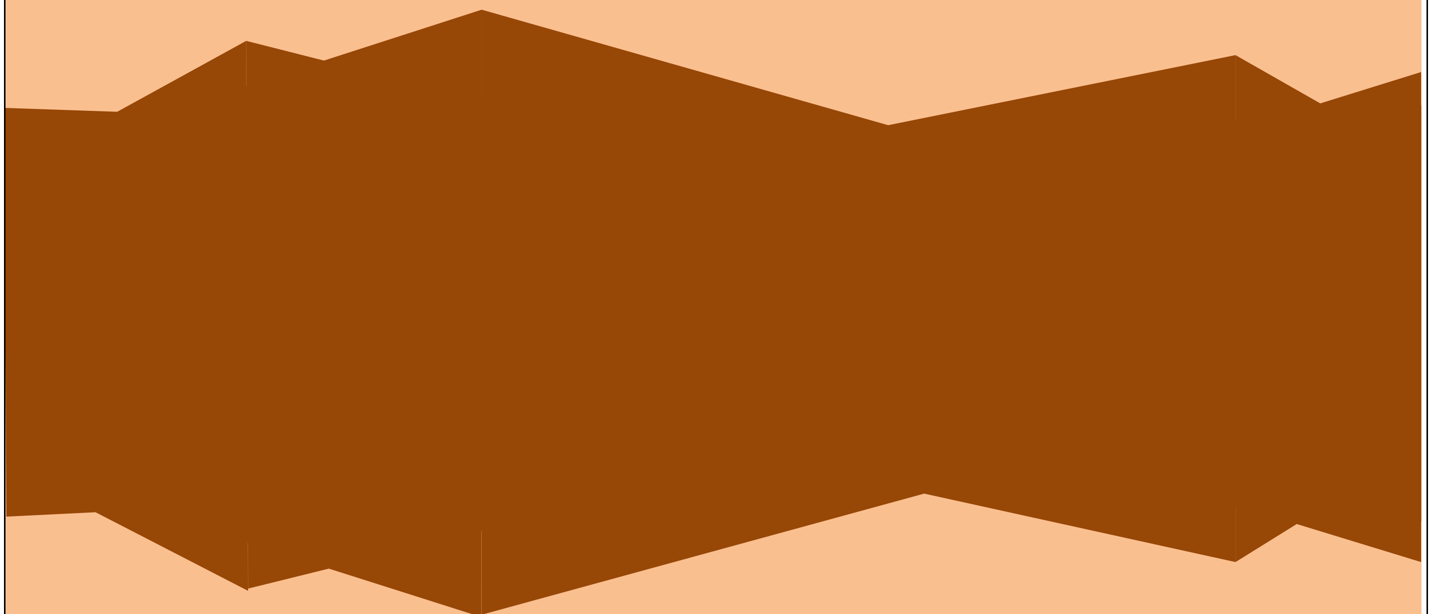
C.A.R.H.D.S

Central Australian Remote Health Development Services Ltd

EVALUATION REPORT
2006 – 2009 STRATEGIC PLAN



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Abbreviations

ACCHOs	Aboriginal Community Controlled Health Organisations
ACER	Australian Council for Educational Research
AHW	Aboriginal Health Worker
AQTF	Australian Quality Training Framework
ATSI	Aboriginal and Torres Strait Islander
CAAC	Central Australian Aboriginal Congress
CARHDS	Central Australian Remote Health Development Services Ltd
CQI	Continuous Quality Improvement
CSHISC	Community Services Industry Skills Council
DEET/ DET	(NT) Department of Employment and Training
DHF	(NT) Department of Health and Families (was DHCS)
EHSDI	Expanding Health Services Delivery Initiative
HRTONN	(ATSI) Health Registered Training Organisation – National Network
HSDA	Health Service Development Area
IRG	Industry Reference Group
LLN	(English) Language, Literacy and Numeracy
NTAHF	NT Aboriginal Health Forum
PHC	Primary Health Care
PHCAP	Primary Health Care Access Program (Now EHSDI)
QM	Quality Management
RTO	Registered Training Organisation
VET	Vocational Education Training
VETTRAKK	Vocational Training Tracking (database)
WELL	Workplace English Language and Literacy
WT	Walter Turnbull (Service Review)

1. Executive Summary

The following report is a *complete evaluation* of the CARHDS 2006 – 2009 Strategic Plan, including assessment of the past two Business Plans. It is important to understand the context in which CARHDS has operated in, over the last three years.

In 2006 CARHDS was funded on short term contracts and did not have the financial capacity to sustain the then eleven educator positions. Subsequently CARHDS had to reduce its staffing base in order to rein in debt and consolidate a more appropriate and viable service model. There are presently seven educators, two (2) Workplace, English Language, Literacy and Numeracy (WELL) and five (5) Clinical staff. However after several years of hard work CARHDS is now in a stable financial and professional position to build on the team and corporate support structure. It is envisaged that an aim of ten full time educator positions is achievable by 2012. A copy of the present organizational chart is attached at *Appendix A*.

Scope and Services

The core business of CARHDS is ***"building a sustainable skilled PHC workforce through the training of Health Boards, up skilling the Aboriginal workforce, orienting new PHC service staff and securing a stable, suitable, competent and confident workforce."***

CARHDS provides services across Central Australia, comprising some 900,000sq km.

Currently there are 10 Aboriginal Community Controlled services in Central Australia, plus the NT government service (DHF). CARHDS works with 36 of these community controlled and DHF Health centres.

Key Result Reporting Areas

The following are the areas, which the CEO reports against for the CARHDS Board with regard to operational progress, strategic direction and outcomes achieved by the service.

I. Contribute to the development of the capacity of Aboriginal people and health professionals employed by PHC services to improve health outcomes
II. Work with the Board to ensure they receive effective executive support
III. Ensure that the organization provides quality relevant and appropriate in-service education and training to the PHC services in Central Australia on an equitable basis.
IV. Effective and Efficient management of CARHDS
V. Maintain strategic working relationships

2006 – 2009 Strategic Priority

The Core Strategic Priority for **2006-09** was:

"Strategic Organisational Development - to recruit, develop and retain the PHC Workforce by…":

1. Continuing to provide Aboriginal Health Workers (AHW's) training and assessment against the national competency standards.
2. Providing a comprehensive orientation for new employees to assist with retention of the PHC workforce.
3. Working with Aboriginal Community Controlled Health Organizations (ACCHO's) to develop community capacity and skills required by managers, administrators and Health Boards/committees.
4. Building PHC services capacity through improving AHW literacy.
5. Maintain high quality management and administration of CARHDS

The 2006-09 Strategic Plan was segmented into three (yearly) Business Plans with:

- Actions
- Performance Indicators
- Risk Assessment and
- Outcomes (Monitoring)
  identified for each of the (above) five priority areas.

The KRAs and strategic priorities were also aligned to the Priority Areas of the Aboriginal and Torres Strait Islander Health Workforce, National Strategic Framework. **This has now been succeeded by the Blue print for Action – "ATSI Pathways Document" (ATSI Pathways into Health Workforce), DoHA.**

The 2006-09 CARHDS' Strategic Priority and strategies have been reviewed and expanded by both Board members and staff in initial planning sessions held in 2008.

These will be identified in the new Strategic Plan (2009 -2012)

A 'SCOR' analysis was also conducted as part of the Board and staff reviews in 2008, providing a clear sense of the present Strengths, Challenges, Opportunities and Risks, which CARHDS faces presently and into the future (3 years).

Key Achievements Summary 2006 - 2009

- Stable financial position
- Roll out of the new ATSI primary health care qualifications
- Completion and implementation of key elements selected from the Walter Turnbull review recommendations and service development tools (ACER Service Delivery Review) and (CDC Consulting), including:
    - Review of Service Delivery Model
    - Financial Process and Tools
    - Attraction and Retention of Staff – staff survey, workshop and new strategies to be incorporated into operational policy and planning
    - Risk Assessment and Risk Management Policy
    - Board Members' Orientation Tools
- Development of ATSI learner resources.
  CARHDS was instrumental in development of the ATSI National learner resource set – across different levels of competencies for AHW training
- CARHDS chosen as the RTO Pilot site for the '*Building capacity program in Social Health and Wellbeing*' for National ATSI Industry resources.
- CARHDS CEO also on the National Industry Group (IRG) - for assessor training of AHWs - Community Services Health Industry Skills Council (CSHISC) and contributed to the development of national resources for the assessor component.
- CARHDS was accepted as member of the National ATSI Health Registered Training Organisation's National Network.
- Accredited as a TAA provider (Training and Assessment).
- Re accreditation up to 2013 as a registered training organistion.
- Selected as a provider under the AMSANT/DHF – AHW Assessor training project.
- Governance training for Board's re-implemented (CARHDS Board and other Boards).
- New MoU with Alice Springs Hospital signed off – for the up skilling of (DHF) Remote Health workforce and the Alice Springs AHW workforce.

CARHDS Strategic Directions and Summary of Outcomes

1. Continue to provide Aboriginal Health Workers training and assessment against the national competency standards

- The provision of (accredited) training for AHWs has been core business for CARHDS with the delivery and assessment of units of competency against national standards.
- A student-tracking database (VETTRAKK) has been operational since 2007, which is used to track and measure student outcomes.
- RTO Accreditation has also been achieved till 2013.

2. Provide a comprehensive orientation program to assist with retention of the PHC workforce

- CARHDS has provided PHC orientation for locum and new health practitioners – with a review of the 'stage 1' orientation course completed in 2008.
- CARHDS is also now providing orientation for Remote Area Health Corp (RAHC) /Intervention PHC staff.
- Further development on remote PHC workforce training and retention strategies will be an ongoing concern.

3. Work with Aboriginal Community Controlled Health Organizations to develop community capacity and skills required by Managers, Administrators and Health Boards/Committees.

- Governance training has been provided to a number of remote Boards – with plans for expanding this area of training based upon identified need and community requests. Current incumbent has achieved Cert 4 in Business (Governance) and this will support further training for ACCHOs in receiving appropriate governance training.
- On-going requests for management training for ACCHO managers and senior staff indicate increasing interest to build capacity in this sector of PHC.

4. Build PHC Services capacity by improving AHW literacy.

- CARHDS has offered English, Literacy, Learning and Numeracy (ELL & N) to participants with a number of communities and participants being assessed and provided with direct ELL & N support.
- Skills recognition and gap analysis and training plans for employed AHWs has also been a key focus.

2. CARHDS – Key Outputs (Review)

The following four key areas (***Service Delivery; Management; Linkages & Coordination and Community Involvement***) relate to the OATSIH Service Development Reporting Framework (SDRF) and the annual Business plans which CARHDS implements, and reports against 6 monthly. The key strategies and measures ***are consistent with the Business Plans as described in the 2006-09 Strategic Plan***.

The following tables identify the key strategies and outcomes for the period July 2007 – December 2008 (1.5 years), when CARHDS began to utilize the 'Service Development Reporting Framework' as a template for activity reporting.

Service Delivery

Key Strategies	Results 07/08	08/09 (to Dec 2008)
1. Onsite training and assessment for all employed AHWs in Central Australia	• DHF meetings reconvened in 07/08 • QSO training data attached (A, B &C) • VETTRAKK# data base operational – with further development required # Vocational Training (Students) Tracking database – which is used to measure and demonstrate outcomes	• Enrollment of new participants • All training and assessment plans developed, aligned (and reviewed) to the HL T07 training package (in most instances). Process to sign off by relevant stakeholders commenced. • All participants are offered an ELL and N Assessment and support. (All have a right to refuse assessment being offered). • Delivered and assessed units of competencies in a number of communities (approx. 7-8). • ELL & N Training needs assessed in two communities.

Key Strategies	Results 07/08	08/09 (to Dec 2008)
2. Town based workshops	• 8 workshops delivered (7 in A/S & 1 in Barkly/Tennant Creek) • Assessment validation occurred between TAA trainers	• 4 CPR refresher workshops held in (A/S). • First aid courses for CAAC and DHF and Tennant Creek (Anyinginyi). • Orientation for new PHC staff • Governance training for CARHDS Board
3. Cooperative arrangements for traineeships	• MoUs with CA Congress and Anyinginyi Congress insitu • MoU with ASH expired • MoU with DHF Remote insitu	• MoUs in situ – all require review prior to June 2009. • New MoU with ASH negotiated
4. Delivery of new AHW competencies (Certificates II, III, IV and Diploma)	• Session plans, w/shop schedules and training materials developed for the competencies delivered • CEO on IRG for national development of resources • Staff completed a skills matrix for CEO to map	• Delivery of competency based training aligned to HL T07 has occurred (in circulation since 2007). • Key focus has been on skills recognition and gap analysis and training plans for AHWs currently employed.

Management

Key Strategies	Results 07/08	08/09 (to Dec 2008)
5. Implement yearly business plan	• Chairperson and CEO maintained fortnightly meetings • Board meeting business reports and PI outcomes all achieved	• Regular meetings with Chairperson have occurred.
6. Monitor and maintain quality systems in line with best practice, i.e. # Quarterly reports to the Board # RTO audit and re-accreditation	• QSO and CEO met monthly & as required to hone quality systems and majority of Policy and procedure converted to stand alone documents on the server • RTO accreditation and extension to scope audits completed • CARHDS RTO accreditation achieved until 2013	• All Board reports produced in a timely manner. • Ongoing improvement and maintenance of quality systems and CQI.
7. Development of policy and strategic direction	• CEO provided general reports on operations to the Board, including reports on critical actions, key response areas and business plans • Final Walter Turnbull report received form DoHA in Feb 2008 [CARHDS Board did not accept the report in full – however did agree to work with independent consultancies to address key areas to ensure the sustainability of the organization.]	• Good Board attendance UNTIL the local Shire reform. • CDC Consulting completed all key process and tools as per request of CARHDS, based on a number of key recommendations of WT Review and in balance with Strategic and operational needs. • ACER completed Service Delivery review – The CARHDS Board still assessing which recommendation need to be taken forward.

Key Strategies	Results 07/08	08/09 (to Dec 2008)
8. Provision of executive support for the Board and effective governance in accordance with best practice	• Training provided to Board: • Critical analysis of budgets (March 08) • Strategic Planning – review of Vision, Objectives and core values (May 2008)	• Key resources and tools developed for staff and Board members as a result of the CDC Consulting deliverables. • Need to use these and other tools consistently for member orientation.
9. Development and maintenance of relationships with PHC service managers/ employers to ensure training is consistent with their goals	• Responses from DHF clinics on client and employer satisfaction surveys were limited and this concern was tabled at the DHF advisory committee. Return rate to be monitored and contact with new Remote DON to be advised of outcomes and follow up	• Continuous input required as staff (internal & external) turnover has required development of new relationships across the sector to enhance retention.
10. Manage the planning, development, documentation, delivery, assessment and evaluation of training programs	• All reports sent to DoHA on time • CDC Consulting actioning key areas of WT review including Financial Process & Tools; Attraction & Retention of Staff; Risk Assessment and Management Policy; and Members Orientation Tools	• All reports sent to DoHA on time • CDC Consulting assisted with key areas of WT review including Financial Process & Tools; Attraction & Retention of Staff; Risk Assessment and Management Policy; and Members Orientation Tools. ACER review commenced in July 2008
11. Human Resource Management	• CEO reports provided to Board each qtr • Staff orientation program honed • Exit interviews established • Staff Retention strategy paper developed by CDC Consulting	• Staff survey and follow up workshop implemented by CDC Consulting and resultant report and recommendations provided to CARHDS – with key considerations to be considered in the new Strategic Plan.

Key Strategies	Results 07/08	08/09 (to Dec 2008)
12. Financial Management	• Financial reports provided to Board qtrly • Chairperson informed of financial management issues fortnightly • Monthly income & expenditure statements for all programs provided by Accountant	• Income and Exp statements received monthly. • Surplus for the 2007-08 FY of $55K
13. Program and Project management	• Staffing levels were down and impacted on service delivery • Dates for DHF advisory meetings set • ACCHO advisory meetings were not convened due to staffing & funding issues	• DHF meetings convened and effective • ACCHO advisory meetings have not reconvened. • Not all communities are represented at Board meetings (2 outstanding) – with aim to address this in 2009.
14. Maintain Strategic working relationships	• CEO attended several key industry forums and included updates in qtrly reports • Training coordinator records all contacts made with the PHC sector and outcomes	• CEO remains on the Board Executive Committee of HSTAC, on the IRG for HL T07 and the TAA with CSHISC and Member of ATSI HRTONN.
15. Compliance with RTO standards	• RTO accreditation achieved until 2013 • 1 staff member completed TAA, with confirmation of previous TAA recognition for other staff pending	• RTO accreditation achieved till 2013 • 4 staff now have TAA status (2 clinical & 2 non-clinical). • 1 Staff upgrading to TAA from BSZ (previous qualification standard). • 2 staff nearing completion of TAA • 1 staff to enroll for TAA in 2009

Linkages and Coordination

Key Strategies	Results 07/08	08/09 (to Dec 2008)
16. Provision of governance training to ACCHO Boards	• 2 requests for governance training received in 2007 with programs being developed for respective services • New staff member recruited to this area commencing training in business governance to value add to the existing program content	• Board Training and ELL & N Training needs assessed in two communities.
17. Provision of management training for ACCHO Managers and senior staff	• Request from DHF AHW Director to commence management training for identified staff	• Quote provided to DHF on management training – but as yet, not accepted.
18. Facilitate and support requests for TAA Certificate Training	• No requests for TAA Certificate training received	• Delivery of workshops for Assessor units. (One delivered in 2008 and further delivery planned for 2009).

Community Involvement

Key Strategies	Results 07/08	08/09 (to Dec 2008)
19. Provision of PHC orientation for locum and new health practitioners	• Position recruited in May 2008 • 63 participants in workshops (town & community) 2007-08	• Stage one orientation has been reviewed and improved. • Participant numbers for stage 2 impacted by staff turnover in Remote sector. CARHDS is providing orientation for (Central Australian placements) RAHC staff (NT wide).
20. Training and recruitment of cultural mentors (not yet in place)	• To be revised and reviewed	• CARHDS identified strategies and completed preliminary work – however there has been limited community progress to date.
21. Retention and follow up strategy for remote PHC workforce (not yet in place)	• Not actioned – to be revisited in 2008-09	• Reviewing strategy to accommodate external influences.

3. Other Plans and Regional Priorities linked to the CARHDS Strategic Plan

3.1 ATSI Health Workforce National Strategic Framework: Key Result Areas

Key Result Area One: Community Controlled Health Services

- Strong community controlled primary health care services that can draw on mainstream services where appropriate to ensure that Aboriginal and Torres Strait Islander communities have access to the full range of services expected within a comprehensive primary health care context.
- Improved community decision-making, influence and control over the management and delivery of health services for Aboriginal and Torres Strait Islander communities.
- Improved capacity of individuals and communities to manage and control their own health and well-being

Key Result Area Two: Health System Delivery Framework

- Effective comprehensive primary health care, including population health services and programs.
- Increased participation in planning and managing health services by Aboriginal and Torres Strait Islander peoples.

Key Result Area Three: A Competent Health Workforce

- A competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of Aboriginal and Torres Strait Islander peoples supported by appropriate training, supply, recruitment and retention strategies.

CARHDS actively contributed to these KRA's through:

1. The provision of training for Remote Health Workforce throughout Central Australia, i.e. (AHWs, Management and Health Boards) as part of its core business in improving skill base and capacity of individuals and the services in which they work to support remote clients and communities in access to and delivery of Primary Health Care Services.
2. Utilisation of accredited course material with relevant information including population health and chronic disease.
3. Support for both employers and the PHC workforce through provision of accredited training and appropriate supports such as ELLN to improve participant's capacity to address 'literacy' barriers in order to function effectively in a clinical setting.

3.2 Northern Territory Aboriginal Health Forum Workforce Implementation Plan

Key objectives from the NT AHF Plan which CARHDS aimed to address, included:

- Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions.
- Improve the clarity, regulation and recognition of Aboriginal and Torres Strait Islander Health Workers as a key component of the health workforce, and improve vocational education and training sector support for training for Aboriginal and Torres Strait Islander Health Workers.
- Improve the effectiveness of training, recruitment and retention measures targeting both non-Indigenous Australian and Indigenous Australian health staff working within Aboriginal primary health services.

In relation to "*increasing the number of ATSI people working across all health professions*" – this is not an objective, which CARHDS can specifically measure and report against. Further comment and measurement would have to be sought directly from the NTAHF and would require accurate and base line data from across DHF, Local Government, ACCHO and NGO sectors.

Key issues identified in relation to the NTAHF Workforce Plan included:

Little or no capacity by services and funding bodies to backfill Remote staff;

Little to no support from other areas of the PHC model to support an ongoing relationship of staff there at the time, i.e. high turnover of RNs and the need to continuously re-establish relationships between AHWs and other Service staff (clinical and management).

Impact from lack of long term staff across Health Services and that an essential part of planned 'work scope' for remote health services needs to incorporate time and support for *re-orientation* and an (effective) internal communication strategy every time (CARHDS) trainers are 'on job'.

CARHDS has an active role on Regional & National Peak bodies e.g.

ATSIHRTONN (ATSI) Health registered Training Organisation – National Network

NT Department of Education Accreditation body (NT)

Community Services Health Industry Council (Commonwealth)

Human Services Training Advisory Council (NT)

National Quality Council

And it is through this representation, and training and support provision for the PHC workforce, that CARHDS worked to "improve effectiveness of training, recruitment and retention…. targeting both Indigenous and non-Indigenous health staff…"

3.3 Primary Health Care Access Program (PHCAP)

PHCAP had as its key aims to:

1. Increase the availability of appropriate primary health care services where these are currently inadequate
2. Reform the health system to better meet the needs of Aboriginal and Torres Strait Islander people, and
3. Assist individuals and communities to take greater responsibility for their health.

CARHDS had as a key aim in the **2006-09** plan, to *"provide support for the transitional arrangements, continuing training for the AHW and other PHC staff, providing orientation for new staff and training for new Boards or Committees that are established."*

PHCAP has now evolved into the '***Expanding Health Services Delivery Initiative' (EHSDI)*** – "focusing on longer term sustainable expansion of primary health care services". **(CARPA presentation 2008).**

The EHSDI plan also recognizes that "*Workforce supply is critical to success of the initiative..*"

The Remote Area Health Corps (RHAC) Agency has been established to facilitate workforce supply and strategies and resources need to supplement the recruitment efforts of service providers.

Of key note for CARHDS, its client group and members, is that the following has also been identified as a part of the EHSDI:

Funding available for infrastructure to support service delivery, including:

- Staff housing
- Clinic refurbishment
- Information Technology and Information Management

The EHSDI also aims to:

- Reform the NT Aboriginal Primary Health Care (PHC) system
- Promote consistency in:
  - Service delivery and capacity
  - Quality of service standards
  - Planning and monitoring
  - Evaluation and reporting, accountability
- Build community capacity to engage with the PHC system
- Establish Aboriginal community controlled regional health service providers.

Key aims of the 10 year vision for Primary Health Care in the NT includes:

- Single Aboriginal Health Policy/Funding entity
- 12-15 Regional ACCHS in NT HSDAs
- Hub based integrated outreach services
- Aboriginal employees in all areas of PHC
- Evidence based information sharing network
- Strong focus on determinants of health
- System wide policy and planning frameworks
- Integrated staffing framework
- Research agenda linked to PHC needs

CARHDS will have a key role to play in achieving these EHSDI objectives – through provision of training and capacity development for AHWs and PHC services.

The new Strategic Plan (2009-2012) will need to be cognisant of these aims and identify strategies, which are relevant for CARHDS, its client base and members.

3.4 Department of Health and Community Services, Building Healthier Communities, Central Australia Regional Plan

(Now Department of Health and Families – 'DHF')

As part of the CARHDS 2006 – 2009 Strategic Plan it was identified that the following priorities in the DHF would provide continued support for the objectives of this plan:

1. Key Priority:

Recruitment, retention and development of staff, in particular to increase in the recruitment and retention of Aboriginal staff.

2. Key Priority:

Establish collaborative partnerships and links with others, through continuing the formal partnership between the DHF and CARHDS.

3. Key Priority:

Preventable Chronic Disease Management (CDM) across all sectors, through maintaining a focus on CDM across the AHW competencies.

1. As reported against 4.1 NT AHF Plan – CARHDS has as its core business "provision of training for Remote Health Workforce…" which in part plays a key role in retention and development of staff and in particular, Aboriginal staff.

CARHDS is also a registered training organisation and comes under the **National Training Framework** (NTF). The NTF clearly defines the role of industry, training providers and industry organizations in the Vocational Education Training (VET) system.

2. As a regional model CARHDS has clear partnerships and relationships with DHF, evidenced by the training provided to DHF AHWs and locum and RHAC staff orientation.
   An MoU with the Alice Springs Hospital has also been signed off in relation to up-skilling of DHF remote and urban based AHW staff.

3. There is now a core competency for Chronic Disease, which is delivered as part of CARHDS' AHW training.

Appendix A: Current Organisational Chart

As at December 2008