



CENTRAL
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Board Communiqué

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Werte!

Werte! The following topics were discussed at the most recent meeting of the Congress Board of Directors, held on 13 April 2023:

- Congress Board in 2023
- Strategic Plan
- Business Services report
- Governance and HR Subcommittee report
- Cyber security
- Capital works
- Risk management
- **Acting CEO's Report to the Board**
 - Congress Imanpa and Yulara Clinics opened
 - Central Australian Social Crisis
 - Clinical Staff Workforce Challenge
 - Clinic improvements

The next meeting of the Congress Board of Directors will be held on the 8th of June 2023

Congress Board in 2023

This year the Board has adopted a new approach to succession planning in office bearer roles. The role of Chairperson will be filled by Graham Dowling for the first half of the year (until August 2023) with Ebony Abbott McCormack as Deputy Chair. From August, the two will then swap allowing Ebony to be in the Chairperson's role, supported by Graham as Deputy. Congratulations to both for their appointment, and we look forward to seeing Congress flourish under such united leadership.

Director Greg Drew was elected by the Congress Board elected to represent Congress on the AMSANT Board of Directors. This appointment was initiated after previous Congress representative Donna Ah Chee became ineligible due to her temporary role as acting CEO of AMSANT. Greg will serve in this position for the period of Donna's secondment. This is a great opportunity for Greg to participate and learn through this important network, and the Board looks forward to his contribution.

Congress has engaged the Australian Institute of Company Directors (AICD) to facilitate the annual Board governance training. All Congress Directors will be attending this. The Congress Board report annually on governance training and are committed to maintaining high level, systematic governance practices.

The Board appointed Graham Dowling and Joseph Hayes will to represent the Congress Board of Directors at the Joint Remote Health Boards Meetings this year.

Strategic Plan

The Congress Board has commenced the strategic planning process, given the end date of the existing plan is nearing. On advice from our planning consultant, Congress' new strategic plan will be aligned with the financial calendar and subsequent planning period which will allow more streamlined goal setting and reporting.

Business Services Report

The Medicare system is designed to reflect a positive patient journey, and the amount of Medicare income received is a good indicator of how our clients are making use of the services available to them. The Board cannot express how important it is for you to be engaged in your health, firstly through your annual health check, then the subsequent care plans available to you.

At the meeting, Directors were presented with high level information about proposed strategies to combat the downward trend in Medicare revenue, with solutions being explored around clinical staffing and efficiency, including the best way to ensure that all users of Congress services – even outside clinics – are engaged to have health checks and care plans.

In contrast, February's Practice Incentives Program (PIP) payment was best February for many years. These important payments reflect the high level of care Congress is providing to Aboriginal people in Central Australia.

Governance and HR Subcommittee Report

Following an external review conducted in 2022, it was recommended that Human Resources be incorporated into the Governance Subcommittee, rather than its current placement in the Finance Risk and Audit Subcommittee (FRAC). The Governance subcommittee has subsequently been renamed to the Governance and Human Resources subcommittee. This change has been adopted and will enable FRAC to concentrate further on the financial aspects of Congress. This assists in balancing the workloads of the various committees helping them to be productive and efficient.

Dorethea Randall (Remote Representative/ Member Director) has been appointed to the position of chair of this subcommittee, bringing with her a wealth of knowledge and experience in governance.

In a positive trend in human resources, it was reported that more staff are choosing to stay at Congress permanently. This is especially important in the current recruitment climate, and retaining staff is very valuable in building a resilient and experienced workforce with a positive work culture.

Recruitment activities have continued to be intensified, with targeted campaigning for clinical staff being undertaken through social media platforms. The campaign “Change lives, starting with your own” aimed at piggybacking the high budget campaigning of the Northern Territory Government, and was successful in attracting significant interest from qualified candidates from New Zealand.

A key objective in Congress’ workforce strategy is in increasing the proportion of Aboriginal staff at Congress, and this figure sits proudly at 38% of all staff identifying as Aboriginal. Congress is committed to

increasing this number further as a key element of our strategic plan and service delivery model. Additionally, the proportion of Aboriginal people in leadership roles has increased, with over a third of all leadership roles being held by Aboriginal people.

Cyber Security

Reflecting the Board’s ongoing commitment to the protection of corporate and client information, and in response to recent national data breaches, the Chief Information Officer will attend every Board meeting to inform the Board on Congress’ current cybersecurity measures and trends. Staff are regularly informed about the importance of cyber security and how it is everyone’s responsibility. Your health information must be kept safe and Congress takes this responsibility seriously.

Capital Works

The board were briefed on progress and planning of current capital works, with three major projects being undertaken simultaneously.

1. Ltyentye Apurte Clinic will be receiving a major renovation through \$1.7 million of commonwealth funding.
2. Mutitjulu community will receive a new, fit for purpose clinic building through \$7.3 million dollars of Commonwealth funding and some funding from the NT Government for a renal facility. .
3. Mparntwe Health Hub is getting closer to the tender stage and is made possible through a composite funding model.

Risk Management

Each year the Board accepts a number of risks as priority strategic risks. Measuring the strategic risks enables the Congress Board to manage them appropriately.

Acting CEO’s Report to the Board

Acting CEO, David Busuttill provided the following updates at the meeting:

Congress Imanpa and Yulara Clinics Opened

The opening of the new Congress clinics in Yulara and Imanpa took place on 1 March, and they have since been open and running smoothly. This is owed to many people who worked hard to ensure the smooth transition, which includes the dedicated staff in these communities. Thank you and welcome to those new staff who have joined us.

Central Australian Social Crisis

Congress continues to monitor the social and crime crises in Central Australia.

Statistics supplied by the police are monitored regularly and have been very encouraging in terms of the decline in crime statistics that has been seen following the restrictions on the sale and consumption of alcohol. The statistics show reductions in the numbers of assaults and reductions in the number of alcohol-related assault offences; reductions in the number of domestic and family violence (DFV) assaults including alcohol related DFV assaults; and reductions in the number of offences in general.

Congress continues to lobby for restrictions on alcohol sales but also argues for actions that address the underlying social determinants or root causes of the problems Central Australia has been experiencing. Central Australia continues to be the focus of both the Commonwealth and NT Government and Congress has used these opportunities for advocacy, including lodging a submission regarding the Draft Northern Territory Alcohol Action Plan.



Clinical Staff Workforce Challenge

Congress' current biggest challenge is attracting clinical staff, in particular general practitioners including registrars, Aboriginal health practitioners and nurses.

We are expecting this challenge is likely to continue for the next 5 years. Social issues in Central Australia are exacerbating this issue as it is making recruitment more difficult, and anecdotally, impacting retention. Congress provides the primary emergency

health care in remote communities in which we have clinics. Given this, keeping remote clinics open has been prioritised. With the current workforce issues, this is a considerable achievement.

Northside clinic has remained closed, although was used by Alukura while renovations took place. The Alukura works are expected to end in early May and plans are to reopen the Northside clinic in May.

Congress CMO, Dr John Boffa attended the NACCHO workforce summit in Brisbane last month, providing Congress' recommendations. The policy solutions put forward by Congress and also by AMSANT were well received at the workshop and will inform the outcomes and future advocacy from NACCHO.

Pat Turner gave a keynote address that made it clear that NACCHO understand the urgency of the workforce crisis in remote communities. She also made it very clear to the sector that she does not support ACCHS seeing more and more non-Aboriginal people as a result of mainstream GPs ceasing bulk billing. This disadvantages Aboriginal people in access health care which is the primary purpose of all of our services.

Clinic Improvements

Congress has listened to the feedback from clients and staff and have implemented some changes to improve the efficiency of clinics and improve health care for clients.

Congress has formed a "Clinic Service Working Group" which is looking at improving the efficiency and effectiveness of our clinics. This group has overseen the introduction of a new initiative at Gap Clinic, an acute care stream where two GPs, working in a team with nursing staff, provide shorter appointments, resulting in more patients being seen. We have also implemented a telehealth GP to conduct those appointments that are able to be conducted through telemedicine.

Feedback was received about issues with telephone systems making it difficult for clients to contact clinics. Immediate steps were taken to improve this, and long term solutions are being explored for a system that is able to manage the volume of calls received by clinics.