

MIWATJ HEALTH ABORIGINAL CORPORATION

STRATEGIC PLAN 2013-2017

Terminology

This document uses the following terms:

- *Key Strategic Issues*: the most important issues impacting on the organization to emerge from an analysis of
 - o *external factors*, and
 - o *internal factors*.
 This includes the risks to the organization achieving its goals.
- *Objectives*: these are the 'big picture' goals of the organization.
- *Activities*: these are the actions undertaken by the organization in order to achieve its objectives.
- *Risk management*: means strategies and actions which minimise the risk of the organization not achieving its goals. Managing risks means looking into the future; establishing processes which minimize foreseeable risks; having measures which can alert management when risks increase; and periodically assessing how the organization is doing in carrying out those processes and meeting those measures.

Overall framework

The organization has addressed four key questions as part of the strategic planning journey:

“Where are we now?”	“Where do we want to go?”	“How will we get there?”	“How will we know how we’re going?”
CURRENT SITUATION	GOALS/OBJECTIVES	PROCESSES	REVIEW MEASURES
Internal analysis ↓ Key Strategic Issues ↗ External analysis →	Vision Mission Values Strategic Objectives →	Activities, processes and risk management →	Review activities against objectives and performance indicators →

Where are we now?

External Analysis

The external environment in which Miwatj operates is one of change and uncertainty. External events and issues have had a great impact on our service delivery in recent times:

- The health environment in which Miwatj operates is complex and tragic. In 2003-2007 the median age of death in East Arnhem was 50 for males and 52 for females, as compared to national figures of 76 and 83 respectively. Regional data identify the leading causes of death in East Arnhem in this period as cancer, cardiovascular disease, respiratory disease and external causes (injuries)¹. There has been a change in the type of illnesses we see: obesity, diabetes, hypertension, and heart disease are on the rise, emphasizing the need for proactive screening for chronic diseases. Kidney disease and machado joseph disease (MJD) present immediate problems and we do not have the facilities to provide the care these patients need.
- Research points to the importance of giving strong priority to early intervention, particularly in the early childhood years. But given the size and nature of the health crisis in the region, current resources go nowhere near meeting the need and too often are directed by governments at high profile issues rather than long-term prevention. Rates of young deaths in East Arnhem in this period due to cardio vascular disease (CVD) and respiratory disease were six and eight times the national averages – yet both of these diseases are preventable. Australian Early Development Indicator (AEDI) data indicate that children in East Arnhem appear overall to have higher rates of developmental vulnerability than children in the Northern Territory (NT) overall or Australia generally.
- Changes in medicine and how we deliver care present significant challenges ahead. Historically aged care services for Indigenous people haven't been considered important as they had a shorter life expectancy. However, there is an aging population in East Arnhem Land who are facing the same problems relating to lack of housing and no residential aged care facilities in the region. The elderly either live at home in difficult circumstances or are forced to relocate to Darwin to receive care.

¹ There are likely to be significant variations in data from community to community. It has been shown elsewhere in the NT that small outstation or homeland communities have much reduced rates of chronic disease when compared to the larger centralized settlements, and this may be the case in East Arnhem also.

- The abolition by the NT Government of local community councils had a great impact on Miwatj. It necessitated Miwatj taking over the management of Marngarr clinic and Ngalkanbuy Health Service virtually overnight, trebling our clients and staff. Although large strains were put on all our systems as this change took place, overall Miwatj has handled this rapid expansion well. The absence of effective community-level mechanisms for people to have their voices heard on policy and service delivery issues remains an ongoing issue.
- The Commonwealth Government has made available significant amounts of additional primary health care funding since the commencement of the Northern Territory Emergency Response (NTER) and Miwatj has received a share of this through such programs as the Enhanced Service Delivery Initiative (EHSDI), the Mothers and Babies Program, the Indigenous Tobacco Initiative, Alcohol and Other Drugs service grants, and so on. This, together with taking over the funding for Marngarr, Ngalkanbuy and Yirrkala, has meant that the annual turnover of Miwatj has increased manifold. The transition from the NTER to the Stronger Futures legislation and program framework in 2012 offered the prospect of improved funding continuing for at least a decade.
- Miwatj now receives dozens of separate grants, each of which has to be reported on and acquitted separately. The consequences of this burdensome way of funding include much greater demands on the administrative and accounting functions of Miwatj (with associated increased costs) and health care provision which is less effective than it otherwise could be. The multiple uncoordinated funding streams administered by the Commonwealth and NT Governments make it difficult to provide an integrated health service on the ground.²
- The signing in late 2008 of a Memorandum of Understanding by the Commonwealth Minister for Health, the NT Minister for Health and the Chairperson of AMSANT committed all parties to a process of reform, called 'regionalisation'. This emphasized a number of principles including moving towards a single regional provider and increased community control of health services. Miwatj has participated actively in regional meetings aimed at achieving this in East Arnhem Land, and in mid-2012 a Final Proposal was presented to both Governments and Aboriginal Medical Services Alliance Northern Territory (AMSANT). The model set out in that proposal supported the incremental transition of health centres to a Miwatj Regional Board, accompanied by an alliance with the two non-government homelands health services. While both Governments have expressed public support for that concept, it appears that the political imperative to implement it has dissipated. Miwatj Board members have expressed strong concern that four years of 'regionalisation' meetings do not appear to have produced results.

² Co-operative Research Centre for Aboriginal Health, *Overburden Report*, September 2009.

The Commonwealth Government has now asked Miwatj for a plan about how this can happen over the next five years (ie 2013-17).

- An aspect of 'regionalisation' that has proven its value over the past two years has been the establishment of a Clinical and Public Health Advisory Group, or CPHAG, for East Arnhem Land. This consists of health staff from all the providers in the region – Miwatj, Laynha Health, Marthakal Health and the NT Department of Health (DoH) – and has proven to be a useful forum for information-sharing between agencies and the development of joint initiatives.
- The peak coordinating body for Aboriginal primary health care, the NT Aboriginal Health Forum (NTAHF) has been an alliance between the Commonwealth Department of Health and Ageing (DoHA), the NT DoH and AMSANT. While this functioned effectively for a number of years, it is of concern to Miwatj that the NTAHF has not met for a long period of time. This development has been accompanied by concerns expressed by the Commonwealth Minister for Indigenous Health about the adequacy of governance processes in the NT Aboriginal community-controlled health sector. All this threatens the viability of the Aboriginal primary health care sector in the NT, and undermines the coordination of service planning and delivery between Governments and the Aboriginal community-controlled health sector.
- While the role of the NTAHF has diminished in importance in recent years, a new body, the Northern Territory Medicare Local (NTML), has been established and is tasked with a planning and coordination role for primary health care services. The exact role of the NTML will become clearer as it becomes better established, but Miwatj is well-placed to keep in touch with developments through the CEO who sits on the Board of NTML.
- The election of a new NT Government in 2012 has seen important changes in how that Government approaches health:
 - the Government is devolving responsibility for health to a new Board which will oversee both primary health care facilities and hospitals;
 - certain important services nominally the responsibility of the NT DoH have already been reduced or curtailed (for example, the Specialist Outreach Service), and at some locations the NT DoH has rejected Commonwealth funds for health-related functions (for example, dialysis patients' family accommodation in Katherine and Tennant Creek); and

How the contraction in responsibility by the NT DoH, will play out over the next three years is unpredictable, but Miwatj will have to be astute in dealing with it.

As Miwatj becomes a bigger provider, it will be called on to play a broader role in the region. Funding bodies will likely place greater demands upon the

organisation, including providing other services due to our strong presence, good track record, credibility and good reputation for management and leadership. Opportunities and risks will need to be closely considered and whether any new activities would compromise or enhance core functions. A rigorous set of principles is therefore required to guide Miwatj in assessing the merits of proposals for new and different services.

Working with Miwatj Health in East Arnhem is akin to a work experience in a 'new frontier'. A successful East Arnhem work experience requires patience and a capacity to develop an understanding of Aboriginal and Torres Strait Islander cultures, beliefs and practices. Miwatj Health has a growing need to recruit and retain medical and administrative professionals to support the expected rapid growth in demand for health services as regionalisation becomes a reality. Overall capabilities of potential employees and service partners that demonstrate a capacity to succeed in remote locations with heavy cultural overlay, are as important as an individual's qualifications and experiences.

Miwatj Health faces the ongoing challenge of engaging the various Aboriginal and Torres Strait Islander communities to support the implementation of community controlled Primary Health Care. This engagement will be based on an understanding of Government requirements translated into culturally acceptable terms that recognise Aboriginal people's belief that their health and wellbeing are derived from their land and it is their right to control their own primary healthcare service provision.

Internal Analysis

Miwatj uses a number of self-assessment processes and tools to analyse our effectiveness as a healthcare organization.

- We have worked hard towards meeting the accreditation requirements of the Royal College of General Practitioners (RACGP). This ensures the majority of our clinics operate at rigorously high standards. Currently the Miwatj clinics at Gunyangara, Nhulunbuy and Galiwin'ku are RACGP-accredited, and Yirrkala clinic is working towards accreditation.
- Miwatj is only in the early stages of managing Yirrkala Health Centre, and it will take some time to bed down that change. On the positive side, for many people it feels like Miwatj has returned to its roots: Aboriginal people in communities on the Gove Peninsula now have a more integrated health service, and the long-term future of primary health care in Yirrkala looks positive. On the other hand, Miwatj has identified lessons from the transfer process which may be considered in any future transfers of NT Government clinics. They include the need: to factor in the constraints which an inadequate building implies for all types of health service delivery; to

undertake process mapping and needs identification early in the transition; to better manage the data uplift process and improve data cleansing; to consider innovation in communicating with residents; and to consider reasons behind high staff turnover and how to mitigate them.

- Miwatj undergoes the Risk Assessment Process (RAP) of the Commonwealth Office of Aboriginal and Torres Strait Islander Health (OATSIH) at regular intervals, and this requires us to map many of our most important functions against a wide range of criteria. In the most recent OATSIH RAP assessment, Miwatj was again rated as being in the lowest risk category, which has positive implications for our financial relationship with the Commonwealth Government.
- Miwatj is also enrolled with the Quality Improvement Council (QIC) of Australia, and is currently undergoing the assessment required to meet QIC standards. The QIC standards are relevant to all aspects of Miwatj's operations including administrative functions, as well as clinic or medical functions. This is a demanding set of standards and compliance requires rigorously reviewing how we operate at all levels. Miwatj has also done some mapping of the QIC standards against the requirements of OATSIH's RAP.
- To further assess the quality of our health services we use tools originally developed by the Audit and Best Practice in Chronic Disease Project of the Menzies School of Health Research, now implemented under the One21Seventy project. These tools include clinical audits, process mapping, and a Health Systems Assessment analysis, all done annually. The results are recorded in the One21Seventy project database and allow us to map progress over time and in comparison to the rest of the region.
Emerging issues identified through this process include:
 - obesity management and impact on future chronic disease;
 - high smoking rates (70% also confirmed in the 'Talking About The Smokes' (TATS) Survey) and women's rate still increasing; and
 - no youth services.Ongoing issues (defined as 'improving but needing more support') identified through this process include:
 - rates of childhood anaemia;
 - men's health (attendance/access mismatch of males compared to females); and
 - early antenatal care.

Miwatj Health has also participated in a form of self-assessment called the Competency and Capability Framework (CCF), developed by Price waterhouseCoopers on advice from the NT DoH. This was carried out in the context that Miwatj would be taking over management of NT health clinics as part of regionalisation.

- In some parts of our operations the turnover of professional health staff is high and in some categories there is difficulty filling long-term vacancies. The

latter is particularly important for vocationally-registered medical officers - the quality of care which short-term locums and students can offer not being as strong as that able to be provided by a GP who stays long term and gets to know the community. Ngalkanbuy Health Service at Galiwin'ku, in particular, has difficulty filling permanent GP vacancies, and a similar challenge applies to other professional staff at a number of locations. This has an impact not only on quality of care but also on the finances of Miwatj (through reduced Medicare claims and the high cost of fly-in, fly-out professionals).

- Miwatj has made significant progress in implementing preventive health promotion programs. The Tobacco Control, Healthy Life and Strong Fathers programs have had an impact across the region, and Ngalkanbuy Health has employed a number of Yolngu Community Workers to implement a community-based health education program.
- With the rapid growth of primary health care services into additional communities across the East Arnhem region, Miwatj Health is struggling to keep pace with infrastructure to support the provision of services and employee needs, especially in geographically remote locations. Commitments to progress the regionalisation agenda and extensive demands by governments to demonstrate readiness for this move, together with the recent inclusion of Yirrkala health centre, have placed a great strain on Miwatj Health resources. It is critical that effective change management is sustained as the organization expands, keeping a balance between new activities and continuing support to ongoing business priorities.
- On the positive side, Miwatj Health has committed, passionate and involved staff supported by Aboriginal Board members who have a strong vision for their people and demonstrate a high level of governance. The Board has recently been expanded to include two ex-officio advisers with extensive experience in government policy and public administration. The Miwatj Health organization has strength in its capacity to demonstrate business accountability and a high level of professionalism. It also recognizes the priority of strengthening its Yolngu workforce as a key part of its business strategy to secure strong health outcomes and as a contribution to progress on the wider social determinants of health in East Arnhem communities.

Where do we want to go?

Mission

The mission of Miwatj Health is to improve the health, wellbeing and cultural integrity of Aboriginal and Torres Strait Islander residents of the East Arnhem Land region.

Vision and Core Functions

Our vision is for Miwatj Health to provide quality primary healthcare services for Aboriginal and Torres Strait Islander people in the East Arnhem region, and to serve as the coordinating body for primary healthcare in the region.

We pursue our mission and vision by prioritizing our core functions, which are:

- the provision of comprehensive primary health care services to East Arnhem Aboriginal communities. Such services shall:
 - include both acute care and longer-term preventive care;
 - be responsive to community needs; and
 - be culturally appropriate;
- the implementation of a range of community-based public health and health promotion strategies and programs in East Arnhem Land;
- advocacy for:
 - the right of Aboriginal people in the region to access quality health care;
 - the right of Aboriginal people in the region to control their own health services, with funding and resources adequate to address their health problems; and
 - action to address the social determinants of health in the region;
- to ensure an efficiently-managed, financially-sound, well-governed and accountable organization; and
- to support the increased employment of qualified Aboriginal and Torres Strait Islander people, with a focus on appointments to senior roles.

We implement these core functions using our organizational values.

Values

The values of Miwatj Health are:

- compassion, care and respect for our clients and staff;
- pride in the results of our work;
- cultural integrity and safety, while recognizing cultural and individual differences;
- accountability and transparency; and
- recognition of the importance of building the capacity of our organization and community.

Strategic Objectives

From our external and internal analyses, and taking into account our vision, mission and values, we have identified a number of priorities and have brought these together in our strategic objectives.

The strategic objectives for Miwatj Health for 2013-2017 are:

- (1) Miwatj Health will be well-advanced in extending its service coverage across the region, in response to community needs. The services delivered by Miwatj shall be evidence-based and take a population health approach.
- (2) Miwatj Health will respect and engage with traditional Aboriginal forms of authority and decision-making in all its activities and extend community involvement to empower them to guide how healthcare is provided.
- (3) Develop and maintain strong external relationships with Governments, service providers and the broader health industry to both demonstrate and advocate for positive change.
- (4) Demonstrate a culture of efficient business performance and quality improvement while managing the challenges of rapid growth.
- (5) Demonstrate the growth and development of a local Aboriginal workforce in Miwatj Health as integral to implementing the organisation's values, core functions, and achievement of strong results.

How will we get there?

Achieving the strategic objectives involves taking action across the various operational areas of Miwatj Health. Miwatj's Service Development and Reporting Framework sets out four interlinked operational areas:



The specific actions required for each strategic objective have been identified and are set out below.

(1) Miwatj Health will be well-advanced in extending its service coverage across the region, in response to community needs. The services delivered by Miwatj shall be evidence-based and take a population health approach.

To achieve this we will:

- i) Be fully prepared to progressively assume responsibility for other NT Health clinics in the region.
- ii) Continue to meet all reasonable governance, capacity and accountability requirements set by governments.
- iii) Continue to demonstrate through results our effectiveness as a primary health care organization committed to excellence and continuous learning.
- iv) Demonstrate Miwatj Health's capability to further extend its role in the region through the successful integration of health centres newly-transferred

to its control, beginning with Yirrkala.

- v) Further develop robust principles and a 'decision-tree' to guide the organisation as to its role (eg, advocate versus service provider or partner with another organization) with regard to new proposals or potential areas of activity for Board ratification, so as to ensure compatibility with our mission.

(2) Miwatj Health will respect and engage with traditional Aboriginal forms of authority and decision-making in all its activities and extend community involvement to empower them to guide how healthcare is provided.

To achieve this we will:

- i) Ensure management decision-making is informed by cultural inputs from community leaders and underpinned by effective two-way communication with community, including input from homelands.
- ii) Foster and keep good working relationships between the Board and Management.
- iii) Explore the potential for community health committees and mechanisms for feedback about service quality, so that our client base is more confident that we are listening and responsive.
- iv) Regularly report on progress towards achieving strategic goals.

(3) Develop and maintain strong external relationships with Governments, service providers and the broader health industry to both demonstrate and advocate for positive change.

To achieve this we will:

- i) Maintain good linkages with key NT and Federal Government agencies, extending our input and influence consistent with our broadening role in the region.
- ii) Continue to access government funding for core and special projects, but aim to shift to stronger 'alliance' relationships rather than traditional contractual funding approaches.
- iii) Continue to actively participate in and influence the advancement of regionalisation.
- iv) Advocate for the right of Aboriginal and Torres Strait Islander peoples to control their own health services.
- v) Extend the application of Miwatj Health's advisory and advocacy role to

other relevant mechanisms where consistent with our mission and broadening our role in the region. For example, possible stronger participation in the Local Implementation Plan (LIP) processes, participation in NTML planning processes, partnerships with research organisations and trialing innovative service models in conjunction with other providers.

(4) Demonstrate a culture of efficient business performance and quality improvement while managing the challenges of rapid growth.

To achieve this we will:

- i) Engage, retain and develop professional staff, promoting a culture of continuous learning and clinical excellence.
- ii) Undergo required audits for all our processes and initiate others where appropriate.
- iii) Progress the quality of our operations, so as to achieve accreditation with the Quality Improvement Council.
- iv) Give priority to evidence-based projects that demonstrate better long-term outcomes for early intervention. For example, focus on the 0-3 years age group.
- v) Develop a Reconciliation Action Plan and adopt relevant local Aboriginal concepts to better explain the organisation's purpose and way of operating.
- vi) Be an example of a professionally-managed Aboriginal business that delivers strong results, responsive to the cultural environment in which we operate and the opportunities for 'two-way' learning.

(5) Demonstrate the growth and development of a local Aboriginal workforce in Miwatj Health as integral to implementing the organisation's values, core functions, and achievement of strong results.

To achieve this we will:

- i) Give priority to this objective in our human resources strategy, guided by the outcomes of research into:
 - o the complexities involved,
 - o the effective articulation of the competencies that a local Aboriginal workforce brings to the work of the organisation in terms of the contribution made to effective health outcomes, and
 - o improving the social determinants of health in our communities.
- ii) Build on effective strategies used within some areas of the organisation (eg, Ngalkanbuy), together with relevant experience in other organisations.

iii) Review our job descriptions, selection and promotion processes and provisions for work flexibility with a view to ensuring that merit assessments are comprehensive (including taking into account the particular competencies/capabilities that local Aboriginal people offer), and that selection processes and working arrangements do not inadvertently disadvantage potential local Aboriginal applicants.

Review: How are we going?

Achieving our strategic objectives is subject to a number of risks which have the potential to derail progress. It is critical to (i) identify these risks in advance, and (ii) review progress at regular intervals.

We measure our progress in achieving our objectives by looking at performance indicators, which can be either quantitative (based on numbers) or qualitative (based on non-numerical information), or a combination of both.

The risks involved, and performance indicators to review progress, are described below.

Strategic objective and actions	Risks to achieving them	Indicators
<p>(1) Miwatj Health will be well-advanced in extending its service coverage across the region, in response to community needs. The services delivered by Miwatj will be evidence-based and take a population health approach.</p> <p>To achieve this we will:</p> <ul style="list-style-type: none"> i) Be fully prepared to progressively assume responsibility for other clinics in the region. ii) Continue to meet all reasonable governance, capacity and accountability requirements set by governments. iii) Continue to demonstrate through results our effectiveness as a primary health care organization committed to excellence and continuous learning. iv) Demonstrate Miwatj Health's capability to further extend its role in the region through the successful integration of 	<p>Governments may lose enthusiasm for the formal regionalisation process described in the Final Proposal.</p> <p>Governments may not allocate sufficient funds to implement the Final Proposal.</p> <p>Communities and other PHC providers may choose not to come under the Miwatj Health banner.</p> <p>The governance, decision-making and accountability processes of Miwatj Health may not be of sufficiently high standard to meet the requirements of Governments.</p>	<p>Identification of broad trends in the NT Aboriginal Health (AH) KPIs for those health centres already under the control of Miwatj, over the past reporting period. Identify any population groups not receiving good service coverage or which are particularly at risk.</p> <p>Descriptive listing of the evidence base(s) used by Miwatj in providing its services</p> <p>Whether or not communities in the region have expressed a desire to have their healthcare services delivered by Miwatj Health rather than the NT DoH.</p> <p>Whether or not the Commonwealth Government continues to actively support regionalization, by endorsing the Final Proposal and allocating</p>

<p>health centres newly-transferred to its control, beginning with Yirrkala.</p> <p>v) Further develop robust principles and a 'decision-tree' to guide the organisation as to its role (eg, advocate versus service provider or partner with another organization) with regard to new proposals or potential areas of activity for Board ratification, so as to ensure compatibility with our mission.</p>		<p>funds to implement it.</p> <p>Whether or not the NT Government continues to actively support the transition of its health centres to Miwatj Health, by taking part in working groups and other relevant processes.</p> <p>Whether or not Miwatj maintains its minimum risk rating in the OATSIH risk assessment rating process.</p> <p>Whether or not the processes involved in transitioning health centres under the control of NT DoH to control by Miwatj Health have been refined or further developed as a result of lessons learnt by previous transition experiences.</p> <p>Whether or not a decision-tree has been used in the previous reporting period, and a listing of the occasions of its use.</p>
<p>(2) Miwatj Health will respect and engage with traditional Aboriginal forms of authority and decision-making in all its activities and extend community involvement to empower them to guide how healthcare is provided.</p> <p>To achieve this we will:</p> <p>i) Ensure management decision-making is informed by cultural inputs from community</p>	<p>Limited ability of many professional staff to communicate with community members in a local Aboriginal language, and limited availability of qualified local Aboriginal interpreters.</p> <p>The process of getting 'input from</p>	<p>Whether or not there has been significant community involvement in determining health priorities and strategic directions through any of the following: health boards; steering committees; advisory committees; community councils; health councils (NT AH KPI 4.18).</p> <p>Whether or not there has</p>

<p>leaders and underpinned by effective two-way communication with community, including input from homelands.</p> <p>ii) Foster and keep good working relationships between the Board and Management.</p> <p>iii) Explore the potential for community health committees and mechanisms for feedback about service quality, so that our client base is more confident that we are listening and responsive.</p> <p>iv) Regularly report on progress towards achieving strategic goals.</p>	<p>homelands' may be problematic when homelands health is formally the responsibility of a service provider other than Miwatj.</p> <p>Many clan leaders and traditional owners have only a cursory interest in health issues.</p> <p>Local health committees require constant attention and input from staff if they are to perform their functions properly and not become 'tokens'.</p>	<p>been appropriate reporting to community on progress against core NT AH KPIs (NT AH KPI 4.19).</p> <p>Whether or not training has been provided for Board members or other community leaders in understanding population health data and techniques (including understanding the NT AH KPI data).</p> <p>Whether or not appropriate efforts have been made to present health information and data (possibly including NT AH KPI data) in terms which are relevant to Aboriginal people in local communities with no specific training in health.</p> <p>Whether or not Miwatj has established ongoing community health advisory committees in those communities where Miwatj manages the health centre.</p>
<p>(3) Develop and maintain strong external relationships with Governments, service providers and the broader health industry to both demonstrate and advocate for positive change.</p> <p>To achieve this we will:</p> <p>i) Maintain good linkages with key NT and Federal Government agencies, extending our</p>	<p>The high turnover of key figures in the NT and Commonwealth Government, both senior officials and Ministers, leads to wasted time bringing them up to speed - only to find they leave and you have to start from scratch again.</p>	<p>Listing/description of the major forums and meetings with Governments in which the CEO has participated which consider (i) the overall role of Miwatj in the region, and (ii) the role the ACCHO sector in general.</p> <p>Report on relevant activities of those</p>

<p>input and influence consistent with broadening our role in the region.</p> <p>ii) Continue to access government funding for core and special projects, but aim to shift to stronger 'alliance' relationships than traditional contractual funding approaches.</p> <p>iii) Continue to actively participate in and influence the advancement of regionalization.</p> <p>iv) Advocate for the right of Aboriginal and Torres Strait Islander people to control their own health services.</p> <p>v) Extend the application of Miwatj Health's advisory and advocacy role to other relevant mechanisms where consistent with our mission and broadening our role in the region. For example, possible stronger participation in the Local Implementation Plan (LIP) processes, participation in NTML planning processes, partnerships with research organisations and trialing innovative service models in conjunction with other providers.</p>	<p>There is uncertainty about formal coordination and planning mechanisms in the NT, with the NTAHF not meeting, the recent formation of the NTML, a major review of the NT Shires happening, and AMSANT undergoing change. Until this is all worked through, it is difficult to settle targeted strategies.</p>	<p>organisations with which Miwatj has formal partnership arrangements (eg, 1Disease, AMSANT, CPHAG, Menzies, etc).</p> <p>Report on developments and relevant activities of the peak health planning bodies in the NT, particularly the NTML and the NTAHF.</p>
<p>(4) Demonstrate a culture of efficient business performance</p>	<p>It may be difficult to expand services to</p>	<p>Report on staff turnover: number or proportion of</p>

<p>and quality improvement while managing the challenges of rapid growth.</p> <p>To achieve this we will:</p> <ul style="list-style-type: none"> i) Engage, retain and develop professional staff, promoting a culture of continuous learning and clinical excellence. ii) Undergo required audits for all our processes and initiate others where appropriate. iii) Progress the quality of our operations, so as to achieve accreditation with the Quality Improvement Council. iv) Give priority to evidence-based projects that demonstrate better long-term outcomes for early intervention. For example, focus on the 0-3 years age group. v) Develop a Reconciliation Action Plan and adopt relevant local Aboriginal concepts to better explain the organisation's purpose and way of operating. vi) Be an example of a professionally-managed Aboriginal business that delivers strong results, responsive to the cultural environment in which we operate and the opportunities for 'two-way' learning. 	<p>meet community needs due to a shortage of staff accommodation.</p> <p>A high turnover of qualified experienced staff can limit progress, due to the need to understand community dynamics and who is who. This is particularly the case if Miwatj is unable to permanently fill GP positions and has to rely on short-term locums.</p> <p>Difficulties involved in coordinating multiple separate program grants and welding them together to form an internally consistent healthcare system.</p> <p>When allocating health care resources, getting the balance right between systems aimed at providing acute care on demand and systems aimed at providing longer-term preventive care in a planned fashion.</p>	<p>changes in professional staffing over the period, noting GP vacancies.</p> <p>Summary of major trends in NT AH KPI data over the period, by each health centre under the control of Miwatj, noting the extent of compliance with those indicators most relevant to a long-term planned approach to health care.</p> <p>Whether or not Miwatj has produced a Reconciliation Action Plan.</p> <p>Whether or not Miwatj has met requirements set by the Quality Improvement Council for QIC accreditation.</p>
<p>(5) Demonstrate the growth and development of a local Aboriginal workforce in Miwatj Health as integral to implementing the</p>	<p>Progress may be delayed by the need to ensure that local Aboriginal applicants hold formal</p>	<p>Overview report on changes to staffing which involve the employment of local Aboriginal people, in the period.</p>

<p>organisation’s values, core functions, and achievement of strong results.</p> <p>To achieve this we will:</p> <p>i) Give priority to this objective in our human resources strategy, guided by the outcomes of research into:</p> <ul style="list-style-type: none"> - the complexities involved - the effective articulation of the competencies that a local Aboriginal workforce brings to the work of the organization in terms of the contribution made to effective health outcomes, and - improving the social determinants of health in our communities. <p>ii) Build on effective strategies used within some areas of the organization (eg, Ngalkanbuy), together with relevant experience in other organisations.</p> <p>iii) Review our job descriptions, selection and promotion processes and provisions for work flexibility with a view to ensuring that merit assessments are comprehensive (including taking into account the particular competencies/capabilities that local Aboriginal people offer), and that selection processes and working arrangements do not inadvertently disadvantage potential</p>	<p>qualifications where the job requires practitioner registration and/or a very high level of technical knowledge.</p> <p>Progress can be delayed by the lack of an adequately-resourced health training program <u>based in the region</u> which targets local people and leads to professionally-recognised health qualifications.</p> <p>Most program funding has a set number of positions – there may be budgetary implications if a stronger training focus results in an increase in position numbers (eg, as a mentoring system could).</p>	<p>Summary report on qualitative data arising from discussions about retaining a Yolngu workforce with local Aboriginal staff and management staff at Ngalkanbuy (and elsewhere if appropriate), and conclusions from a review of the literature.</p> <p>Whether or not a report has been presented to the Board on options for enhancing the ability of local Aboriginal people to access accredited health practitioner training courses, based in the region, and including a survey of practical options for Miwatj to play a greater role in this training.</p> <p>Report on progress in implementing the Board’s decision in response to the training report referred to above.</p>
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local Aboriginal applicants.		
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Review Process

The following process is being applied for monitoring progress (including monitoring the management of risks) in regard to how Miwatj Health is going in achieving its strategic objectives.

- The CEO will report to the Board approximately every six months on the indicators set out in the right-hand column above.
- The Board will review progress in meeting these indicators, in discussion with the CEO and senior staff as appropriate, every six months.
- The Board may decide to adjust these indicators at any time, following review.

Development and Review of the Strategic Plan

The initial Miwatj Health *Strategic Plan 2010-2014* was developed with extensive involvement of the Board, management team and staff during 2010. The Board took responsibility of developing the Mission, Values and Vision Statements to guide the work of the CEO and his management team as they constructed the draft plan, in consultation with the organisation's staff. The Board ratified the final *Strategic Plan 2010-2014* on 17 August 2010.

A workshop was held in October 2012 involving representatives from the Board, senior management and staff to review and update the Strategic Plan. A revised draft was considered by the Board in November 2012 and the final *Strategic Plan 2013-2017* was ratified in February 2013.