

Chapter 2

Doing it Our Way: Governance in ACCHOs

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Doing it Our Way: Governance in ACCHOs

Summary

Governance in the ACCHO sector is about Aboriginal and Torres Strait Islander peoples' health and welfare being in the hands of Aboriginal and Torres Strait Islander peoples. ACCHOs do not have just one governance model, but rather different models that reflect local needs and protocols. Within an ACCHO, governance has several components including cultural governance, strategic governance and clinical governance. **Cultural governance** refers to the cultural guidance provided by Aboriginal and Torres Strait Islander community members, staff and Board of Directors to ensure the organisation follows cultural protocols and provides culturally-centred care. **Strategic governance** refers to guidance and direction given to determine and

achieve the long-term or overall aims and interests of the ACCHO. It comes from the Board of Directors who have a duty to ensure the ACCHOs long-term strategic vision aligns with community priorities and to monitor the organisation's financial management, risk management and legal responsibilities. **Clinical governance** refers to the systematic monitoring and quality improvement processes undertaken to promote safe and quality patient care in the delivery of ACCHO programs and services. Clinicians, administrators, program coordinators and managers have a shared responsibility for providing clinical governance within ACCHOs. These three components of governance ensure that local Aboriginal and Torres Strait Islander communities are actively involved in guiding the ACCHO in the provision of culturally-tailored programs and services.

The content within this chapter was drawn from a rapid review of the literature and meta-synthesis of ACCHO case studies. This was refined through consultation with a newly established ACCHO and collective input from the CREATE Leadership Group to include perspectives from the ACCHO sector nationwide.

What we cover in this chapter:

- What is Aboriginal community control?
- What is governance?
- What are the different types of governance?
- Cultural governance
- Strategic governance
- Clinical governance
- Operational Leadership
- The wider context of governance: what influences ACCHO governance?
- What to do if things go wrong
- Establishing governance in a new ACCHO
- Benefits of effective governance
- Enablers of governance
- Challenges to governance
- Recommendations
- Discussion
- References
- Appendix: Further reading and available resources
- Reflection Tool

What is Aboriginal community control?

The national peak body for all ACCHOs, the National Aboriginal Community Controlled Health Organisation (NACCHO), defines Aboriginal community control in health services as:

'a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community'.¹

An ACCHO is an incorporated or corporated Aboriginal and Torres Strait Islander health organisation controlled by local Aboriginal and Torres Strait Islander communities. ACCHOs are governed by an Aboriginal and Torres Strait Islander Board of Directors which is elected by members of the ACCHO.

What is governance?

Governance refers to:

'the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance'.²

NACCHO describe good governance and leadership by ACCHO Boards as: the implementation of community control, a clear understanding of role, ensuring the delivery of organisational objectives, effective team and individual work, exercising effective control, behaving with integrity and being open and accountable.³

The objective of effective ACCHO governance is to ensure the ACCHO can provide sustainable high quality culturally responsive health services to community that leads to improvements in the health and social outcomes for the community it serves.

What are the different types of governance?

ACCHO governance comprises three elements:

Cultural governance

The cultural guidance provided by Aboriginal and Torres Strait Islander community members, staff and the Board of Directors to ensure the organisation follows cultural protocols and provides culturally-centred care.

Strategic governance

Guidance and direction given to determine and achieve the long-term or overall aims and interests of the ACCHO. Strategic governance comes from the Board of Directors who have a duty to ensure the long-term strategic vision of the ACCHO aligns with community priorities and who monitor the organisation's financial management, risk management and legal responsibilities.

Clinical governance

The systematic monitoring and quality improvement processes undertaken to promote safe and quality patient care in the delivery of ACCHO programs and services. Clinicians, administrators, program coordinators and managers have a shared responsibility for providing clinical governance within ACCHO programs and services.

The ACCHO Governance Model is depicted in Image 2 (over page).

Operational Leadership, undertaken by the ACCHOs CEO and Senior Management, play a role in linking the ACCHOs' Strategic governance and the Clinical governance, to ensure the strategic directions set by the Board of Directors are enacted in service delivery.

ACCHO governance is influenced by NACCHO, peak bodies (e.g. AMSANT, AH&MRC, VACCHO), government departments and accreditation Standards.

¹National Aboriginal Community Controlled Health Organisation. (no date). *Community Controlled*. Accessed on January 17, 2020 at: naccho.org.au/about/aboriginal-health/definitions/

²Governance Institute of Australia. (no date). *What is Governance?*. Accessed on January 17, 2020 at: governanceinstitute.com.au/resources/what-is-governance/

³Aboriginal Health Council of South Australia Ltd. (2012). *NACCHO Governance Code: National Principles and Guidelines for Good Governance*. Accessed January 17, 2020 at: ahcsa.org.au/app/uploads/mp/files/resources/files/final-naccho-npgs-for-good-governance-endorsed-by-board-31-august-2012.pdf

Image 2: The ACCHO Governance Model



Model description

The image above shows how different forms of governance and leadership are enacted within the ACCHO.



The green symbols represent Aboriginal and Torres Strait Islander peoples within local community settings and at the heart of the ACCHO.



This symbol represents the community.



Cultural governance guides, overarches and underpins the organisation and is represented by the yellow areas.

Cultural governance is provided by Aboriginal and Torres Strait Islander peoples who may be community members, clients of the service, staff or members of the ACCHO leadership, including the Board of Directors. **Strategic governance** is provided by the Board of Directors and is the guidance and direction given to determine and achieve the long-term or overall aims and interests of the ACCHO. **Clinical governance** is provided by clinical and program managers and is the systematic monitoring and quality improvement processes undertaken to promote safe and quality patient care in the delivery of ACCHO programs and services. The CEO interacts with all levels of governance and leadership. Strategic governance is separated from other forms of governance as the Board of Directors maintains separation from operational and clinical governance functions.

This model was developed through the CREATE project based on case studies with the ACCHO sector and consultations with the CREATE Leadership Group.

Cultural governance

Cultural governance is at the heart of ACCHOs and is defined as the cultural guidance and decision making that ensures the organisation follows cultural protocols and provides culturally-centred care. Cultural governance operates differently to strategic governance in that it is less structured and enables cultural guidance to enter through numerous entry points with respect given to all community members and leaders. It reflects and promotes community self-determination and the promotion and maintenance of culture.

Cultural governance is provided by local Aboriginal and Torres Strait Islander peoples. These may include Board members, ACCHO members, CEOs and other staff, clients and community members. Aboriginal and Torres Strait Islander ACCHO staff contribute to cultural governance through advising the CEO, managers and health practitioners on cultural matters. ACCHO cultural governance is also indirectly influenced by other local, state and national Aboriginal organisations, peak bodies and research institutes who provide additional cultural guidance, support and resources.

Members of an ACCHO are local Aboriginal and Torres Strait Islander peoples who register to be a Member of the ACCHO. Member roles and responsibilities include casting votes in relation to ACCHO Board of Directors, the ACCHO Constitution, and any other proposals put forward at the Annual General Meeting.

Cultural governance is obtained both through formal and informal methods. Formal methods include cultural guidance from the Board of Directors, ACCHO members, client/consumer sub-committees, Aboriginal and Torres Strait Islander specific advisory groups and staff committees. Informal methods include yarns between community members, staff and Board members such as during community events.

At *Regional ACCHO* cultural governance is guided by local cultural and traditional knowledge. It is provided formally and informally through continuous feedback from local Aboriginal and Torres Strait Islander peoples who are community members, ACCHO members, clients, staff and Board members. Local community members and clients providing feedback through meetings, evaluation forms and yarns with staff. Staff and Board members provide cultural guidance and leadership during meetings. *Regional ACCHO* also receive cultural guidance from their peak body and NACCHO, though cultural guidance from the local community takes a priority for true 'community control'.

Strategic governance

Strategic governance refers to guidance and direction given to determine and achieve the long-term or overall aims and interests of the ACCHO. Strategic governance comes from the Board of Directors who have a duty to ensure the ACCHOs long-term strategic vision aligns with community priorities and to monitor the organisation's financial management, risk management and legal responsibilities.

ACCHO Boards of Directors

The Boards of Directors (the Board) is generally elected by ACCHO Members during an Annual General Meeting. The Board has a duty to ensure it is functioning effectively and is meeting its legal obligations. In some states/territories, the peak body determines that all ACCHO Board members must be Aboriginal or Torres Strait Islander peoples and in other jurisdictions it is possible to establish skill-based Boards that include non-Indigenous Board members. There may also be specific requirements regarding gender balance and representation on the Board (e.g. having a youth representative). The ACCHOs Constitution clearly outlines who can be elected to the Board, how long Board members can serve, and whether they are voluntary or paid positions. Board members may have specific roles such as the Chairperson or Secretary. The connection between the Board and the CEO facilitates strategic governance as the CEO provides updates on how the organisation is functioning (e.g. through financial reports) and seeks guidance and direction from the Board.

Some ACCHOs establish Subcommittees to provide expert advice to the Board. A Subcommittee can include Board members and non-elected professionals with specific expertise and experience (e.g. legal, financial, risk management). These 'ex officio' (non-voting) subcommittee members provide professional advice to ensure business, management and administrative functions are considered together with cultural knowledge to provide the best possible service for community

What is the Board guided by?

The Board is guided by community priorities, cultural governance, legal responsibilities, the Constitution (also called the Rule Book), the peak body (i.e. state/territory community-controlled organisation) and NACCHO. The Board must be aware of and respond to government department and funding changes, accreditation standards, reporting requirements and agreed key performance indicators.

At Metro ACCHO the Board often seeks advice from external experts for legal and financial matters. These people are involved as a Subcommittee of the Board. The Subcommittee supports growth and sustainability and is valuable to the business model of the ACCHO.

Importantly, the Board needs to be aware of their legal responsibilities. These should be clearly outlined in the Constitution or Rule Book. The Board is guided by National Acts and Legislations for Organisations including the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The Australian Institute for Company Directors can provide information about the legal responsibilities of ACCHO Boards. Peak bodies may also provide support including governance training.

The Chairperson

The Board elects a representative Chairperson who contributes to the organisational culture of the ACCHO, sets the standard for performance and monitors the Board's overall performance. They also review and approve Board meeting agendas and papers. The Chairperson may also support the CEO in delegated discussions and negotiations with government, ministerial staff, departmental personnel, non-government organisations and community organisations which relate to the aims and objectives of the ACCHO.

Board Executive

The ACCHO Board may have a Board Executive. A Board Executive is a smaller group of Board members (often including the Chairperson or those with office bearing roles) who meet with the CEO in between Board meetings to progress non-operational matters requiring a specific strategic lens particularly when time-critical decisions must be made. This group keeps the strategic elements of the ACCHO running between Board meetings.

What is the Board responsible for?

The Board responsibilities are set out in their Constitution and can include:

1. Determining the strategic directions of the ACCHO.
2. Approving and adapting the ACCHOs strategic directions.
3. Overseeing and supporting the CEO (hiring, monitoring performance, mentoring).
4. Monitoring the ACCHOs performance as an organisation including financial and legal obligations.
5. Risk, compliance and strategy management.
6. Representing the ACCHO regarding strategic matters with various stakeholders.
7. Communicating with community and other external stakeholder groups.

The *Regional ACCHO* found that it helped to have an **Executive Officer to the Board**. This person can assist with compliance to reporting requirements and protocols as outlined in the Constitution (e.g. preparing agendas, taking minutes, and other administration and communication duties).

What is the Board NOT responsible for?

Board members are generally not involved in the day to day operation of the ACCHO. The daily operation of the ACCHO is the responsibility of the CEO, executive and senior management under Operational Leadership. ACCHOs separate Strategic Governance and Operational Leadership. The CEO is the link between the Board and all other staff in the organisation. The CEO enacts the Board's directions and reports accurate details regarding how the organisation is functioning during monthly meetings, or as constituted.

At *Regional ACCHO* the Board members do not go directly to ACCHO staff with instructions regarding the day to day operation of the organisation. They indirectly provide direction to staff through the Operational Leadership (CEO, Executive and Senior Management) of the organisation. Similarly, staff do not go directly to Board members with concerns, instead they use reporting and risk identification processes that the CEO presents to the Board.

Clinical governance

Clinical governance refers to the systematic monitoring and quality improvement processes undertaken to promote safe and quality patient care in the delivery of ACCHO programs and services. It is a mechanism through which ACCHOs are accountable to the community to improve service quality. Clinicians, administrators, program coordinators and managers have a shared responsibility for providing clinical governance within ACCHOs to identify near misses and adverse events and implement and evaluate improvements. Cultural governance processes also contribute to clinical governance to ensure that services are tailored to the cultural needs of the local community.

Clinical governance processes must be in place in order to gain accreditation under the Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition). Specifically, Clinical governance is described within 'QI Standard 3, Criterion QI3.1 – Managing clinical risks' of the Standards and is defined as a 'framework through which clinicians and health service managers are jointly accountable for patient safety and quality care' (p168)⁴.

At *Metro ACCHO* the Clinic and Program Managers arrange regular team meetings, planning activities (often every 6 months), team and individual reporting. They ensure team activities meet the strategic directions set out by the Board and meet accreditation standards, policies and guidelines. They seek formal and informal community and staff feedback and regularly adapt programs to better meet local community needs (as much as is possible within their budget, strategic directions and scope of practice).

⁴The Royal Australian College of General Practitioners. (2017). *Standards for general practices*. 5th edn. East Melbourne, Victoria: RACGP.

Operational Leadership

Operational Leadership (undertaken by the ACCHOs CEO and Senior Management) is not a type of governance but plays a role in linking the ACCHOs Strategic governance and Clinical governance, to ensure the strategic directions set by the Board of Management are enacted in service delivery.

The CEO manages the ACCHO and makes day to day decisions about how the organisation functions. The CEO is appointed, monitored and mentored by the Board. The CEO puts the Board's strategy and directions into action and links the Board with the ACCHO executive, managers and staff. The CEO is guided by the Board's strategic direction, the ACCHO Constitution, and state and national Acts and Legislations for Organisations.

The Executive or Senior Management Group includes the CEO and senior staff such as Practice Manager, Community Programs Manager and Corporate Hub Managers (Human Resources, Payroll, Finance). They work to ensure that each team within the organisation is meeting the strategic directions set by the Board, legal and registration standards, compliance and accreditation standards. They generate reports to provide to the Board during monthly meetings.

At *Metro ACCHO* the Senior Management Group are responsible for and participate in regular scheduled meetings, organisation planning and review, team planning and reporting, staff feedback and performance reviews, accreditation and compliance.

The wider context of governance: what influences ACCHO governance?

ACCHO governance takes place within a wider context, with Board members, CEO, executive and managers striving to meet the organisations strategic direction by working with multiple organisations, both Aboriginal and mainstream, outside of the ACCHO. These include state/territory and federal governments, other ACCHOs and peak bodies, other Aboriginal services (e.g. Land Councils), other health services (e.g. PHNs, hospitals, GP clinics), other services (e.g. Justice, legal) and governance bodies (e.g. Office of the Registrar of Indigenous Corporations (ORIC)).

There are a range of ways that ACCHOs across Australia have responded to community needs and resources, and the need to function in a complex government funding and health care environment. Some ACCHOs work together to share resources and strategies to be in a better position to provide services for their community and to reduce costs and duplication. For example, some ACCHOs have negotiated shared agreements for technology, transport or a co-funded workforce.

Table 2 describes the range of individuals, groups and organisations that are involved in the cultural, strategic and clinical governance functions of ACCHOs. The involvement may be both direct (highlighted in green) and indirect (highlighted in yellow). Common functions and contributions to ACCHO governance are listed though these will differ greatly across states and territories and from one ACCHO to another.

What to do if things go wrong

ACCHOs operate across dynamic and diverse environments balancing community expectations and operational requirements. There are times when governance within ACCHOs is challenged, such as in relation to the turnover of Board members, the capacity of Board members, communication and conflict (internal and external). Indicators of governance challenges can include program being defunded, accreditation challenges, staff turnover, lack of Board meetings, or staff and community complaints. At these times it can help to seek out external supports, both formal and informal, such as through other ACCHOs, peak bodies, the ORIC, mediators and private consultants.

Table 2: Governance within an ACCHO: who, how and which element of governance?

Role in the ACCHO	Role in Governance	Element of ACCHO governance		
		Cultural governance*	Strategic governance	Clinical governance
Local Aboriginal and Torres Strait Islander peoples	Provide feedback on programs and services and provide cultural guidance to the ACCHO.			
ACCHO Board of Directors	Set the strategic direction for the ACCHO, monitor the performance of the ACCHO and provide cultural guidance on behalf of local communities.			
ACCHO Members	Provide cultural guidance, provide feedback on programs (which contributes to clinical governance) and may vote on the strategic direction of the ACCHO during Annual General Meetings (e.g. Constitution).			
CEO	Provides cultural guidance, works with the Board to set the strategic direction, and works with Clinical and Program Coordinators to ensure ACCHO services are tailored to community needs.			
ACCHO Clinical and Program Coordinators	Undertake decision making relating to ACCHO clinical services and programs to ensure all ACCHO services are tailored to community needs. Provide cultural guidance to colleagues.			
ACCHO Staff	Provide cultural guidance, and contribute to collective decision making to ensure all ACCHO services are tailored to community needs.			
NACCHO	Indirectly influence ACCHO governance through setting the national strategic direction and through providing resources and support.			
Peak bodies (e.g. QAIC, AHCSA, AHCWA, AH&MRC, AMSANT)	Indirectly influence ACCHO governance through setting the state/territory strategic directions and through providing resources, training and support.			
Local Aboriginal organisations (e.g. Land Councils, cultural centres)	Indirectly influence ACCHO cultural governance through informal yarns and through partnerships and collaborations.			

Note: Green boxes indicate direct involvement and yellow boxes indicate indirect involvement in governance. The ACCHO roles are not listed in any order of hierarchy.

*Cultural governance is provided only by Aboriginal and Torres Strait Islander peoples

Establishing governance in a new ACCHO

When *Regional ACCHO* first began, the organisation and Board was built from the ground up. An experienced Aboriginal person was appointed as an interim CEO to engage with the community, grow staff and lead managers through the process of establishing the service.

At the very beginning, a community meeting was held with local Aboriginal and Torres Strait Islander peoples encouraged to join the ACCHO as members. During this meeting, the ACCHO members elected an interim Board of Directors to guide the organisation while it was being established.

In the early stages the CEO provided a lot of guidance and direction to the interim Board, but as the Board members became more experienced, they took an increasingly strong governing and strategic directions role, which the CEO encouraged and welcomed. The *Regional ACCHO* sought assistance with governance training for the Board members, some of whom had no previous experience. It was hard to get adequate training and advice about Board roles, responsibilities and obligations under the various Acts and legislation.

As a new ACCHO and a not-for-profit organisation, the Board determined how best to position and govern the service and ensure it operated within guidelines set out by Charities Australia. They hired a consultant and lawyer to help them through the process. The journey the Board undertook, and experience gained through the transition process, broadened their knowledge and expertise. They developed clear roles and responsibilities, an agreed code of conduct and a Constitution that was approved by the members.

At the next annual general meeting, ACCHO members self-nominated for Board positions giving a brief account of what they could bring to the service. Board members were then elected from different family groups and locations, genders and ages, representing diversity within the community.

Benefits of effective governance

- The Board provides a platform to enable a collective community voice that ensures local priorities are identified and addressed, that there are clear strategic directions, and transparency in decision making.
- The ACCHO Board enact self-determination through their leadership role within the ACCHO which empowers their communities. It is an example of communities self-determining their own health needs.
- Local Elders act as knowledge holders and role models for ACCHO staff and younger Board members.
- Community trust in the organisation is strengthened by effective governance.
- Strong connections between cultural governance and strategic governance allows for ACCHOs to provide the best quality service to community.
- Effective governance is essential to gain accreditation under the Quality Improvement Council's Standards.

Enablers of Governance

While no one size fits all, there are principles of good practice that have been observed and discussed across studies of ACCHO governance across Australia⁵.

The appointment of Boards:

- In a transparent and community approved process.
- That are demographically representative of their communities (e.g. older, younger, men, women, different family groups).
- That have an appropriate knowledge and skill mix (e.g. cultural, health care, organisations).
- That have strong links back to their communities and mechanisms to engage with the communities.

Involvement of community members:

- Through self determination to improve health service delivery.
- With strong local leadership.

Board members:

- That understand their roles and responsibilities.
- That have two- or three-year staggered terms to facilitate a balance between continuity and Board renewal.
- Who develop long term visions for their services which are understood and shared by management and the community.
- Who appoint the CEO and monitor performance.
- Who undertake training and opportunities to build their capacity.
- With appropriate succession planning.
- Who take on specific roles, such as Chairperson or Executive Board membership.

Strong CEOs:

- Who are effective communicators
- Who work respectfully with (and are respected by) the Board, local community members, executive and staff.

Organisations that:

- Have mechanisms in place to monitor performance and to ensure internal accountability.
- Are engaged in strategic planning and monitoring activities linked to Board meeting processes and planning cycles.
- Have a good understanding of government processes and how the ACCHO can best work with them (and when not to).
- Have effective change management processes when transforming from one kind of organisation to another or from one leader to another.
- Work creatively to meet local needs.
- Focus on providing holistic care that responds to cultural and social determinants of health.

⁵These enablers are drawn from the resources in Table 3 and the following publications (see References on page 49): Carroll, V., et al., (2015); Champion, S., C. Franks, and J. Taylor, (2008); Collard, K.S., et al., (2005); Coombe, L.L., (2008); Coombe, L.L., M.R. Haswell-Elkins, and P.S. Hill, (2008); Freeman, T., et al., (2016a); Freeman, T., et al., (2016b); Gajjar, D., et al., (2014); Reeve, C., et al., (2015).

Challenges to Governance

Building a strong Board

Appointing the Board of Directors with a good balance of skills, experience, and community credibility can be a challenge for ACCHOs. ACCHOs seek out a Board of Directors with knowledge and experience and who can work together in the best interests of the community and the ACCHO. In the Rule Book there are guidelines about who can sit on the Board which may include having a young person represented.

Positioning the ACCHO

One challenge for ACCHOs is deciding how best to position the organisation to provide the best services for their community. This includes how to adapt to funding, legislation and peak body changes, which services to partner with, and how to set up their Boards. For example, some ACCHOs include non-Indigenous people on their Boards who may bring a specific skill set, but some states and peak bodies require ACCHOs to have all Aboriginal and Torres Strait Islander Directors on their Boards.

Payment of Board members

There are also decisions to be made about whether Board members should be paid or unpaid. This can be a philosophical and pragmatic discussion, that includes consideration of competition from other organisations who pay Board members.

Blurring of roles and responsibilities

It is not recommended for Board members to become involved in the day to day decision making in an organisation as it crosses the line between governance and operations. It is the role of the Board to provide strategic governance and the role of the CEO to provide operational leadership through managing the organisation and staff. A strong relationship between the Chairperson and the CEO allows for clear communication and understanding between governance and operations. It is a critical element of good governance.

Changing government, legal and financial processes

It can be difficult for Boards to keep up with ongoing reforms in government departments and programs, legal bodies and funders.

Deciding how best to structure the ACCHO as an organisation

The Board must decide how best to establish the ACCHO in relation to whether they are corporated under the national *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) or incorporated under state or territory Acts (e.g. the South Australian 'Associations Incorporation Act 1985')⁶. There are different considerations and requirements for corporated and incorporated organisations and ACCHO Boards must undertake due diligence to determine the best path forward. ACCHOs that are corporated under the CATSI Act must become members of the ORIC.

ORIC is a regulatory body that enacts the CATSI Act that establishes the role of the Registrar of Indigenous Corporations and allows Aboriginal and Torres Strait Islander groups to form corporations. ORIC describes the CATSI Act as follows:

The CATSI Act delivers modern corporate governance standards but still provides measures to suit the needs of Aboriginal and Torres Strait Islander people. Examples of this are the requirements for the majority of directors and the majority of members to be Aboriginal and Torres Strait Islander people. This means corporations will always be owned and controlled by Aboriginal and Torres Strait Islander people⁷.

⁶See the ORIC 'Comparative table of Commonwealth, state and territory incorporation legislation' for further information at: oric.gov.au/sites/default/files/documents/06_2013/ORIC_Snapshot-comparative-table_v1-0_Mar08.pdf

⁷Office of the Registrar of Indigenous Corporations. (no date). *About the CATSI Act*. Accessed on January 17, 2020 at: oric.gov.au/catsi-act/about-catsi-act

Recommendations

Recommendations for ACCHOs

- Provide governance training and resources for new Board members so that they can develop a clear understanding of their roles, responsibilities and obligations.
- Undertake succession planning and mentoring for new Board members, in particular those who have not previously sat on Boards, so they understand their legal and ethical obligations.
- Identify and maintain a clear strategic governance role for Board members and a management role for the CEO.
- Choose an appropriate governance framework that best aligns with local community priorities.
- Prioritise the importance of a trained, committed and stable Board that is drawn from local Aboriginal and Torres Strait Islander communities and is strongly connected with communities to inform strategic planning and priority setting.
- When needed, connect with the state/territory peak body for advice and support related to governance.

Recommendations for Peak Bodies

- Provide ongoing governance training and support for member services.

Recommendations for Policy Makers

- Increase support strategies to include training, financial and legal advice for new ACCHOs who are establishing their Boards.
- Provide specific and adequate funding and resources to enable ACCHOs to train and support new Board members.
- When requested, ACCHOs could benefit from timely and effective support from the Office of the Registrar of Indigenous Corporations (ORIC).

Discussion

This chapter describes an ACCHO governance model that was developed following a rapid review of the literature and consultation with the ACCHO sector. The model includes three distinct elements of ACCHO governance each with unique functions: cultural governance, strategic governance and clinical governance. More work is needed to clarify the model of ACCHO governance and to understand the outcomes, enablers and challenges of the different elements.

An international review of the characteristics of Indigenous primary health care models of service delivery identified community participation – that included Indigenous ownership and governance – as one of eight key characteristics (Harfield et al, 2018). ACCHOs have been described as having a model of ‘community governance’ (Panaretto et al, 2014). Local decision making performed by the elected Board of Directors of ACCHOs represents a reclaiming of Indigenous authority following the erosive impacts of colonialism, racism and exclusion and ensures service provision is responsive to local needs (Khoury et al, 2015). The ACCHO community controlled governance model has been linked to an ability to sustainably address health inequity compared with state government primary health care services (Freeman et al, 2016c) and is conceptualised as one of the pathways (alongside employment and training, knowledge and expertise, and clinical services and health promotion) through which ACCHOs contribute to improving the health and wellbeing of Aboriginal peoples (Campbell et al, 2017).

It is unknown how different governance elements impact frontline ACCHO staff. Aboriginal Health Workers, for example, participate in and are guided by both cultural governance and clinical governance processes. They use cultural ways of working (that are informed by cultural governance processes) while also providing clinical care in line with clinical guidelines and quality Standards. Cultural governance has traditional origins and represents collective and shared decision-making while clinical governance has Western biomedical foundations reflecting top-down processes and adherence to prescribed Standards. There is potential for the guidance and direction provided to workforce through cultural governance and clinical governance processes to be at odds. This is reflected in a qualitative systematic review undertaken by Topp and colleagues (2018) that found that Aboriginal Health Workers must

balance cultural obligations with the expectations of non-Indigenous colleagues that are underpinned by clinical governance models.

The model of ACCHO governance proposed in this chapter highlights that Board members participate in both strategic and cultural governance processes. The core principles of effective governance proposed by Dodson and Smith (2003) include cultural ‘match’ or ‘fit’ that relates to the degree of connection between the governing structures and procedures and local culturally-based values and systems of authority. Achieving cultural match, then, relates to ‘developing strategic and realistic connections between extant cultural values and standards, and those required by the world of business and administration’ (Dodson and Smith 2003, p.19). ACCHO Boards must seek to enact governance through a balance of strategic and cultural governance structures and processes.

There is increasing evidence that effective governance enables effective service delivery. A case study by Kelaher and colleagues (2014) suggests that increased equity in governance, through the participation of Aboriginal organisations in regional planning, resulted in increased equity in access to health services. It is not surprising that increased access is achieved through increased participation by community in the governance, design and delivery of services. A qualitative evaluation of the ‘Strong Women, Strong Babies, Strong Culture Program’ suggests that inclusion of cultural knowledge and practice supported the sustainability of the program over two decades. Enabling factors included effective intercultural collaborative practice of health staff as well as community participation and control supported through effective governance and organisational commitment (Lowell et al, 2015).

It is evident that ACCHOs have complex governance processes and mechanisms that balance cultural values and cultural governance processes with strategic and clinical governance processes founded in Western concepts. Effective governance supports good practice and is an enabler of effective health service delivery in ACCHOs. Further work is needed to elaborate the nuances of ACCHO governance and explore the capacity strengthening activities and resources that could better facilitate effective and sustainable governance in the sector. The Appendix on page 50 provides further reading and available resources related to governance.

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Appendix: Further reading and available resources

There are a range of different resources to assist ACCHOs with governance, as described in Table 3. Some are Aboriginal and Torres Strait Islander specific, some are health specific, and some are both Aboriginal and Torres Strait Islander specific and health focused.

Table 3: Governance resources

Resource	Description
NACCHO Governance Code: National Principles and Guidelines for Good Governance <i>Aboriginal and Torres Strait Islander health specific</i>	This 13-page document outlines and explains 7 principles for good governance and leadership by ACCHO Boards including: implementing community control; understanding their role; ensuring delivery of the organisation's objectives; working effectively both as individuals and as a team; exercising effective control; behaving with integrity and being open and accountable. Each principle is described (what), explained (why), and strategies for implementation given (how). ahcsa.org.au/app/uploads/mp/files/resources/files/final-naccho-npgs-for-good-governance-endorsed-by-board-31-august-2012.pdf
The Indigenous Governance Toolkit a free, public-access document <i>Indigenous specific but not health specific</i>	This is an online resource developed for Indigenous nations, communities, individuals and organisations searching for information to build their governance. It covers all the basics – the rules, values, culture, membership, leadership, and decision making, and has many examples of ideas that work from other groups, tools to help you get started, and useful guidance to sustain your efforts. It includes the Institute for Urban Indigenous Health (IUIH) discussing the importance of Indigenous Governance. The Toolkit can be used in many ways, depending on circumstances and needs. It can be used individually or as a group. toolkit.aigi.com.au/
ORIC – Office of the Registrar of Indigenous Corporations <i>Indigenous specific but not health specific</i>	ORIC is an independent statutory office holder who administers the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The Registrar's office both supports and regulates corporations by: <ul style="list-style-type: none"> • Advising on how to incorporate • Training directors, members and key staff in good governance • Ensuring compliance with the law • Intervening when needed. <p>According to their website, ORIC:</p> <ul style="list-style-type: none"> • Is Indigenous specific, recognises conflict tensions that exist within communities, within and between families and in relation to native title • Provide a range of fact sheets, which they also use when investigating an issue • Assists with start-up and ongoing support • Provide introductory and two-day Governance workshops in urban, rural and remote locations. <p>ORIC holds both a support and regulatory role. The ORIC website has a range of resources available for a range of different literacy levels. They also provide governance training, but organisations need to join ORIC in order to receive this training.</p> oric.gov.au/
Clinical Governance, Safety and Quality Policy Framework <i>Not Aboriginal and Torres Strait Islander health-specific</i>	This policy framework was development by the Department of Health, Government of Western Australia. It provides clear definitions of clinical governance, clinical governance structures and clinical governance processes. ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality

Resource	Description
<p>Everything Goes Great Until There's a Problem – Operational Governance in Aboriginal Community Controlled Health Services in NSW: The Theory and The Practice by Kirsty McEwin</p> <p><i>Aboriginal and Torres Strait Islander health specific, NSW focused</i></p>	<p>The Aboriginal Health and Medical Research Council of NSW (AH&MRC) Corporate Governance Project was funded by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to examine governance arrangements in different models of Aboriginal Community Controlled Health Services (ACCHSs) in NSW. Five ACCHSs from across NSW and with different corporate structures participated in the project and representatives from many other services and organisations were also consulted. The objectives of the project were: to build on the corporate governance capacities of the participating ACCHSs; to enable the AH&MRC to further engage in the area of corporate governance support as part of its broader member services support role; and to encourage the exploration of opportunities to further develop the corporate governance models for the Aboriginal Community Controlled Health Sector in NSW.</p> <p>This project found that while no one size fits all, there are principles of good practice that can be observed in the services that have the most effective governance arrangements.</p> <p>ahcsa.org.au/app/uploads/mp/files/resources/files/governance-everthing-until-report-201105.pdf</p>
<p>The FAR Project – Lowitja Institute and Flinders University</p> <p><i>Aboriginal and Torres Strait Islander health specific</i></p>	<p>The Funding, Accountability and Results (FAR) project studied reforms in primary health care for Aboriginal and Torres Strait Islander communities in the Northern Territory and Cape York, Queensland between 2006 and 2014. Five reports outline different governance structures in ACCHOs and describe how and why they were developed and what they achieved. These are discussed in relation to self-determination, authority and decision making and the government environment ACCHOs work within. There is also a policy brief and video from the 2015 Lowitja institute knowledge translation forum, including Mr Cleveland Fagan, CEO, Apunipima Aboriginal Health Service, talking about this project.</p> <p>lowitja.org.au/page/research/research-categories/health-policy-and-systems/governance/completed-projects/far</p>
<p>Taking Care of Business: Corporate services for Indigenous primary health care services – Overview Report</p> <p><i>Indigenous health specific</i></p>	<p>This project looked at a range of ways ACCHOs obtain support for corporate functions where necessary. In many cases organisations get direct support from one or more providers (such as accountants, lawyers etc). However, the main focus of the work is on how ACCHOs have moved beyond one-on-one arrangements and developed ways to obtain corporate support for multiple functions in organised or structured ways. There is a small section on what support ACCHOs might need in relation to Governance. This includes; criteria for election of Board members, Board processes, accessing support to assist the Board in skills areas that they do not currently have (such as financial and legal) roles and responsibilities of the Board and CEO, balancing community and corporate priorities, and training and capacity building opportunity for community members to enable them to take up Board positions.</p> <p>lowitja.org.au/page/services/resources/health-policy-and-systems/governance/Taking-Care-of-Business-overview-report</p>
<p>General practice management toolkit: Clinical governance.</p> <p><i>Not Aboriginal and Torres Strait Islander health-specific</i></p>	<p>This resource provides a detailed description of clinical governance in relation to general practice. There are five sections that include: 1) creating a supportive organisational culture, 2) appointing strong clinical leaders, 3) assigning clear accountabilities, 4) performance measurement (clinical audit, risk assessment, patient consultation) and 5) quality and safety improvement (plan, do, study, act).</p> <p>www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20resources/Management%20toolkit/Clinical-governance.pdf</p>

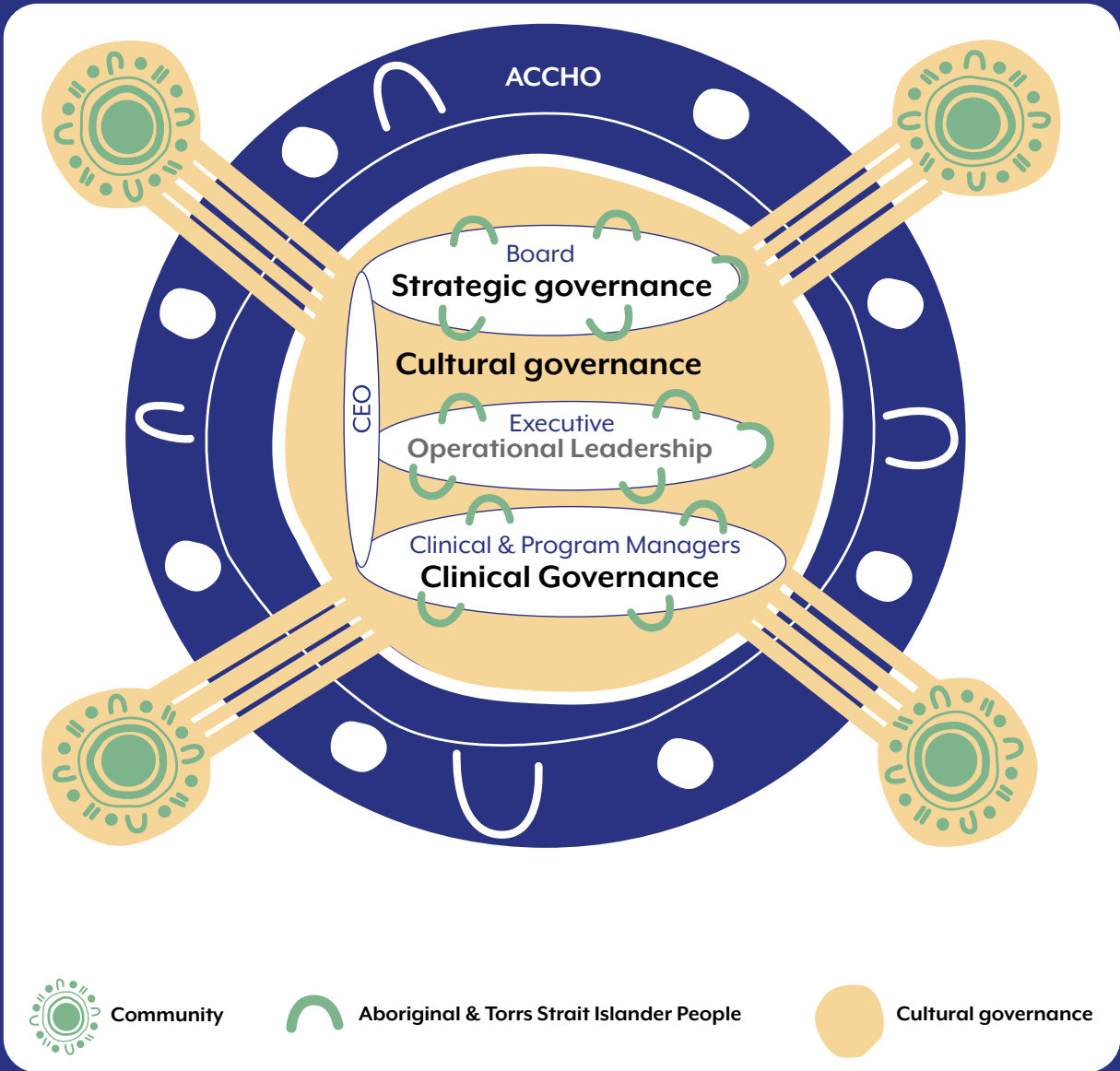
ACCHO Governance: Reflection Tool

Within an ACCHO, governance has several components including cultural governance, strategic governance and clinical governance. This Reflection Tool is designed to assist ACCHOs to reflect on these three components of governance.

The ACCHO Governance Model shows how different forms of governance and leadership are enacted. The green symbols represent Aboriginal and Torres Strait Islander peoples within local community settings and at the heart of the ACCHO. **Cultural governance** is represented by the yellow areas. It guides, overarches and underpins the organisation and is provided by Aboriginal and Torres Strait Islander peoples who may be community members, clients of the service,

staff, or Board members. **Strategic governance** is the guidance and direction given to determine and achieve the long-term or overall aims and interests of the ACCHO. It comes from the Board of Directors who have a duty to monitor the organisation’s financial management, risk management and legal responsibilities. **Clinical governance** is the systematic monitoring and quality improvement processes undertaken to promote safe and quality patient care in the delivery of ACCHO programs and services. The CEO interacts with all levels of governance and leadership. Strategic governance is separated from operational leadership and clinical governance as the Board of Directors maintains separation from operational, clinical and program duties within the ACCHO.

The ACCHO Governance Model



Step 1. Consider the activities your ACCHO currently practises under the three areas of governance.

Step 2. What other governance focused activities could your ACCHO consider in the future and what partnerships will be needed to achieve this?

Cultural Governance

- Aboriginal and Torres Strait Islander peoples are represented at all levels of our ACCHO including within the ACCHO Board, staff and clients.
- Our ACCHO members are local Aboriginal and Torres Strait Islander peoples that represent the diverse family groups, language groups, age groups and gender profile of the local community.
- We provide continuous opportunities to receive cultural governance through meetings, evaluation forms and yarning with community and staff.
- We use cultural governance to inform decision making that ensures the organisation follows cultural protocols and provides culturally-centred care.

Clinical Governance

- Our Clinic and Program Managers work effectively with the Senior Management Team in relation to the day-to-day delivery of ACCHO programs and services that provide best quality patient care.
- Our clinic and program activities meet the strategic directions set out by the Board and meet accreditation standards, policies and guidelines.
- As much as possible, we seek formal and informal community and staff feedback and adapt programs, as needed, to better meet local community needs.
- We have a contingency plan for adverse and unexpected events such as sudden absence of clinical staff, pandemic diseases or natural disasters.

Strategic Governance

- There is a strong relationship and effective communication between the Board and the CEO.
- Where needed, our Board engages with external professionals with specific expertise and experience.
- We ensure business, management and administrative functions are considered together with cultural knowledge to provide the best possible service for community.
- Our Board is aware of and responds to government department and funding changes, accreditation standards, reporting requirements and agreed Key Performance Indicators.
- Our Board is guided by community priorities, cultural governance, legal responsibilities, our Constitution, our peak body (i.e. state/territory Aboriginal community controlled organisation) and NACCHO.