



Flagship Project 1: Enhancing Role Clarity, Communication and Career Pathways with a Flexible Leadership Model

Appendix A:
Proposed Project Implementation Plan

V1.0 (17 March 2025)





Project Summary

This Flagship Project aims to improve the flexibility of leadership and optimise the use of workforce to respond to the changing needs of aged care in residential and home care settings through the co-design and mapping of a flexible role matrix. This mapping process will inform the implementation of evidence-based improvements which can streamline responsibilities, accountabilities, and communication channels. By engaging leaders and staff in a comprehensive co-design process, the project will improve workforce efficiency, reduce occupational stress, and create clearer career pathways, enhancing staff retention, leadership development, and communication between residents/clients, families and staff.

This project scales a successful ARIIA-grant funded pilot intervention that has demonstrated significant benefits for aged care residents, their families, and staff. Initially developed and tested by **St Basil's Homes South Australia** and **Griffith University**, this intervention co-designed, trialled, and evaluated a flexible leadership model for middle management. The project produced an innovative role matrix for their context, which redefined role scopes, accountabilities, and communication channels. Implementation of this matrix led to clearer career progression opportunities and greater role clarity for staff, alongside improvements in perceptions of quality of care and overall satisfaction with care among residents and families. Additionally, the findings reported reduced occupational stress and lower intentions to leave amongst employees, contributing to a more stable and engaged workforce.

This Flagship Project will support the Implementation Site at participating aged care providers to adapt and undertake the co-design process and role matrix mapping within their unique context, supported closely by ARIIA and Griffith University. As part of the project, each implementation site will develop and implement an intervention that addresses their specific opportunities and challenges identified through this mapping, for example the introduction of a new leadership role, process improvements, or enhanced governance and communication mechanisms.

Beyond implementing these interventions in local contexts and testing of the immediate outcomes, this project as part of the broader Flagship program will also test its feasibility and transferability across different aged care settings. It will foster collaboration within the sector, helping providers address workforce challenges that are difficult to tackle in isolation. On completion, it is intended that the project's findings will provide the sector with valuable evidence and insights that can be translated across a variety of aged care contexts, ultimately contributing to a more responsive, workforce-ready aged care system that aligns with the evolving needs of older Australians.



By tightening up the role boundaries of all positions, we were able to establish clearer reporting lines and responsibilities, which addressed complaints from registered nurses of widening job scope and allowed us to better manage the pressure of clinical supervision responsibilities on site. We also co-designed an IT solution which was developed and assists our organisation in embedding the model into the ongoing practice within St Basil's structure. Findings revealed staff satisfaction improved as well as their perceptions of career opportunities. Although clinical staff did perceive non-clinical leadership as a threat at times, by the end of the project, the clinical and non-clinical leaders were working well together and both reported improved communication and teamwork. Families reported improved communication lines and happiness, and resident satisfaction improved, along with residents, staff and families' perceptions of quality of care.

- Outcomes from the pilot project at St Basil's Homes South Australia





Outcomes

Project Outcomes

Primary project outcomes:

- Mapped and redefined accountabilities, roles, and communication channels, leading to improved clarity and efficiency and positive changes in task allocation and processes.
- Improved staff satisfaction/retention and reduced occupational stress, turnover and absenteeism.
- Improved communication between residents/clients, families and staff.

Secondary project outcomes:

- Enhanced career opportunities for both clinical and non-clinical staff.
- Stronger workplace culture.
- An increase in staff productivity and meaningful engagement with residents/clients.

Aged Care Collaborative Program Outcomes

ARIIA will coordinate the evaluation of high-level Flagship and Aged Care Collaborative program outcomes to measure outcomes related to organisational readiness, participation, collaboration, acceptability, transferability, scalability and impact. Individual implementation sites will be asked to participate in and record data at baseline, interim and final project timepoints to contribute towards the data collection for these measures. ARIIA is aware that these evaluation activities need to be streamlined so as not to impact an organisation's capacity to undertake their implementation project, in addition to the provision of usual care.





Project Roles

The table below outlines the anticipated roles required and approximate FTE commitment for Project Phases 1-3 (approximately six months) that the participating site and organisations will be expected to commit to the project. These roles will need to be funded by the Grant Funding (up to \$50,000 ex GST) and matched Cocontribution.

The FTE commitment for Phase 4 will be determined during Phase 3 based on the outcomes of the role matrix mapping and the proposed intervention.

Key Personnel	Anticipated FTE Phases 1, 2 & 3	Description
Senior Leadership Sponsor	0.1 FTE	Senior organisational leader with governance and reporting duties. Their main role for this project will be to ensure project personnel have the necessary resources to successfully meet project deadlines and participate in all activities. They will participate in consultation and support the team to identify the preferred intervention and develop the Phase 4 implementation plan.
Leadership Roles at the Implementation Site (middle management)	0.5 FTE	These roles will participate in planning the project, all internal consultation, contribute to the matrix mapping and the identification of the preferred intervention, and contribute to the implementation plan. Proposed 0.5 FTE is expected to be spread across the number of roles at the Implementation Site.
Project Lead	0.5 FTE	These roles will be the key project participants and will be responsible for the day-to-day success of the project and ensuring deadlines and activities are completed in a timely manner. They will coordinate the internal consultation, data collection, and undertake the role matrix mapping with support from ARIIA and SMEs, and they will lead the identification of the preferred intervention and implementation plan.
Human Resources Lead	0.5 FTE	
Contributions from frontline workforce	8 days	





Key Personnel	Anticipated FTE Phases 1, 2 & 3	Description
(including co-design)		Costs associated with time required for codesign and advisory from other staff
Contributions from other workforce (including codesign and advisory)	20 days	members and frontline staff across the Implementation Site.

Participating organisations will be supported throughout each stage of their project by ARIIA, who will facilitate the project as the evaluation and project implementation partner to enable consistent, centralised and collaborative project and implementation management and evaluation. In addition, the implementation site participants will be supported by Subject Matter Experts (SMEs) from Griffith University, who will work closely with implementation sites to provide advice, project mentoring and evaluation across the entire project lifespan. These SMEs have been engaged directly by ARIIA and their services do not need to be accounted for within the FTE allocations for the project.

An Independent Advisory Group will provide high level advice to the Aged Care Collaborative's two Flagship Projects, and its members will provide high-level feedback, advice and recommendations throughout the 12-month program.





Project Phases

*This is an indicative schedule only, recognising that based on organisational readiness and capacity, implementation sites will be supported by ARIIA and the SMEs to move through the project at different paces within the 12-month total timeframe.

Collaboration, evaluation, project management and knowledge sharing (across the 12 months)
For organisations awarded Flagship 1 funding, support for implementation will be provided by ARIIA and embedded subject matter experts (SMEs) at each stage of the project. This support will include site preparation, facilitation of organisational readiness, co-design and mapping activities, evaluation, as well as coaching, support and mentoring (either remotely or in person).

The project will be implemented in four key phases, each designed to ensure a structured approach to workforce optimisation in aged care settings.

Participating organisations can receive up to \$50,000 (ex GST) in ARIIA funding to support phases 1-3. Funding requires a 1:1 matched contribution (cash and/or in-kind) in addition to ARIIA funding.

Phase 1: Project Initiation and Internal Communications (indicative July-August 2025)

The project will commence with the establishment of a dedicated project team, defining roles, responsibilities, and meeting schedules. Team members will undergo an orientation to clarify and agree on objectives and expectations. Internal communications will be initiated with key stakeholders to ensure clarity and engagement from the outset. Additionally, potential risks will be identified, and a high-level project plan will be developed to guide implementation.

Establish the Project Team:

- Identify and assign key team members
- Define roles and responsibilities
- Set up meeting schedules and coordination processes

Team Orientation and Alignment:

- Conduct an orientation session to outline project objectives and expectations
- Ensure all team members understand their roles and project deliverables

Internal Communication and Stakeholder Engagement:

- Identify key stakeholders
- Develop and initiate an internal communication plan to ensure clarity and engagement

Risk Identification and Planning:

- Identify potential risks that could impact the project
- Develop a high-level project plan, outlining key phases, timelines, and deliverables

Phase 2: Internal Consultation with SME Support (indicative September-October 2025)

Phase 2 will focus on gaining a deep understanding of leadership roles and boundaries within the organisation, providing valuable insights into existing leadership structures and enabling the identification of strengths, challenges, and areas for improvement.

On-site Leadership Observations:

- With support from ARIIA and SMEs, conduct observational sessions for key leadership roles
- Assess role boundaries, decision-making processes, and task execution





Facilitated "World Café" Discussions:

- Host three structured discussions with diverse stakeholders facilitated by SMEs
- Gather perspectives on leadership challenges, role effectiveness, and improvement opportunities

Interviews with Key Personnel:

- Arrange one-on-one interviews with leaders and staff facilitated by ARIIA and SMEs
- Refine understanding of leadership roles, accountability structures, and communication effectiveness

These activities will provide valuable insights into the existing leadership structures, enabling the identification of strengths, challenges, and areas for improvement that will be incorporated into the mapping undertaken in phase 3.

Phase 3: Mapping the Role Matrix with SME Support (indicative November-December 2025)

Key activities:

- Map role boundaries within a structured role matrix with support from SMEs.
- Identify workforce gaps and areas needing improvement.
- Develop an evidence-based intervention with support from ARIIA and SMEs to address these gaps, which may include introducing a new leadership role or refining existing processes.
- Prepare an implementation plan for Phase 4 funding, outlining the recommended intervention.

At the end of Phase 3, each participating organisation will need to determine their commitment to Phase 4 based on findings from Phases 2 and 3. Additional funding of up to \$70,000 (ex GST) will be contingent on participating organisations detailing the scope of the intervention proposed in Phase 4 in an implementation plan, whether it involves a new leadership role, process improvements, or enhanced governance and communication mechanisms. ARIIA will then review and approve implementation plans and allocate funding accordingly. 1:1 matched funds will be required in addition to the ARIIA grant amount (includes cash and in-kind contribution).

Phase 4: Trial and Evaluation of the Intervention with support from SMEs (January-June 2026)

The final phase will focus on the implementation and evaluation of the proposed intervention. This may involve:

- Trialling a new leadership role, refining governance structures, or improving communication pathways.
- Monitoring and reporting on outcomes to assess effectiveness.
- Collaboration and knowledge sharing across the project network to maximise learnings.

Over the 12-month period, the project will generate evidence-based insights to inform broader workforce strategies, supporting scalability and sustainability across the aged care sector.