



Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823



BOARD COMMUNIQUÉ

ISSUE 18, April 2016

Board Meeting Wrap

The following topics were discussed at the last Congress Board of Directors Meeting held 21 April 2016:

- The Congress Business Plan
- NT Dept. of Attorney General and Justice Safety is Everyone's Right Implementation Committee
- Culturally Competent Hospitals
- CAAAPU
- Pharmacy Business Plan
- Congress CEO Appointment as Chairperson AMSANT
- WAHAC community meeting
- Lowitja racism workshop
- Alice Springs FASD strategy
- Alice Springs Alcohol Management Plan
- Remote health boards meetings and Joint meeting
- Governance developments
- Human Resources developments
- Research developments
- Clinic developments
- Financials

The next meeting will be held on 16 June 2016.

Business Plan

The Congress Board of Directors accepted the Corporate Business Plan Report on KPI outcomes for the period July to December 2015.

Key highlights for the Alice Springs region included:

- The overall episodes of care has continued to increase with over 132 000 episodes being recorded;
- Pap smear coverage rates remain stable;
- 77% of children under 6 years of age requiring an iron injection course have received the full course of 3 injections;
- Overall immunisation coverage is at 91% and timeliness has improved from 69% to 78%;
- Adult health check rate has remained stable this period;
- There has been an improvement in Rheumatic Heart Disease clients with 55% getting 80% of their injection compared with 40% 12 months prior and 13% 24 months prior; and,
- Flu vaccination is stable at 43% but still less than the expected 50% coverage in key target groups.

For remote clinics, highlights included:

- In Ltyentye Apurte, overall childhood immunisation coverage is at 100%; the Adult health check rate remains solid at approximately 90% for people over 15 years; and the fluvax rate has improved to approximately 60% in target groups from 51% last period;
- In Mutitjulu, overall childhood immunisation coverage is at almost 100% with timeliness for those ages 1 to 12 months at 75% and the Child Health Check rate has improved significantly from a low of 12% in 2012 to the current rate of 43%;
- In Utju, childhood immunisation rates remained at 100% and the Child Health Check rate has improved to 33% up from the 28% last period;
- In Amooinguna, the proportion of Low Birth Weight babies is still at 0%, Childhood immunisation rates increased to 100% for 6-23 month olds and 86% for 24-71 month olds; and, the Adult health check rate for 15-54 year olds has increased to 79% for females and 57% for males.

NT Dept. of Attorney General and Justice Safety is Everyone's Right Implementation Committee

Congress accepted the invitation to participate on the NT Department of Attorney General and Justice's Safety is Everyone's Right Implementation Committee.

Congress director, Ricky Mentha was nominated by the Board of Directors to represent Congress on the committee.

The Safety is Everyone's Right Strategy is a comprehensive approach to tackling domestic violence in our community.

For more information visit www.domesticviolence.nt.gov.au.



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Culturally Competent Hospitals

The Board noted a Northern Territory Aboriginal Health Planning Forum (NTAHF) paper on Culturally Competent NT Hospitals and endorsed the proposed areas for improvement and suggested performance indicators.

These are:

- Discharge summary timeliness – the proportion of discharge summaries completed and dispatched in a timely manner;
- Rates of sentinel procedures disaggregated by Aboriginality – equitable access to specialist and hospital services;
- Take Own Leave (TOL) and Leave Against Medical Advice (LAMA) - the proportion of people who TOL and LAMA with the aim to reducing the disparity between Aboriginal and non-Aboriginal patients;
- Medication Dispensing - the proportion of people who have their medications at the time of discharge;
- Cultural Competency – the proportion of staff who have undertaken cultural competency training; and,
- Partnerships - a qualitative indicator describing collaboration with local Aboriginal community controlled health services with the aim of improving collaboration. This also includes the need to ensure adequate representation of Aboriginal people on hospital boards.

CAAAPU

Congress will soon enter into a memorandum of understanding with CAAAPU to provide general practitioner and psychological services and to provide support in clinical governance and continuous quality improvement.

The Board resolved that it would prefer that an elected community board be appointed to provide governance over CAAAPU at the end of the period of administration along with a number of independent director positions.

Congress will also extend an invitation to auspice the administration functions of the corporation for 12 months if this is seen to be a useful way of supporting CAAAPU to re-establish its now independent governance with adequate support.

The aim of this offer is to ensure that this service remains community led.

Pharmacy Business Plan

The final Pharmacy Business Plan was tabled for the Board's consideration. It was noted that the plan had been lodged with Minister Elferink and it was hoped that a positive response would be received.

The Board approved the final Pharmacy Business Plan and noted the progress report.

Congress CEO Appointed Chairperson AMSANT

The Board noted that Congress CEO, Donna Ah Chee had been appointed interim Chairperson of AMSANT subject to the Board's approval.

The Board unanimously supported the CEO election as Chairperson of AMSANT.

Western Aranda Health Aboriginal Corporation community meeting

A recent community meeting discussed the benefits and disadvantages of three (3) options for primary health care service delivery at Ntaria and Wallace Rockhole communities.

These are:

1. The WAHAC service to be provided by NT DoH as the sole provider;
2. The WAHAC service to be provided by Congress as the sole provider; and,
3. Transition to an independent community controlled health service through WAHAC which would become the sole provider itself.

It was also noted that there have been big improvements in the clinic since the joint service agreement was established between Congress and NT DoH in early 2015.

Given the improvements, at this stage, the current dual provider service delivery model will remain and further discussion will take place at the next Board meeting as to future arrangements.

Lowitja racism workshop

Congress CEO attended a one day workshop on racism held by Lowitja Institute in Melbourne on 15 March.

The forum discussed issues relating to institutional racism in the health system and it was recommended that the introduction of KPIs will be key to guiding improvement in the cultural competence of hospital care.

The report from the workshop will be put to the Research Subcommittee for further consideration.

Alice Springs FASD strategy

Sector representatives attended a meeting held in Darwin in March where it was agreed that there is a need for a regional FASD strategy.

It was agreed that this strategy should be based on that developed by the Telethon Institute for Child Health led by Dr James Fitzpatrick – a paediatrician who has been working with June Oscar in the Fitzroy Valley for 10 years and who is also a member of ANACAD.

A small working group has been established to plan the workshop which Congress has agreed to lead as a result. Dates for a planning workshop will soon be set.

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Alice Springs Alcohol Management Plan

The Alice Springs Alcohol Management Plan was launched unchanged by the Minister in Alice Springs on Tuesday 22 March.

The Minister has extended the appointment of the current members of the Alice Springs Reference Panel to enable them to meet and monitor the implementation of the plan over the next two (2) years.

There has been a commitment to provide the necessary data to the panel for it to be able to monitor alcohol sales, consumption and harm.

The final plan is available at <http://www.dob.nt.gov.au/gamblinglicensing/alcohol-policy/amp/Pages/alice-amp.aspx>.

Remote health boards meetings and Joint meeting

Executive have attended meetings of the remote health boards at Santa Teresa, Utju and Amoonguna. Both the Ntaria and Mutitjulu board meetings were rescheduled.

A joint Board meeting will be held following the Congress Board meeting and will discuss the following items:

- Formalising the roles of current incorporated health Boards as "subcommittees" of the Congress Board with the special role of promoting community engagement and participation in their primary health care services'
- A "KAMSC" model where there is central support service provided by an organisation directly funded by the Commonwealth, that could be Congress, while the funds for all community-based clinical services goes directly to the health boards themselves who manage and provide the operations of their own clinics; and,
- Congress becoming a single regional community controlled health service with a new board established that requires representatives from each of the remote communities in which Congress provides health services as well as from town in an equitable way.

Further updates will be provided in future Board Communiqué as this important development progresses.

Governance Subcommittee Report

Independent Director Governance and Administration

The Board endorsed the Governance Subcommittee recommendation to appoint Ms Kerryne Liddle to the independent director position specialising in governance and administration.

With over 35 applications received Kerryne brings experience on boards of large organisations including roles of chair and deputy chair.

Kerryne holds a post graduate degree qualification in business and administration and is also a graduate and current member of the Australian Institute of Company Directors.

Member director vacancy filled

An out of session decision was made to appoint Mrs Marjorie Lindner to the vacant member director position.

Marjorie is a proud local senior Arrernte woman with many years' community service and traditional ties to the local Arrernte land, and is a fluent Arrernte speaker.

Marjorie is a registered AHP and has worked for many years in both the community and government sector, devoting her life to the health and wellbeing of Aboriginal people.

Marjorie's cultural and local knowledge will add much value to the organisation and compliment the strong mix of skills of our board.

Director Fees and Common Rule Book for Remote Health Boards

The Board resolved to treat the remote health boards as subcommittees of the Congress Board for the purpose of remuneration in recognition of their vital role in community engagement and participation in governance and decision making processes.

The Board also supported the commencement of a thorough consultation process with all remote health boards to review their respective rule books.

Consideration should be given to relevant linkages to the Congress Rule Book and policies including structure, relationship and legal implications with the aim to identify opportunities to establish common rules for key activities such as Board meetings, general meetings, special general meetings and AGMs.

Policy on Representing Central Australian Aboriginal Congress

A draft policy on Representing Central Australian Aboriginal Congress was endorsed.

This policy reflects a commitment to good governance practices and provides guidance to ensure that when directors, managers and staff represent Congress, they do so in a way that assists Congress to achieve its strategic aims.

The Board also decided that a Register be established that includes a column for remuneration.

Human Resources Subcommittee Report

The Board noted the decision to develop a Membership Charter to outline member's rights and responsibilities ahead of this year's Annual General Meeting.

The Board also noted an update on the Congress EA Remuneration Review and confirmation of affordability by the Finance Risk and Audit Subcommittee. Support was given to the following recommendations:

- Apply a 1.7% increase to all Congress salary classifications (excluding Aboriginal Health Practitioners), effective from 26 January 2016;
- Apply a 1.7% increase to all Congress salary classifications, effective from 26 January 2017;

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- Apply 6% increase to the Aboriginal Health Practitioner salary classification, effective from 26 January 2016;
- Back pay as a result of the increase will be paid to current staff effective from 26 January 2016;
- Add an additional two progression points to the level 6 pay classifications, being 6.4 and 6.5;
- No change is made to the rates for other allowances for the life of the current enterprise agreement; and,
- No further changes to rates for salary classifications (excluding General Practitioners) for the life of the current enterprise agreement.

A HR Division Plan has also been developed to ensure there are sufficient identified Aboriginal positions available across all sections of the organisation, and introducing key performance indicators to be reported on to the Board quarterly.

Training is currently underway to assist staff involved in recruitment and selection panels at Congress.

Research Subcommittee Report

The board supported the following new projects:

- Predictors of Pre-school Readiness of Aboriginal Children in Central Australia: A descriptive analysis;
- Factors influencing chronic disease prevention and management activities in Central Australia: the perception of central Australian GPS;
- Iodine nutrition status and thyroid function in pregnant women in Central Australia
- HTLV-1 infection rates and complication in Alice Springs Town Camps; and,
- Central Australian Smokeless Tobacco Use research proposal to be funded by NHMRC partnership grant.

The Board noted two publications by Flinders University on the Comprehensive Primary Health Care Research project containing important information about Congress and its community controlled comprehensive primary health care service model.

A number of projects are expected to be completed within the next six months.

Clinic Subcommittee Report

Remote Staff Safety Review

Congress Executive commenced a review to improve the safety of our remote workers.

Over the last six (6) months, Congress has invested in the installation of crimsafe security in remote staff accommodation and is currently exploring call out safety measures.

Remote staff are providing input into the review.

Decentralised Clinic Development and Shared Care Model planning underway

The Decentralised Clinic facility development is on schedule.

An internal working group is being established to progress staffing, models of care and logistical management of the clinics.

Planning is also underway to introduce a shared care model between AHP/RN and GPs to improve client flow and create efficiencies.

This practice will be standard in the new clinics and will be introduced in the main clinic.

AGPAL Accreditation

All Congress clinics are currently being prepared for renewal of AGPAL Accreditation.

The renewal will align town and remote clinics in the accreditation.

The accreditation standards focus on a range of areas including practice services, the rights and needs of patients and is an integral part of good general practice in Australia.

After Hours Service At Main Clinic on Gap Rd

The board is considering a recommendation from the Clinics Subcommittee to discontinue the After Hours Clinic service on weekdays from 5pm.

The board considered additional information on the potential impact of this decision and has referred the matter back to the clinics subcommittee for further consideration before a final decision will be made.

Finance, Risk and Audit Subcommittee Report

2016/17 Global Budget

The Board adopted the 2016/17 Global Budget noting a small deficit result and a healthy overall position for Congress.