



Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823



BOARD COMMUNIQUÉ

ISSUE 11, November 2014

Board Meeting Wrap

The following topics were discussed at the last Congress Board of Directors meeting held 27 November 2014:

- The Annual General Meeting
- Congress Business Plan Report
- Board and CEO Relationship
- Indigenous Rural Health Division (IRHD) funding
- Prime Minister & Cabinet (PM&C) funding
- Membership and director nomination processes
- Human resources developments
- Congress participation in research projects

The next Board Meeting will be held **Thursday 26 February 2015**.

Annual General Meeting (AGM)

Annual General Meeting plans were discussed including agenda items; the presentation of financial reports, the appointment of an auditor, director nominations, the presentation of the 2013/14 Annual Report and the official launch of Congress' new Strategic Plan.

This year, six director nominations were received in advance of the AGM, which equated to the same number of nominations as available director positions.

In the case of a larger number of applicants, members would have been invited to vote, and as per the new director nomination process, which was trialled for the first time this year in order to ensure the appointment of suitably qualified members, *all* members would have been afforded the opportunity to vote in *advance* of the AGM rather than limit the vote to only those members available to attend the AGM on the day, as has been the case in previous years.

As a result of the actual number of nominations, following an assessment of the skills and qualification of the nominees against the new selection criteria, all six nominations were deemed to be accepted to the positions without the need for a formal vote by the membership, and would be announced at the AGM.

Congress Business Plan Report

The Board noted the Congress Business Plan Report including the new and improved format to be applied to all future business reports including those to be prepared for the remote clinics.

The Business Plan Report reports on performance against key performance indicators including National Key Performance Indicators (nKPIs), the NT Aboriginal Health Key Performance Indicators (the NTAHKPIs) and key performance indicators added by Congress that takes into consideration non-clinical areas.

Key findings included the following:

- Total episodes of care have increased to 124,000 for the year (this excludes care provided through *headspace* and the Family Support Services).
- 96% of all episodes of care are provided to Aboriginal people.
- The proportion of patients waiting more than 1 hour to be seen in the main clinic has remained stable at around 16% while the average wait time has remained the same at approximately 30 minutes.
- The proportion of low birth weight babies has improved to 9% indicating a steady improvement trend since 2011/12.
- The overall proportion of children immunised has increased to 97%.
- Child Health Checks have increased to their highest level at 39%.

The report also found that episodes of care have increased for all remote services except for the two services managed by the Northern Territory Department of Health (NT DoH) – Ntaria and Wallace Rockhole, which have also been identified as having low Immunisation rates compared to the high rate found at all other remote services.

The Board noted that concerns about the performance of Ntaria and Wallace Rockhole service sites are being addressed through a joint process between Congress, Commonwealth and NT DoH as well as the local community.



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Board and CEO Relationship

The Board endorsed a new Board and CEO Relationship Policy which aims to define the distinct roles and responsibilities of the CEO in relation to the Board and vice versa, as well as the CEO's reporting requirements and details regarding regular performance evaluation to be carried out by the Board.

Similar to the Board's Governance Charter, the new policy aims to ensure best practice governance.

Indigenous Rural Health Division (IRHD) Funding

The Executive and Board have discussed Congress' requirements regarding the reporting of financial plans as prescribed by the Department of Health's (DoH) Standard Funding Agreement (SFA) initiative, and the need for more efficient and effective reporting processes that consider the reality of multiple funding sources as well as best practice governance frameworks.

Under the DoH's SFA initiative, Congress is required to provide the Indigenous Rural Health Division (IRHD) with separate action plans for individual town and remote programs and services as well as each remote health service, reviewed and approved by the Board, broken up in accordance with the funding streams provided by IRHD, to a template provided by DoH.

For several years Congress has argued that these reporting requirements do not consider the fact that services and programs may receive funding from multiple sources and integration of funding is key to best practice service provision. Furthermore, the action plans are required to include operational level detail not normally provided to a board or funding agency.

While fulfilling DoH's requirements, Congress will continue to advocate for an improved reporting process, with the support of AMSANT and NACCHO, so that complex and integrated comprehensive primary health care services such as Congress, will be able to submit their own Annual Business Plans as well as reports against the necessary performance indicators, for more integrated reporting.

Prime Minister and Cabinet Funding

The Board noted the recent transfer of funding from the former Office of Aboriginal and Torres Strait Islander Health (OATSIH) to the Department of Prime Minister and Cabinet (PM&C), which has resulted in the requirement to tender for the following services and programs through the new Indigenous Advancement Strategy (IAS):

- Social and Emotional Wellbeing Services (SEWB)
 - \$774k for the Community Wellbeing Team (CWT) (town)
 - \$167k for the Santa Teresa Counsellor position (remote)
- Alcohol and Other Drugs (AOD) program:
 - \$280k for the Grog Mob program (town)
 - \$420k for the AOD program (remote)
 - \$324k for the WAHAC AOD program (remote)
- Violence Intervention Program (Ingkintja) for \$207k

As it is for Indigenous Rural Health Division (IRHD) funding, Congress is required to submit separate action plans for individual services and program in accordance with PM&C funding streams, rather than allow all funds to contribute to a single business plan for an overall, integrated comprehensive primary health care service.

Again, Congress will continue to advocate for more efficient and effective business planning. The new requirement for an open tender places these services and programs at greater risk than was the case when they were funded through the former OATSIH. The outcome of the tender process will now not be known until March 2015 so all current funding has been extended until June 30 2015.



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Governance Subcommittee Report

The Board noted feedback obtained from members regarding the recently updated membership application process which indicated that the process had become too complex for key groups within the Aboriginal community.

It was agreed that the process for becoming a member should revert back to the original process which enables any Aboriginal person over the age of 18 who lives in Central Australia to become a member of Congress.

The second key matter discussed by the Governance Subcommittee concerned the youth position on the Board. It was noted that there is currently no obligation to make a youth appointment to a director vacancy if a suitable candidate is not available. The Subcommittee will discuss this matter during its 2015 review of the Rule Book. It is expected that this review will recommend an amendment in respect of the youth position.

Human Resources Subcommittee Report

The Board noted the Human Resources (HR) Subcommittee Report which provided an update regarding the Enterprise Bargaining process, the recruitment of a General Manager Alice Springs Health Services Division (GMASHSD) and General Manager Human Resources (GMHR), and the introduction of a new Human Resources Information System (HRIS), ConnX.

In regards to the Enterprise Bargaining process, a revised offer was made to employee representatives and staff following the advice that Congress would receive additional recurrent funding over and above CPI from the I&RHD.

Employee representatives and staff were invited to provide feedback regarding the revised offer ahead of a formal vote. Staff were invited to submit their feedback via an anonymous survey which found that the majority of respondents supported the revised offer and the option to move to vote before Christmas. Congress has announced to staff that we are ready to move to vote, with voting commencing on Monday 1 December 2014, closing Sunday 7 December 2014.

The recruitment to both the General Manager Human Resources and General Manager Alice Springs Health Services Division (GMASHSD) is now finalised and the selection panel has made recommendations to appoint suitable candidates. Pre-employment checks have been completed by HR and letters of offer have been issued to the successful candidates. The successful candidate for the GMASHSD position has accepted the offer and will commence with Congress early December 2014. The successful candidate for the GMHR position has provided a tentative start date of early February 2015.

Lastly, the implementation of new human resources software system, ConnX, will enable managers and employees to self-manage their HR life-cycles and will provide HR with the opportunity to shift its focus from a largely administrative to a more strategic function. It is anticipated that the software will 'go live' to all staff before the Christmas break.



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Research Subcommittee Report

The Board noted the participation of Congress in several important research projects.

Congress has confirmed it will participate in the *Nice Gut Study* being conducted by Menzies School of Health Research and the University of Western Australia. This study aims to determine the effectiveness of NICE-GUT study medication compared with usual care. The project was deemed to be particularly relevant to Congress due to the fact that Gastro is a common cause of childhood illness in the Northern Territory.

Congress has also approved an analysis of its action on alcohol by Flinders University in South Australia as part of a study of comprehensive and community controlled approaches to alcohol-related harm among Aboriginal and Torres Strait Islander peoples. Congress believes this will assist to build the case that comprehensive primary health care services play a pivotal role in addressing alcohol related harm in the community.

Congress has agreed to support the *Alice Springs Hospital Readmission Prevention* project, being carried out by Baker IDI, which will compare a tailored discharge planning and case management approach for patients who are frequently admitted to Alice Springs Hospital (>4 times per year) in comparison to patients receiving usual care. The project aims to show that this approach is likely to reduce readmissions. Congress will support the project on the basis that the research team agree to include Congress in pre-discharge care planning.

Congress has agreed to support a project to develop a culturally-specific depression screening tool for Aboriginal and Torres Strait Islander people by the George Institute. Congress agrees that in order for primary health care providers to effectively identify and manage mental health disorders in the Aboriginal community, a culturally meaningful, free-to-use, widely validated depression screening tool is needed.

The next meeting of the research subcommittee will be followed by a workshop to develop the methodology for the economic evaluation of Congress mentioned in previous Board Communiqués.

Finance Risk and Audit Subcommittee Report

A review of corporation risk is a key component of the Finance Risk and Audit (FR&A) Subcommittee's annual work plan.

The Board noted that FR&A has facilitated the engagement of a consultant to undertake a review of the status of each element of the risk management framework, the implementation of the 'Riskman' program and the continuation of ISO accreditation, as a result of the Quality and Risk Coordinator position vacancy which is currently being recruited to.

As part of this work, the consultant has been asked to prepare a schedule that examines and reports on financial, information technology, human resource and program funding risks.

The second phase of the risk assessment will include clinical, service delivery and child care risk assessments. It is expected that the second phase of the risk assessment will be conducted around May 2015.

In regards to the organisation financial performance, the board noted that Congress remains in a sound financial position with continued strong financial performance, as well as the new presentation of financial reports which has been refined to provide greater transparency and clarity of information.

END

The Congress Board of Directors would like to wish everyone a Merry Christmas and a safe, happy, healthy and prosperous 2015!