvement Council (QIC) Health and Community Standards in its organisation as a way to focus continuous improvement and identify quality improvement priorities. Another provider noted that they were intending to invite an external evaluator to review their services.

Case study: Barossa Village and Boandik Lodge Home Care Peer Review

In March 2016, the General Manager (Home Care Services) and Quality Coordinator of Barossa Village attended Boandik Lodge in Mount Gambier to work with Boandik Lodge's Community Care Team on a peer review of the Home Care Standards.

The peer review was a process in which colleagues in the aged care industry could provide feedback on Boandik Lodge's performance against the Home Care Standards. The peer review was an opportunity for Boandik Lodge to gain an independent opinion on its preparedness for its upcoming mid-year quality review site visit by the Quality Agency.

The visit also enabled the organisations to share information and suggestions as to continuous improvement of services and processes. For example, during the visit Barossa Village provided samples of their consumers' individualised person-centred care plans. These plans have since informed Boandik Lodge's approach to care plan presentation. The

organisations have also shared sample assessment forms and approaches to consumer assessment, so that improvements in this area can be considered.

The peer review that has now been established between the organisations will continue. Later in the year representatives from Boandik Lodge community care team will visit Barossa Village to undertake a peer review in advance of its review by the Quality Agency.

Experience of Hub Trial participants and outcomes achieved

Based on discussions with Hub providers, most reported that the increased accreditation period was the most obvious advantage resulting from earned autonomy.

Hub providers described the various impacts of extended accreditation at their services to include:

- the heightened sense of responsibility to ensure that standards continued to be met through the extended accreditation cycle;
- the importance of not 'resting on their laurels' and to maintain the focus on quality outcomes;
- the risk of reputational damage if compliance with the standards was in question, particularly having been accredited for five years; and
- the broader responsibility to demonstrate the positive effects of an extended accreditation period so that the initiative had the potential to benefit providers outside the Hub.

A number of Hub providers advised that, based on accreditation processes carried out in early 2015, streamlining had not been evidenced, and the new corporate-level assessment had either resulted in no significant change, or had in fact increased the time commitment.

Based on discussions with Hub Trial participants, the accreditation initiative was beneficial in that it opened up pathways for peer review and encouraged organisations to invest in CQI systems to ensure that the standards continued to be met throughout an extended accreditation period. Some of the concepts tested during the Hub Trial regarding accreditation are also being progressed nationally, including the department's current work with the sector to co-design a Single Quality Framework that will be based on proportionate, targeted regulation.

Part H – Reduced ACFI audits

Context

The purpose of the initiative was to facilitate greater autonomy of providers with respect to ACFI reviews while mitigating Commonwealth budgetary risk.

As part of the initiative, Hub providers would be guaranteed a six-month period before an ACFI review was undertaken at a Hub service unless a review in the previous three years had identified concerns with the accuracy of claiming. The reviews would also be limited to 10% of consumers. It was agreed that after the first six months, reviews could be undertaken by the department, but again limited to 10% and no more frequently than six monthly (unless concerns were identified). It was also agreed that the department could undertake more frequent reviews and compliance action, in line with normal practices, if concerns were identified.

Experience of Hub Trial participants and outcomes achieved

When the initiative was first implemented it was anticipated that any evaluation would consider:

- whether there had been a change in Commonwealth budgetary risk (based on an assessment of claiming activity); and
- cost savings to Hub providers due to reduced regulatory burden.

Changes in Commonwealth budgetary risk

As part of the evaluation, mpconsulting was provided with data on the outcomes of ACFI reviews of Hub providers. Given the confidential nature of these reviews (and the review outcomes), this report cannot describe the review outcomes on a provider-by-provider basis. However, the department advised that the rate of inaccurate claiming for Hub providers was not materially different to providers nationally.

To improve the national accuracy of ACFI claiming and strengthen compliance, the government announced a number of measures aimed at protecting the integrity of ACFI.

Cost savings to Hub providers

Hub providers did not collect information about the cost savings associated with individual measures that formed part of the Hub Trial. Some providers noted that during the Hub Trial there had been a streamlining of ACFI processes or reduced ACFI reviews; others did not identify a significant decrease in effort. This may be reflective of the short period of the Hub Trial and the fact that the nature of targeted, risk-based ACFI audits means that not all Hub services were subject to an ACFI audit during the period of the Trial.

The department advised that the Hub initiative has assisted the department to refine its ACFI review approach to ensure that it is tailored and flexible in an ongoing effort to reduce the administrative burden for approved providers found to have been claiming accurately. This may involve fewer future reviews for a residential aged care service where it is considered to be at lower risk of submitting inaccurate claims. However, where there is evidence that approved providers have not made their claims appropriately, the department has advised that it will continue to take action to correct the claim or address the non-compliance.

Part I – Centre for Leadership and Excellence in Ageing

Context

Through their engagement in the Hub (and, in particular, the work undertaken in relation to governance and QoL), Hub providers identified that there was potential to develop and enhance leadership in the aged care sector. A CoP was therefore formed late in the Hub Trial period, at the initiative of Hub providers, to develop ideas around:

- leadership and workforce;

- building the capacity of people who are able to lead aged care businesses and to confront strategic challenges in the aged care sector; and
- the establishment of a leadership centre which could operate independently of the Hub.

To progress this work, Hub providers summarised their organisations' current approach to leadership training, undertook a needs analysis and identified priorities for aged care education. Hub providers also completed a brief survey to identify for each of the Hub organisations:

- the top three to five areas of interest in the context of positioning the organisations for growth in a complex and rapidly changing environment (for example, consumer engagement, leadership, change management and workforce development);
- the types of programs that the organisation would benefit from (for example, peer mentoring, leadership development programs, mentoring and coaching); and
- the groups of people in an organisation who would benefit from an aged care academy concept.

Following the results of the survey, and commencing in May 2015, the Centre for Leadership and Excellence in Ageing (CLEA) CoP has:

- determined the scope of work and the advantages and opportunities for a CoP such as the Hub;
- discussed local and international models, examples and program goals, and potential partners (such as TAFE, universities);
- worked with a locally based leadership consultant; and
- engaged with Professor Julienne Meyer, Executive Director of My Home Life (a UK-wide initiative to promote QoL for those living, dying, visiting and working in care homes for older people) and Professor of Nursing Care for Older Adult at City University, London to draw on international models and learnings, and to discuss how the Hub could collaborate with My Home Life.

Experience of Hub Trial participants and outcomes achieved

The CLEA concept has continued to evolve beyond the period of the Hub Trial to the point that a Draft Business Plan was produced in March 2016. The CLEA Draft Business Plan includes the goals, values, strategic direction of CLEA, and key priorities for the first three years.

At the time of this evaluation, Hub providers acknowledged that CLEA was still developing as a concept and that final decisions had not yet been made regarding the focus, structure and membership of CLEA.

Most providers agreed that the potential value of CLEA was that it provided leadership support but with a focus on aged care, rather than being a generic leadership course. Providers also referenced the applied nature of the CLEA approach as a point of difference compared to many other leadership development solutions.

Chapter 4 – Summary of outcomes and learnings

Part A – Communities of Practice as a model for collaboration

As described in Chapter 1, the Hub Trial was based on the CoP model of collaboration and shared learning. Adopting this model proved particularly valuable in enabling providers to leverage off existing capability, experience and the diversity of Hub membership.

The SA Innovation Hub: A Community of Practice in action

Critical success factors for a CoP

As part of the evaluation, mpconsulting has been asked to identify some of the critical success factors for a CoP that may be relevant to others seeking to establish CoPs. Based on mpconsulting's analysis and the feedback from Hub Trial participants, critical success factors for a CoP model of engagement include the following.

- An appropriately sized CoP.
 - Membership has to be conducive to genuine engagement and therefore has a natural limit.
 - As noted by one Hub Trial participant, *“This loosely equates to how many people can sit around a table and contribute”*.
- Striking a balance between diversity of membership and common purpose and vision.
 - A critical success factor for the Hub was having representation from smaller and larger organisations, regional providers and urban providers and providers focusing on the needs of different consumers (culturally and linguistically diverse consumers, consumers with dementia etc.).
 - Diversity meant that the discussions within the Hub were broad (informed by different perspectives) and the materials produced by the Hub were relevant to a wide range of providers.
 - Working with a wide range of providers helped Hub Trial participants to think about things differently and avoid assuming that the way they currently operated was the only way (or even the optimal way).
 - Hub providers consistently noted that the Hub could not have worked unless all providers had a common set of values. Some of the shared values included the desire for: a strong not-for-profit sector; equity of access; and an improved focus on QoL for consumers.
 - These common values meant that providers were more willing to help each other and share resources (which was critical to the operation of the Hub). A number of Hub providers queried whether the Hub could have operated in the same way if private providers continued to be involved in the Hub (as discussed in more detail below).
- Executive and Board commitment to the CoP.
 - Each of the Hub providers noted the importance of their Executive teams and Board having a commitment to the Hub and their CEO's being represented on the Hub Working Group.
 - This meant that adequate resources were dedicated to the Hub and that there was support for trialling new initiatives as they were identified through the Hub.
 - Some Hub providers also emphasised the importance of a good inside champion to communicate and negotiate changes within the organisation.

- Willingness to dedicate significant time and resources.
 - All Hub Trial participants reported the significant time and effort dedicated to Hub initiatives. While all Hub providers considered that the investment was worth it, they all acknowledged that unless the Board and Executive of the organisation had committed to the Hub and saw benefit and value in the CoP, it would not have continued.
 - The capacity for senior staff to invest a significant amount of time away from the day-to-day needs of the organisation is also seen as a critical success factor.

- Trust between members.
 - Trust is critical for information sharing, but it takes time and effort to build.
 - All Hub providers expressed a degree of surprise and satisfaction about the level of sharing that was actually possible, once trust had been established.
 - Hub providers also noted that there are always likely to be boundaries in terms of the information that competitors are willing to share. This was evidenced with the early work of the Hub relating to financial reporting. As noted in Chapter 3, this initiative did not progress as intended partly due to a reluctance by providers to share highly sensitive commercial information early in the Hub Trial and before trust had been fully established.
 - A CoP needs to be an environment in which it is safe to explore ideas, talk about mistakes and different ways of doing things and continue to learn.

- Authentic engagement and willingness to share.
 - Members of a CoP have to be willing to engage and there must be clear rules of engagement. Hub providers identified that in relation to the Hub, *“success was due to everyone having a voice and their contribution being considered and discussed... Every person had the opportunity to contribute and was encouraged to contribute”¹⁷*.

- Capacity to draw on the expertise, experience and passion of a wide range of staff within the organisations represented in the Hub.
 - By combining experience and evidence of best practice, the Hub provided significant opportunities for providers to build expertise

- Establishment of subject-specific CoPs to pursue particular initiatives.
 - The Hub itself operated as a CoP, but it also created a number of working groups or

“The experience of the Hub members working together has reinforced the idea that a group of like-minded providers with similar goals and aspirations around achieving better outcomes for consumers can overcome perceived boundaries such as competition, intellectual property and data sharing.”
ACH Group

“The community of practice approach taken allowed sharing of existing knowledge and also a much more effective collaborative approach to researching and identifying new solutions. This approach has allowed very significant advances in a short period of time, an outcome unachievable for any individual participant provider.”
James Brown Memorial Trust

¹⁷ Boandik Lodge, response to questionnaire

- smaller CoPs to progress particular initiatives.
- In general, the focus of the subject-specific CoPs was agreed by the Hub Working Group and membership was self-directed based on the interest of staff of the Hub providers. The key to the success of these subject-specific CoPs included:
 - The involvement of a broad range of individuals within the organisation. This minimised the risk of ‘burn out’ or lack of capacity by a small number of individuals (including those represented on the Hub Working Group).
 - The capacity to draw on external research and expertise. Each of the subject-specific CoPs informed their work through review of research and evidence and by involving experts where necessary. This provided an evidence base for the initiatives and helped build support for their adoption.
 - An adaptable, flexible and responsive approach.
 - Throughout the Hub Trial, CoP members revisited the role of the subject-specific CoPs to determine what was achievable, and most valuable to all participants. This meant that the initiatives and priorities of the CoPs changed.
 - From the department’s perspective, a key benefit of the Hub was its ability to evolve and shift focus in response to changes in government policy and initiatives. For example, the focus within the Hub Trial shifted in response to the department wishing to pursue issues and initiatives raised through the Hub on a national basis (e.g. to develop a Single Quality Framework for aged care). While these reforms were pursued nationally, the Hub Trial played a significant role in drawing the department’s attention to the implications of the issues.
 - Effective governance and project support.
 - The Hub benefited from: strong leadership; regular, focused meetings; the close involvement of government, particularly in the initial stages of implementation when determining direction, focus and outcomes; and a strong project officer to support the work of the Hub. The project officer was responsible for a wide range of activity that included research, development of papers and suggestions for strategic direction. Many of the Hub members noted that the assistance of the project officer was a critical success factor for the Hub, enabling actions to be progressed in a timely and effective way and mitigating the risk of a loss of momentum particularly between meetings.
 - Geographical proximity of members.
 - While providers acknowledged that a CoP could operate effectively despite members not being physically proximate, it was also felt that being able to meet regularly face-to-face was integral to building relationships and trust (particularly early in the life of the CoP) and to facilitating shared ideas and learnings.
 - One provider also noted that a shared geography created commonality of language and purpose to have providers invested in the success of the same region.

Overall, the CoP model of engagement was highly successful in supporting Hub Trial participants to progress initiatives, share

“The CoP was an integral part of the project methodology and involved a focus on shared learning and capacity building as well as production of the project deliverables.”

Australian Aged Care Quality Agency

learnings, test ideas, build trusted relationships and achieve outcomes. Importantly, the model was not dependent on the earned autonomy initiatives, and is a model of collaboration that could be applied by other providers seeking to build capability and innovate collectively.

Risk factors for a CoP

Hub providers also identified some of the risks inherent in a CoP model including:

- the risk of changes to key personnel;
- the challenge of communication between meetings;
- scheduling meetings during peak periods of activity across the sector and for individual organisations;
- the fact that providers are not always starting from the same point and may not always 'be as one' in terms of priorities or outcomes sought; and
- the differing financial and resource capacity of providers.

Part B – Achievement of Hub Trial objectives and aims

As noted in Chapter 1, the objective of the Hub was to:

... improve and sustain better outcomes for older Australians engaged with aged care services. This will be achieved through developing an earned autonomy approach for aged care in support of the Government's deregulation and social policies... that aims to:

- *Encourage providers to pursue better practice in consumer engagement and governance and improve service delivery outcomes for consumers.*
- *Support an expansion in innovative models of care and services in line with the increasing demands of an ageing population.*
- *Facilitate a more targeted approach to Government regulatory activities to focus them on where they are needed whilst maintaining safeguards for consumers.*
- *Provide opportunity for mutual sharing, learning and innovation among Hub members and partners.*

While 12 months is not a sufficient period to effectively evaluate whether there have been sustained better outcomes for older Australians as a result of the Hub Trial, there have been achievements against each of the main aims of the Hub Trial. Some of these achievements have been able to be independently verified by mpiconsulting and others have not. For example, Hub providers reported that one of the benefits of the Hub Trial was the development of staff capability in areas critical to improving quality of life for consumers. This cannot be independently verified within the scope of this evaluation.

This Part therefore summarises the key outcomes of the Hub Trial based on mpiconsulting's analysis of the documents, and discussions with Hub Trial participants, including self-reporting of benefits and outcomes.

Aim 1: Better practice consumer engagement and governance

The Hub Trial aimed to improve governance and consumer engagement and to positively influence service delivery outcomes for consumers.

Based on our analysis, the three main ways that the Hub Trial achieved outcomes in relation to consumer engagement and governance were:

- improved provider understanding and appreciation of quality of life;
- strengthening of governance (including Board capacity); and
- development of Board and staff capability.

Quality of life

- For the first time, a number of providers participating in the Hub Trial have adopted tools for measuring quality of life, a mechanism for exploring areas of concern in more detail (revealed through the top line tools) and a pathway for making improvements.

- This was possible, in part, through a highly effective CoP. Five features of a highly effective CoP process include: using an evidence base; shared learnings; considering the broader context; action learning; flexibility; and an outcomes focus. The development of the QoL framework reflects each of these feature.

“Our clients have benefited through more effective governance, focus on quality of life, review of complaints processes, research into consumer directed residential care, sharing of resources and information.”

Boandik Lodge

- *Evidence* – The framework was informed by research and evidence (including external advice where needed).
- *Shared learnings* – Providers shared experiences and resources with others about the QoL frameworks they had implemented.
- *Consideration of broader context* – Consideration was given to related government initiatives including the quality tools being trialled by the department (through KPMG) and a conscious decision was made to pursue alternative indicators that focus more directly on wellbeing, QoL and satisfaction.
- *Action learning* – The framework was trialled by a number of providers before being implemented. Result of the trials were analysed and adaptations made, before the framework was applied more broadly.
- *Flexibility enabling wide application* – Each provider was able to select which tools to use based on their circumstance. The CoP worked to ensure that the framework had value for all providers from small single location providers through to large providers with the resources to implement significant quality improvement initiatives.
- *Outcomes focus* – Each provider identified areas where improvements could be made and implemented changes including: staff training; care planning; life goal setting for residents; and introduction of new activities that were meaningful to individual consumers. To enable benchmarking, some Hub providers have also commenced sharing indicator outcomes with each other.

“The involvement in the Hub assisted Resthaven’s staff to embrace and be challenged by an improved consumer focus now and in the future.”

Resthaven Inc.

- Even those providers that already had systems in place to measure QoL, reported that they benefited from participation in the Hub and the work of the CoP. For example, one provider noted that prior to their involvement in the CoP, their feedback and engagement process had been limited to a ‘satisfaction’ style audit. Drawing on the work of the CoP, the provider had remodelled their approach to incorporate an appreciative inquiry based format focusing on QoL.

Strengthened governance

All providers reported that a significant achievement of the Hub was:

- the better engagement of Board members on issues of governance and strategic aged care priorities (including CDC and QoL);
- the increased focus of Boards on good governance with flow-through effects to the rest of the organisation; and
- the strengthening of Board capacity.

Each provider has a different Board structure and different governance arrangements. However, each provider interviewed noted that changes had been made at the Board level as a result of the Hub (refer Chapter 3).

Development of Board and staff capability

Hub providers consistently noted that one of the benefits of the Hub was the development of its Board and workforce. In addition to strengthened governance and Board capacity, providers noted that:

- staff greatly benefited from being involved in CoPs, leading work areas of interest and experience and being exposed to new ideas through regular discussions with staff of other providers;
- membership of the Hub (and the various initiatives) prompted a number of staff to undertake further professional development and training. For example, completion of the AICD Directors Course and completion of training in relation to QoL and continuous improvement tools;
- the Hub brought CEO-level attention to the topics being explored through the Hub initiatives and encouraged a departure from the ‘that’s just the way we do things’ mentality within organisations. As one staff member noted *“The Hub has really made me think at a much more strategic level rather than in the day-to-day detail.”*

“I have observed growth in the team members developmentally... I recognise that this pilot has clearly shifted the level of thinking about the industry, consumer and how the providers work together. From the first meeting to where we are now there is a very marked difference in the interpersonal interactions and increased empathy for the various positions and players. It has built networks, developed individuals and contributed a diversity of perspective that creates a greater than sum effect.”
Hub Program Director

Aim 2: Innovation

The Hub provided an opportunity for members to collaboratively develop and test innovative approaches in areas identified as a priority by industry and government. It also provided an opportunity in which to trial the benefits of a co-design model in which the regulator and providers work together.

The opportunity to leverage collective Hub member expertise and to develop across multiple areas in such a rapid way was particularly significant for small to medium Hub providers with limited development resources.

A number of providers noted that the Hub Trial prompted them to ‘think outside the box’. As a result, a number of activities were trialled or implemented that were beyond the scope of the Hub Trial.

Examples of activities that providers have initiated include:

- a trial of options for innovation in food services, including greater involvement of interested consumers in food production and preparation;
- a trial of a resident impact survey, examining how the approach of the organisation impacts the life of each consumer surveyed;
- a peer review, whereby two providers assessed each other’s performance against the Home Care Standards in preparation for a quality review by the Quality Agency, resulting in refinement of some practices and implementation of improvements in relation to assessment and personalised care planning;
- consideration of how to best structure the workforce in order to focus more on the continuum of care and the transition of consumers from independent retirement living, through home care and residential care;
- implementation of healthy ageing training (delivered by another Hub provider).

“The accelerated, lower risk development opportunity offered by Hub participation is the most valuable aspect for the Trust, with very real limits on developmental resources available to us as a smaller provider. By leveraging the Hub working groups the Trust has been able to cover more ground, faster and at lower risk than if we had attempted to do so ourselves.”
James Brown Memorial Trust

Aim 3: More targeted approach to government regulatory activities

As noted in the previous Chapter, there were changes in government regulation in three main areas: extended accreditation; reduced ACFI reviews; and changes to complaints processes to increase the focus on provider resolution.

“The Single Quality Framework will focus on consumer experience to support a consumer-driven, market-based aged care system, encourage delivery of higher quality care and reduce red tape for aged care providers. The Framework is being co-designed with consumer groups, representatives from the industry, experts in standards development and aged care regulation and a public consultation process.”
Department of Health

Based on discussions with the department, some of the initiatives and concepts initially progressed in the Hub Trial are now being addressed at a national level. In addition to the National Aged Care Quality Indicator Programmer and ACFI reforms (e.g. more risk based ACFI auditing with reduced administrative burden on services that make accurate claims), this also includes development a Single Quality Framework for aged care. Government is working with the sector nationally to create a Single Quality Framework based on proportionate, targeted regulation to deliver high quality outcomes for consumers and proportionate risk-based regulation for aged care providers.

In relation to extended accreditation, most providers noted the benefit of 5-year accreditation. They noted the cost savings, the benefit of shifting away from a compliance focus, and the reduced pressure on staff that can be associated with a site visit.

It is worth noting that a number of Hub providers stated they would implement other measures to ensure that they continued to meet the required standards including external review, peer review and more regular internal review.

In relation to ACFI audits, there were fewer audits undertaken but there is limited value in assessing the outcomes of each of these audits. In the context of broader Government policy changes, the concept of earned autonomy that underpinned the Hub Trial has informed the department's current focus on more risk based ACFI auditing with reduced administrative burden on services that make accurate claims.

In relation to complaints, the Hub Trial demonstrated:

- the value of the Aged Care Complaints Commissioner providing education to providers about effective complaints handlings; and
- that referring a greater number of complaints to providers for local resolution:
 - is not always appropriate, including when this is not the outcome sought by the complainant;
 - does not always reduce the timeframe for resolution; and
 - is only effective when there is clarity of roles and responsibilities and when the provider has a strong internal complaints process and good communication with the Aged Care Complaints Commissioner.

The department and the Quality Agency also advised that the Hub Trial prompted them to consider a range of issues in relation to more targeted approaches to government regulation and the value of proportionate regulation models, including:

- consideration of the various regulatory levers available to achieve the desired aims, and the risks, costs and benefits for consumers, providers, the sector and government associated with each lever;
- the difficulties associated with accurately determining levels of provider performance and eligibility for lighter touch regulation;
- the impact on public confidence of earned autonomy approaches; and
- the need to monitor the effectiveness of any earned autonomy approach.

Aim 4: Opportunity for mutual sharing and learning

Case study: Development of regional CoP

During the governance project, a number of the Hub providers mirrored the CoP processes in relation to shared learnings and good practice governance by mentoring and working with other providers in their regions. Through this process, a few Hub providers established a regional CoP that included support for local Indigenous aged care providers. Drawing on strategies, examples and tools used in the Governance Framework, this regional CoP supported capacity building and good practice in governance for regional providers.

Clearly one of the key benefits of the Hub was the opportunity for providers to openly and safely share information and learnings with each other and with government.

Hub providers appreciated the opportunity to:

- be involved in a discussion about aged care and to contribute locally, and to the aged care sector more broadly; and
- to build relationships with government outside of the normal interactions, and to inform aged care policy.

“Local communities, local organisations, local boards, local people, localised decision making... This trial provides us with an opportunity to work side by side with some of the large, better resourced, providers and to trial how new initiatives in best practice and improved services can be applied within smaller organisations and within rural/regional providers.”

Barossa Village

The Hub Trial demonstrated collaboration and partnership between the government, industry and regulators. The close consultation of these parties was critical to establishing, setting the direction for, and monitoring the outcomes of the Hub Trial.

Providers also acknowledge that, to varying degrees depending on the nature of the work being undertaken, the Hub provided an opportunity for the pooling of resources. While not an explicit initiative, this by-product of the positive and trusting relationships developed in the Hub has the potential for cost savings and efficiencies. For example, smaller organisations within the Hub were given access to a number of policies and procedures that the larger organisations had developed, tested and subsequently implemented. This enabled smaller providers to draw on well-developed practices to inform their own policies and procedures, while still retaining autonomy.

Part C – Challenges and learnings

The previous Part summarises some of the strengths of the CoP as a model for collaboration and some of the achievements of the Hub. As part of the evaluation, Hub Trial participants were also asked for their advice about how they would do things differently, and what learnings they would pass on to others interested in the Hub CoP model.

Some of the matters raised included the following:

- the importance of building trust within the membership of the Hub;

- Providers observed that while the quality of relationships derived from the Hub are one of the significant benefits, it did take time for industry competitors to establish trust. Providers felt the financial reporting initiative could have been more successful if it started once relationships had been built, when people were more inclined to share sensitive information.
- the different strengths and limitations of smaller and larger organisations;
 - A number of the smaller and regional providers emphasised the value of being in the Hub and the significant benefits from receiving resources from larger providers. They also identified some of the challenges with dedicating staff resources to the Hub and with travel to meetings.
 - On the other hand, smaller organisations are able to adopt new approaches more quickly, whereas as larger organisations can take longer to trial or implement innovations.
- the challenge posed by multiple changes in the government and the department throughout the period of the Hub Trial. Providers noted that the lack of continuity had an impact on the strength of relationships and networks, and reduced the opportunity to explore strategic and new policy opportunities with the department;
- whether, if the Hub Trial, and in particular the earned autonomy initiatives, were more broadly applied, there would be similar outcomes;
- the Hub Trial period of 12 months limited the degree to which the effectiveness of the Hub initiatives, particularly for consumers, could be determined;
- some aspects of the Hub Trial would have benefited from greater clarity;
 - For example, providers felt that the complaints initiative was not well communicated through the Complaints Scheme and that this created some initial difficulties in engaging with the department.
 - The department identified that the Hub Trial would have benefited from greater lead time to plan initiatives, establish processes, train staff and co-design with the sector. Including, that the earlier finalisation of key documents (such as the complaints initiative) could have improved clarity.
- the investment of time and resources in the Hub required significant energy and commitment by industry and government (although providers largely acknowledged that for them the return was far greater than the outlay);
- the challenges in establishing the Hub Trial;
 - Hub members were aware that many other providers may have liked to be part of the Hub and would also have met the requirements for earned autonomy. However, the nature of

“Smaller services are more nimble and adaptable once they have a direction. Larger groups may have more established and entrenched systems, making their change elements more complex.”

Resthaven Inc.

the Trial required a manageable number of participants and there was value identified in localising the Trial site.

Other factors that were not expressly raised by Hub members but became evident through the evaluation of the Hub Trial include the following:

- the objectives and aims of the Trial were broadly expressed and, in most cases, not able to be effectively evaluated after 12 months. Nevertheless, as a number of the Hub Trial initiatives informed broader aged care initiatives, the department considered that it was useful for the Trial to be evaluated at this time to inform these initiatives;
- given the 12-month period of the Hub Trial, the Trial initiatives had limited time to be embedded in practice and produce measurable outcomes for consumers;
- there was limited pre- and post-evaluation data in relation to a range of initiatives included in the Hub Trial; and
- while the concept of earned autonomy for higher performing providers was initially a strong driver for the Hub Trial, there has been limited development and testing of the concept within the Hub. One of the learnings from the Hub is the difficulty in identifying differentiators of performance within the existing regulatory and policy settings.
 - For example, when over 95% of aged care services comply with the Accreditation Standards and the expected outcomes are measured on a met/not met basis, it is difficult (within the current quality assessment framework) to distinguish stronger performing organisations from others. Similarly, there are challenges in comparing organisations based on complaints and ACFI information because of the commercially sensitive nature of the information and the fact that it is not routinely published by the department.
 - The department also noted the challenge of maintaining public confidence in robust government oversight in a deregulation context. This concern was reflected in community reaction and media reporting in the initial stages of the Hub Trial.

Chapter 5 – The future of the South Australia Innovation Hub

“The SA Hub providers have agreed to continue together with renewed agreed purpose over the next two-year period... There is renewed and continued focus on governance, consumer engagement, continuous quality improvement and extending the development of the Leadership and Excellence initiative.”

SA Hub Provider Group

Based on discussions with Hub providers, they intend to continue to meet regularly and are committed to the continuation of the Hub.

Hub providers expressed interest in continuing with a number of existing initiatives and also expanding into new areas. Providers also acknowledged that specific CoPs formed within the Hub will change over time as existing initiatives are addressed and new initiatives are developed. Ongoing Hub activities include:

- QoL trials that are both underway currently, and planned at a number of Hub services;
- governance workshops and ongoing networking opportunities for the boards of Hub providers; and
- consumer engagement and co-design workshops with COTA SA.

In addition, Hub members are also considering:

- the establishment of CLEA; and
- focusing on areas of interest, such as CDC in the residential care context, strategies for hospital avoidance, and ongoing opportunities to innovate.

In considering the future role of government in the Hub, providers expressed a range of views. On the one hand, providers acknowledged the importance of networks with government that enable the

forming of a partnership, rather than a relationship of funder and regulator. For others, the role of government is not critical to the success, or the benefits, of being involved in the Hub. Rather, the future of the Hub is predicated on the motivation and intent of Hub members to work together.

All Hub providers identified that the benefits of the Hub are somewhat staged, in that relationships will continue to develop and outcomes for consumers achieved in time. For that reason, Hub members believe that the value of the Hub will continue to be realised into the future.

“...the concept of earned autonomy in the Hub Trial included consideration of opportunity for red tape reduction in the aged care regulatory environment. While red tape reduction was not ultimately a focus of the Hub Trial, Hub providers affirm and acknowledge the broader Government intent to reduce red tape, and the continued importance of this intention in future aged care reforms.”

SA Hub Provider Group

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Attachment A – Summary of tools used in QoL Framework

Personal Wellbeing Index (cognitive) (PWI)

The PWI has been developed to measure the subjective dimension of QoL. The PWI distinguishes between the objective and subjective dimensions of life quality, to measure subjective wellbeing. The Personal Wellbeing Index assesses across seven domains – health, personal relationships, safety, standard of living, what you are achieving in life, feeling part of a community, and future security.

Quality of Life-AD Measure (QOL-AD)

The QOL-AD is a brief, 13-item measure designed to obtain a rating of a patient's QoL from both the patient and the caregiver. It was developed for individuals with dementia, based on patient, caregiver, and expert input, to maximize construct validity, and to ensure that the measure focuses on QoL domains thought to be important in cognitively impaired older adults. It uses simple and straightforward language and responses and includes assessments of the individual's physical health, energy, mood, living situation, memory, marriage, family, friends, self as a whole, ability to do chores around the house, ability to do things for fun, money and life as a whole.

Caregivers complete the measure as a questionnaire about the consumer's QoL, while consumers complete it in interview format about their own QoL. The measure consists of 13 items, rated on a four-point scale - patient and caregiver reports can be evaluated separately and/or combined into a single score if desired.

It generally takes caregivers about 5 minutes to complete the measure about their patients; for patients, the interview takes about 10 to 15 minutes.

Net Promoter Score (NPS)

NPS is a customer loyalty metric based on the perspective that every company's customers can be placed within three types:

- “Promoter” customers are enthusiastic and loyal, who continually buy from the company and ‘promote’ the company to their friends and family.
- “Passive” customers are happy but can easily be tempted to leave by an attractive competitor deal. Passive customers may become promoters if you improve your product, service or customer experience.
- “Detractor” customers are unhappy, feel mistreated and their experience is going to reduce the amount of which they purchase from you. Detractor customers also have an increased likelihood of switching to a competitor as well as warning potential customers to stay away from your company.

Respondents are asked to answer by using a 0 to 10 scale, where 5 is neutral. Customers who give a rating of 9 or 10 are considered Promoters. Customers who give a rating of 7 or 8 are passive customers and whilst they are not dissatisfied, they do not factor into the NPS score. Lastly, any customers who provide a rating of 6 or lower are considered detractors. The Net Promoter Score is calculated by subtracting the percentage of detractors from promoters to get an overall NPS result.

World Health Organisation Quality of Life (WHOQOL)

The WHOQOL is a QoL assessment developed to have cross-cultural application. WHO, with the aid of 15 collaborating centers around the world, developed two instruments for measuring QoL (the WHOQOL-100 and the WHOQOL- BREF), that can be used in a variety of cultural settings whilst allowing the results from different populations and countries to be compared. The core WHOQOL instruments can assess QoL in a variety of situations and population groups.

WHO defines QoL as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.

The WHOQOL-100 assesses 100 items, stemming from the six broad domains of QoL - physical health, psychological, level of independence, social relationships, environment and spirituality/religion/personal beliefs. All items are rated on a five-point scale (1-5).

CIMPACT

The ACH Group developed the Customer Impact Statement (CIMPACT) to measure the impact of ACH Group services on the lives of older people. It aims to help services to provide high quality supports that are geared toward the promotion and maintenance of meaningful and purposeful lives. The CIMPACT review:

- examines services and what 'good practice' means from the perspective of those who use them;
- supports the development and refinement of programs;
- provides feedback to staff on how well the services are meeting the needs of people and contributing to their growth and development; and
- contributes to a culture of continuous improvement.

The CIMPACT process has been designed to seek information about how programs are working towards desired impacts through reviewing a set of quality dimensions that are thought to be most likely (based on available evidence) to achieve those impacts. These 25 dimensions are grouped into 5 key areas:

- Right relationships with people;
- Respect uniqueness, work with strengths and address needs;
- Support contribution and community engagement through valued social roles;
- Support independence, wellness, learning and growth; and
- Presence of relevant, intentional safeguards.

The CIMPACT process is based on an internal peer review process. It uses Appreciative Inquiry techniques to increase the engagement of staff in the process by focusing on what works. It also draws on people from across the organisation to participate in the reviews, thus gaining a common understanding across the organisation of what is considered to constitute quality services.