



**Australian Government**

# **Commonwealth Standard Grant Agreement**

between  
the Commonwealth represented by  
Department of Health and Aged Care  
and  
GP Down South Limited

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## Grant Agreement

Once completed, this document, together with each set of Grant Details and the Commonwealth Standard Grant Conditions (Schedule 1), forms an Agreement between the Commonwealth of Australia (the Commonwealth) and the Grantee.

## Parties to this Agreement

### The Grantee

Full legal name of Grantee	GP Down South Limited
Legal entity type (e.g. individual, incorporated association, company, partnership etc)	Company
Trading or business name	GP Down South Oseca Health
Any relevant licence, registration or provider number	
Australian Company Number (ACN) or other entity identifiers	
Australian Business Number (ABN)	62 063 901 306
Registered for Goods and Services Tax (GST)	Y
Date from which GST registration was effective	
Registered office (physical/postal)	Unit 3 69 Duchess St, BUSSELTON WA 6280
Relevant business place (if different)	91 Allnutt Street, Mandurah, WA 6210
Telephone	08 9754 3662 08 95375500
Fax	
Email	office@gpdownsouth.com.au

Contracts@oseca.com.au

### The Commonwealth

The Commonwealth of Australia represented by Department of Health and Aged Care  
23 Furzer Street PHILLIP ACT 2606  
ABN 83 605 426 759

### Background

The Commonwealth has agreed to enter into this Agreement under which the Commonwealth will provide the Grantee with one or more Grants for the purpose of assisting the Grantee to undertake the associated Activity.

The Grantee agrees to use each Grant and undertake each Activity in accordance with this Agreement and the relevant Grant Details.

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## Scope of this Agreement

This Agreement comprises:

- (a) this document;
- (b) the Supplementary Terms from the Clause Bank (if any);
- (c) the Standard Grant Conditions (Schedule 1);
- (d) the Grant Details;
- (e) any other document referenced or incorporated in the Grant Details.

Each set of Grant Details, including Supplementary Terms (if any), only applies to the particular Grant and Activity covered by that set of Grant Details and a reference to the 'Agreement' in the Grant Details or the Supplementary Terms is a reference to the Agreement in relation to that particular Grant and Activity. If there is any ambiguity or inconsistency between the documents comprising this Agreement in relation to a Grant, the document appearing higher in the list will have precedence to the extent of the ambiguity or inconsistency.

This Agreement represents the Parties' entire agreement in relation to each Grant provided under it and the relevant Activity and supersedes all prior representations, communications, agreements, statements and understandings, whether oral or in writing.

Certain information contained in or provided under this Agreement may be used for public reporting purposes.

This document has been released under  
the Freedom of Information Act 1982 (FOIA)  
By the Department of Health, Disability and Ageing

## Grant Details

<b>Organisation ID:</b>	4-542G69
<b>Agreement ID:</b>	4-JOPDD3U
<b>Program Schedule ID:</b>	4-JORKDXS

### A. Purpose of the Grant

The purpose of the Grant is to:

The Indigenous Australians' Health Programme ('the Program') aims to contribute to closing the gap in life expectancy within a generation and to halve the gap in mortality rates for Indigenous children under five within a decade.

The Program aims to improve the health of all Aboriginal and Torres Strait Islander people through a variety of comprehensive activities focused on local health needs as well as targeted activities addressing geographic and specific disease processes.

The overarching objective of the Program is to provide primary health care services including maternal and child health care and chronic disease prevention, detection and management and to support access to GP, specialist and allied and other health professionals for Aboriginal and Torres Strait Islander people. It also aims to build a health system that continually improves quality and is responsive to the health needs of Aboriginal and Torres Strait Islander people.

This Grant is being provided under, and these Grant Details form part of, the Agreement between the Commonwealth and the Grantee.

The Grant is being provided as part of the Indigenous Australians Health Program program

This document has been released under  
the Freedom of Information Act 1982 (Cth)  
By the Department of Health, Disability and Ageing

## Activity Title: Indigenous Australians Health Programme Primary Health Care Program (For Organisations Currently Outside the PHC Funding Model)

### Activity ID: 4-JOXY3G

#### B. Activity

The aim of this Activity is to deliver primary health care services, tailored to the needs of the community and to ensure the effective delivery of a broad range of clinical and population health services including child and maternal health services.

Your Organisation will embed robust Continuous Quality Improvement (CQI) activities across its service delivery and business practices.

Your Organisation must deliver culturally appropriate primary health care services, tailored to the needs of Aboriginal and Torres Strait Islander people at all times during the Activity period. Your Organisation is to provide from the following:

- clinical services including: diagnosis and treatment of acute illnesses; emergency primary health care; prevention, detection and management of chronic conditions; specific interventions such as eyes, ears and oral health activities; health crisis intervention and referral;
- population health activities including:
  - antenatal care services: providing advice about healthy eating and physical activity; referrals to other health services; referrals to support services; referrals to specialists; parenting advice; social and emotional wellbeing; and antenatal consultations;
  - postnatal care services: breastfeeding support/information; parenting advice about providing supportive and nurturing healthy environments, nutrition and healthy eating support; and midwife consultations;
  - child health services: child health and development checks; hearing screening; and providing parenting advice to mothers and families with children;
  - child and adult immunisation;
  - well-persons' screening for: diabetes, sexually-transmissible infections, cardio-vascular, renal disease etc;
  - health promotion programmes: nutrition, tackling smoking, alcohol, physical activity, sexual health, blood borne viruses, holistic health services, women's health services, men's health services, harm and injury reduction programmes;
  - client/community assistance and advocacy on health-related matters;
- activities that support service delivery including:
  - access to secondary and tertiary health services and community services: outreach, aged care and disability services;
  - system-level improvements to enhance service quality, and CQI such as Plan Do Study Act (PDSA) cycles, process mapping, clinical audits;
  - training in CQI activities, including quality use of data systems for improvement and managing

and leading change;

- activities contributing towards higher standards of practice management, evidence-based treatment approaches, CQI and delivery of multi-disciplinary care;
- strengthening organisational and governance capacity;
- maintaining systems to support clinical and organisational accreditation;
- establishing and strengthening partnerships and collaboration at the local, regional and national level to support, for example, cross-sectoral, holistic integrated care pathways;
- monitoring, evaluation and research including collection and reporting of national key performance indicators and other data;
- using patient and service data for planning programmes and targeting patient care and reporting and accountability to their communities and governments.
- development and dissemination of information including promotion of innovation and good practice;
- information and computer technology;
- development, employment and enhancement of workforce capacity;
- transport services supporting access to primary health care; and
- provision of health equipment, its insurance and maintenance;
- activities that support the primary health care workforce including:
  - working environments and conditions which attract, support and retain workforce; and
  - high quality education and training arrangements for both new and existing workforce.

It is acknowledged that the Grantee may hold unspent and uncommitted funds provided through previous grant agreements relating to the same or very similar Activities. All or part of those unspent and uncommitted funds, as confirmed by final financial statements provided under the previous agreements, may, subject to the written approval by the Commonwealth and any conditions specified in that approval, be retained by the Grantee and treated as a Grant provided under, and subject to, this Agreement. Any such funds retained and used to deliver the Activity under this Agreement must then be acquitted in the financial statements provided under this Agreement.

GP Down South are to provide clients /community assistance and advocacy in their catchment for clients with chronic conditions, maternal and child health services. They are funded for services at Nidjalla Waangan Mia Aboriginal Health and Wellbeing (Mandurah) and the Down South Aboriginal Health Services (Manjimup and Collie).

## Performance Indicators

The Activity will be measured against the following Performance Indicator/s:

Performance Indicator Description	Measure
Submission of complete, high quality OSR data on time for each reporting cycle	Nil instance of non-inclusion of the data in the OSR dataset

## Location Information

The Activity will be delivered from the following site location/s:

	Location Type	Name	Address
1.	Direct Funded	GP Down South Limited	Unit 3 69 Duchess St BUSSELTON WA 6280

## Service Area Information

The Activity will service the following service area/s:

	Type	Service Area
1.	Primary Health Network (2015)	Country WA

## C. Duration of the Grant

The Activity starts on 1 July 2024 and ends on 30 June 2026, which is the **Activity Completion Date**.

The Agreement ends on 30 November 2026 or when the Commonwealth accepts all of the reports provided by the Grantee and the Grantee has repaid any Grant amount as required under this Agreement, which is the **Agreement End Date**.

## D. Payment of the Grant

The total amount of the Grant is \$2,001,059.74 excluding GST (if applicable).

A break down by Financial Year is below:

Financial Year	Amount (excl. GST if applicable)
2024-2025	\$987,689.90
2025-2026	\$1,013,369.84

The Grantee must ensure that the Grant is held in an account in the Grantee's name and which the Grantee controls, with an authorised deposit-taking institution authorised under the Banking Act 1959 (Cth) to carry on banking business in Australia.

The Grantee's nominated bank account into which the Grant is to be paid is:

BSB Number	s47G
Financial Institution	
Account Number	
Account Name	

The Grant will be paid in instalments by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.



Milestone	Anticipated date	Amount (excl. GST)	GST (if applicable)	Total (incl. GST if applicable)
IAHP CPHC Q1 24-25	5 July 2024	\$246,922.48	\$24,692.25	\$271,614.73
IAHP CPHC Q2 24-25	5 October 2024	\$246,922.48	\$24,692.25	\$271,614.73
IAHP CPHC Q3 24-25	5 January 2025	\$246,922.48	\$24,692.25	\$271,614.73
IAHP CPHC Q4 24-25	5 April 2025	\$246,922.46	\$24,692.25	\$271,614.71
Payment 1	5 July 2025	\$253,342.46	\$25,334.25	\$278,676.71
Payment 2	5 October 2025	\$253,342.46	\$25,334.25	\$278,676.71
Payment 3	5 January 2026	\$253,342.46	\$25,334.25	\$278,676.71
Payment 4	5 April 2026	\$253,342.46	\$25,334.25	\$278,676.71
<b>Total Amount</b>		<b>\$2,001,059.74</b>	<b>\$200,106.00</b>	<b>\$2,201,165.74</b>

## Invoicing

The Grantee agrees to allow the Commonwealth to issue it with a Recipient Created Tax Invoice (RCTI) for any taxable supplies it makes in relation to the Activity.

## E. Reporting

The Grantee agrees to create the following reports in the form specified and to provide the reports to the Commonwealth representative in accordance with the following.

Milestone	Information to be included	Due Date
Activity Work Plan	The Grantee must submit an Activity Work Plan in accordance with E.2 and Activity Budget in accordance with CB2.1 covering the activity period 1 July 2024 - 30 June 2025. Once approved by the Commonwealth the Activity Budget will become the Agreed Budget for this Project	31 July 2024
Activity Work Plan	The Grantee must submit an Activity Work Plan in accordance with E.2 and Activity Budget in accordance with CB2.1 covering the activity period 1 July 2025 - 30 June 2026. Once approved by the Commonwealth the Activity Budget will become the Agreed Budget for this Project.	31 July 2025
Performance Report	The Grantee must submit complete, high quality OSR data as described in E.1 through the Health Data Portal, covering the period 1 July 2024 - 30 June 2025.	15 August 2025
Financial Acquittal Report	The Grantee must provide a Financial Acquittal Report for the whole financial year as described in E.4, including; (a) a Financial Declaration signed by the Chief Executive and an authorised Board member covering the whole Financial Year; and (b) an Income and Expenditure Statement and Other Financial Information (refer to CB1.1 and CB5.4), covering the whole Financial Year.	31 October 2025



Performance Report	The Grantee must submit a Twelve Month performance report containing information on the performance of the activity during the reporting period 1 July 2024 - 30 June 2025 including: (a) how the activity aims and description in Item B have been met (with reference to the Activity Work Plan), with a focus on outlining the Grantee's achievements in addressing priority health needs and making a difference to improved health access and outcomes in its service delivery area. Examples from the Grantee's most recent OSR data should be used as supporting evidence, including how the Grantee has used OSR data trends to inform priority areas for action, and continuous improvement in its service delivery and quality of care; and (b) an explanation as to how the Grantee is addressing any issues, problems or delays with the project	31 October 2025
Performance Report	The Grantee must submit complete, high quality OSR data as described in E.1 through the Health Data Portal, covering the period 1 July 2025 - 30 June 2026.	15 August 2026
Financial Acquittal Report	The Grantee must provide a Financial Acquittal Report for the whole financial year as described in E.3, including; (a) a Financial Declaration signed by the Chief Executive and an authorised Board member covering the whole Financial Year; and (b) an Income and Expenditure Statement and Other Financial Information (refer to CB1.1 and CB5.4), covering the whole Financial Year.	31 October 2026
Performance Report	The Grantee must submit a Twelve Month performance report containing information on the performance of the activity during the reporting period 1 July 2025 - 30 June 2026 including: (a) how the activity aims and description in Item B have been met (with reference to the Activity Work Plan), with a focus on outlining the Grantee's achievements in addressing priority health needs and making a difference to improved health access and outcomes in its service delivery area. Examples from the Grantee's most recent OSR data should be used as supporting evidence, including how the Grantee has used OSR data trends to inform priority areas for action, and continuous improvement in its service delivery and quality of care; and (b) an explanation as to how the Grantee is addressing any issues, problems or delays with the project	31 October 2026

## E.1 Performance Reports

The Performance Report is to contain information on the performance of the project during the reporting periods from 1 July to 30 June for each financial year and as described under E. Reporting, including:

(a) Online Service Reporting (OSR):

The Grantee is required to submit complete, high quality OSR data on time for each reporting cycle (15 August each year for OSR) through the Health Data Portal (the Commonwealth provided web-based reporting system) and, if required, additional OSR information through an online survey.

The Commonwealth will access finalised OSR data at the service level. As per the OSR and nKPI for Aboriginal and Torres Strait Islander Primary Health Care Data Framework, the Commonwealth may use any of this data for a variety of activities including but not limited to:

- monitoring the activity of Health Services;
- identifying areas of need;
- informing policy development and program delivery;
- supporting continuous quality improvement;
- measuring service delivery;
- improving service delivery;
- improving health outcomes;
- supporting progress towards Closing the Gap targets;
- reducing the burden of reporting; and
- informing funding decisions.

The Grantee will include:

- a. Establishing and maintaining appropriate data systems to collect, store and retrieve valid and reliable data – including installing the appropriate Clinical Information System (CIS) software when available;
- b. Providing or making available sufficient staff training and support to support the operation of this system; and
- c. Collecting data according to the specifications set out in the data definitions.

**Online Services Report (OSR) - Resubmission of OSR Data**

There may be instances where the AIHW asks the Grantee to review and resubmit corrected OSR data. In these instances, the AIHW will initiate Exception Reporting by sending the OSR data asset back to the Grantee for amendment via the Health Data Portal. It is possible the Grantee may receive more than one Exception Report request for a single OSR report submission.

1. Where the Grantee receives a request to resubmit data the Grantee must:

- a. Re-submit the amended data asset to the AIHW as part of Exception Report through the Health Data Portal;
- b. Complete the final Exception Report of corrected OSR data no later than two weeks after the original request to re-submit data was received; and
- c. Where the Grantee receives further requests to resubmit data, the exception report/s will be handled in the same manner and also completed within two weeks of the request to resubmit data.

2. If due to extenuating circumstances, the Grantee is unable to meet the conditions outlined in Clause 1, the Grantee should contact the relevant Grant Officer to formally request re-consideration of these conditions and timeframes. Each request will be considered and assessed on a case-by-case basis in

consultation with the Australian Government Department of Health, First Nations Health Division. The Grantee will be formally advised of the outcome of the request.

From time to time, the Commonwealth may provide additional instructions in relation to the required content and format of the Performance Report. The Grantee must provide the Performance reports at the time specified in Item E.

The Grantee will advise the Commonwealth Representative, in the six-monthly performance report, of the proposed Clinical Information System (CIS) that it will use, and if the Commonwealth imposes any conditions in respect of the use of the CIS for the Activity the Grantee must comply, and ensure that all relevant Subcontractors comply, with any such conditions;

During the funding period of this Activity, the Grantee must ensure that any CIS used conforms with all the requirements of the Commonwealth for Access to the Commonwealth's IT systems and for record keeping and undertaking the Activity, as specified from time to time in any guidelines or as otherwise notified by the Commonwealth. This includes installing updates to ensure compatibility of the CIS with the Commonwealth's IT systems and the quality and efficiency in the provision of Reporting Material; ensuring that updates are completed prior to the commencement of each reporting period; ensuring relevant security requirements are adhered to at all times so that there are no negative impacts on the performance, availability or integrity of the Commonwealth's IT systems, the Reporting Material or the Activity; and ensures that the CIS does not introduce or permit the introduction of harmful code or viruses into the Commonwealth's IT systems.

The Grantee to provide written disclosure to the Commonwealth Representative of any event, or threatened event, that could adversely affect the Grantee's ability to perform any obligation under this Agreement; promptly after the Grantee becomes aware of the event.

## E.2 Activity Work Plan

The Grantee must provide an Activity Work Plan covering the Duration of the Grant period with reviews, if required by the Commonwealth, by the due date specified in Item E. The Activity Work Plan will detail:

- (a) how your organisation will fulfil the Activity Objectives specified in Item B;
- (b) the budget for the Activity;
- (c) strategies to meet the obligations of the Activity;
- (d) proposed performance indicators/targets and outcomes;
- (e) risks and/or barriers identified for the Activity and how your organisation will minimise or overcome them.

An Activity Plan submitted by the Grantee that is approved by the Commonwealth will, on approval, become the Agreed Activity Plan for this Project. From time to time, the Department may provide additional instructions in relation to the required content and format of the Activity Plan.

## E.3 Financial Acquittal Reports

The Financial Acquittal Report (clause 10) must be provided to the Commonwealth Representative for each whole Financial Year; and part of a Financial Year, during which the Grantee is required to perform a Project; and on or before 31 October after the relevant Financial Year; include:

- (a) Financial Declaration to be signed by the Chief Executive and an authorised Board member covering the whole Financial Year; and
- (b) Income and Expenditure Statement and Other Financial Information (refer to CB1.1 and CB5.4), covering the whole Financial Year.

## E.4 Other Reports

The Grantee will advise the Commonwealth Representative, in the six-monthly performance report, of the Commonwealth Standard Grant Agreement - 2024

proposed Clinical Information System (CIS) that it will use, and if the Commonwealth imposes any conditions in respect of the use of the CIS for the Activity the Grantee must comply, and ensure that all relevant Subcontractors comply, with any such conditions;

During the funding period of this Activity, the Grantee must ensure that any CIS used conforms with all the requirements of the Commonwealth for Access to the Commonwealth's IT systems and for record keeping and undertaking the Activity, as specified from time to time in any guidelines or as otherwise notified by the Commonwealth. This includes installing updates to ensure compatibility of the CIS with the Commonwealth's IT systems and the quality and efficiency in the provision of Reporting Material; ensuring that updates are completed prior to the commencement of each reporting period; ensuring relevant security requirements are adhered to at all times so that there are no negative impacts on the performance, availability or integrity of the Commonwealth's IT systems, the Reporting Material or the Activity; and ensures that the CIS does not introduce or permit the introduction of harmful code or viruses into the Commonwealth's IT systems.

The Grantee to provide written disclosure to the Commonwealth Representative of any event, or threatened event, that could adversely affect the Grantee's ability to perform any obligation under this Agreement; promptly after the Grantee becomes aware of the event.

## F. Party representatives and address for notices

### Grantee's representative and address

<b>Grantee's representative name</b>	Ms Krystal Laurentsch
<b>Position</b>	Chief Executive Officer
<b>Business hours telephone</b>	s47F, s47G
<b>E-mail</b>	s47G

### Commonwealth representative and email address

<b>Business hours telephone</b>	not applicable
<b>E-mail</b>	WApformanceHealth@communitygrants.gov.au

The Parties' representatives will be responsible for liaison and the day-to-day management of the Grant, as well as accepting and issuing any written notices in relation to the Grant.

## Disclaimer and explanatory notes

### Disclaimer

By executing this agreement you agree that you have read and accept this disclaimer, including the explanatory notes on how to duly execute this agreement. You warrant that your identity has been verified, you have legal capacity and authority to enter into this agreement, and you are signing in accordance with all legal instruments that apply to you and/or the legal entity which you represent.

### Explanatory notes

- If you are an **individual**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date).
- If you are a **partnership**, the signatory must be all partners, or one partner with the authority to sign on behalf of all partners receiving the grant. You should be prepared to provide evidence of this authorisation upon request.
- If you are a **proprietary company incorporated under the Corporations Act 2001 (Cth)**, the signatory must be the sole director and company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary acting as a witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations Act 2001 (Cth)**, the signatories must be two directors, or one director and one company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary acting as a witness, or if your company has only one director – that director and a suitable witness, (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) (CATSI Act)**, the signatories must be two directors, one director and one company secretary, or if your company has only one director – that director, as required under section 99-5 of the CATSI Act. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary, or if your company has only one director – that director. For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are an **individual trustee of a trust**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date). You must sign in your capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.
- If you are a **corporate trustee of a trust**, the signatory must be the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, acting as witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink. The company must sign in its capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.

- If you are an **incorporated association**, you must refer to the legislation incorporating the association as it will specify how documents must be executed. This process may differ between each State and Territory. If an authorised person is executing a document on behalf of the incorporated association, you should be prepared to provide evidence of this authorisation upon request.
- If you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required (the witness date must be the same as the signatory date).

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the Freedom of Information Act 1982 (Cth)  
By the Department of Health, Disability and Ageing





# Australian Government

## Department of Health and Aged Care

Organisation ID:	4-542G69
Agreement ID:	4-JOPDD3U
Program Schedule ID:	4-JORKDXS

### Deed of Variation in relation to Indigenous Australians Health Program

#### 1. Date

This Deed is made on 26 June 2025

#### 2. Parties

This Deed is made between:

1. The Commonwealth, as represented by Department of Health and Aged Care, ABN 83 605 426 759 (the 'Commonwealth'); and
2. GP Down South Limited, ABN 62 063 901 306 (the 'Grantee').

#### 3. Context

- A. The Parties entered in an agreement on 1 July 2024 under which the Commonwealth gave a Grant to the Grantee for Indigenous Australians Health Program (the 'Agreement').
- B. The Parties have agreed to amend the Agreement on the terms and conditions contained in this Deed.

#### 4. Amendments

With effect from the date of execution of this Deed, the Agreement is amended:

- The Activity 4-JOXGY3G (other than the provision of any final reports) has been extended to 30 June 2026, which is the Activity's new End Date.
- The Agreement ends on 30 November 2026 or when the Grantee has provided all of the reports and repaid any Grant amount as required under this Agreement.

Funding for existing Activities under this Agreement is adjusted as per the table below. This table shows only those existing Activities with funding varied under this Deed:



Activity Name	Activity Id	Financial Year	Current Grant Amount (excl. GST)	Variation Amount (excl. GST)	New Total Grant Amount (excl. GST)
Indigenous Australians Health Programme Primary Health Care Program (For Organisations Currently Outside the PHC Funding Model)	4-JOXYG3G	2024-2025	\$987,689.90	\$0.00	\$987,689.90
Indigenous Australians Health Programme Primary Health Care Program (For Organisations Currently Outside the PHC Funding Model)	4-JOXYG3G	2025-2026	\$0.00	\$1,013,369.84	\$1,013,369.84
<b>Total</b>			<b>\$987,689.90</b>	<b>\$1,013,369.84</b>	<b>\$2,001,059.74</b>

Revised payment amounts, reporting milestones and other detailed amendments resulting from this Deed are described in the Program Schedule, including any attachments, enclosed.

## 5. Entire agreement and interpretation

- 5.1 The parties confirm all the other provisions of the Agreement and, subject only to the amendments contained in this Deed, the Agreement remains in full force and effect.
- 5.2 This Deed and the Agreement, when read together, contain the entire agreement of the parties with respect to the parties' rights and obligations under the Agreement.
- 5.3 Unless otherwise specified or the context otherwise requires, terms that are defined in the Agreement have the same meaning in this Deed.

## Signatures

Organisation ID:	4-542G69
Agreement ID:	4-JOPDD3U
Program Schedule ID:	4-JORKDXS

## Executed as a deed

Signed, sealed and delivered for and on behalf of the Commonwealth of Australia by the relevant Delegate, represented by and acting through Department of Health and Aged Care, ABN 83 605 426 759 in the presence of:

s47E(c), s47F

(Name of Departmental Representative)

(Signature of Departmental Representative)

Director - Community Grants Hub

26/06/2025

(Name of Departmental Representative)

s47E(c), s47F

(Name of Witness in full)

(Signature of Witness)

26/06/2025

Signed, sealed and delivered by GP Down South Limited, ABN 62 063 901 306 in accordance with its rules, and who warrants that he/she is authorised to sign this Deed:

s47F

JAMES PATTON

(Name and position held by Signatory)

(Signature)

s47F

5

LINLEY ANNE DONALDSON

(Name and position held by second Signatory/Name of Witness)

(Signature of second Signatory/Witness)

Company Secretary

20/06/2025

## Explanatory notes on the signature block

- If you are an **incorporated association**, you must refer to the legislation incorporating the association as it will specify how documents must be executed. This process may differ between each State and Territory. If an authorised person is executing a document on behalf of the incorporated association, you should be prepared to provide evidence of this authorisation upon request.
- If you are a **company**, generally two signatories are required – the signatories can be two Directors or a Director and the Company Secretary. Affix your **Company Seal**, if required by your Constitution.
- If you are a **company with a sole Director/Secretary**, the Director/Secretary is required to be the signatory in the presence of a witness (the witness date must be the same as the signatory date). Affix your **Company Seal**, if required by your Constitution.
- If you are a **partnership**, the signatory must be a partner with the authority to sign on behalf of all partners receiving the grant. A witness to the signature is required (the witness date must be the same as the signatory date).
- If you are an **individual**, you must sign in the presence of a witness (the witness date must be the same as the signatory date).
- If you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required (the witness date must be the same as the signatory date).
- If you are a **trustee of a Trust**, the signatory must be a trustee (NOT the Trust) – as the trustee is the legal entity entering into the Agreement. If requested by you, the words ‘as trustee of the XXX Trust’ could be included at the end of the name.

## Schedule – Amendments to the Agreement

- *The Program Schedule 4-JORKDXS is deleted and replaced with the updated Program Schedule 4-JORKDXS enclosed.*

# Activity Work Plan - GP Down South - Down South Aboriginal Health - 20250626

## Indigenous Health - Activity Work Plan

**Organisation:** GP Down South - Down South Aboriginal Health

**Reporting Round Period:** 01/Jun/2025 to 31/Jul/2025

**Data Period:** 01/Jul/2025 to 30/Jun/2026

### Information on using this form

To keep this file compatible with importing, the following are important:

1. Avoid changing the filename.
2. Do not remove the protection. Any change to the structure, addition of comments, or enabling of track-changes will render the file incompatible with the import function.

### Reporting Contact

Who is your organisation's contact for Activity Work Plan reporting?	HOANG DUAN PHILIP VUONG
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### Grant Information

Grant Agreement ID	4-JOPDD3U
Program Schedule ID	4-JORKDXS
Activity ID	4-JOXYG3G
Program / Activity Name	IAHP Primary Health Care Program (For Organisations Currently Outside the PHC Funding Model)
Organisation (Party ID)	4-542G69



## Primary Health Care Service Delivery

This section is an opportunity to outline the PHC activities your organisation will undertake over the next 12 months under your IAHP Primary Health Care grant agreement to support the Implementation Plan of the Aboriginal and Torres Strait Islander Health Plan 2021-2031

(<https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031>).

The following goals map to the Implementation Plan of the Aboriginal and Torres Strait Islander Health Plan 2021-2031 and address the changes needed to make the health system more comprehensive, culturally safe and effective, and achieve health equality by 2031.

### Goals:

- Provision of Comprehensive Primary Health Care – access to primary prevention services for screening, early detection, and treatment of major diseases (IP Strategy 5A).
- Appropriate Maternal and child health care (Maternal Health and parenting) – access to affordable, culturally appropriate, and high-quality health promotion programs before and during pregnancy and antenatal and post-natal services (IP Strategy 2A and 2B).
- Effective Health Promotion with a focus on prevention and early intervention – access to strategies and services that promote healthy behaviours, family cohesion and social and emotional wellbeing (IP Strategy 1C and 5C).
- Effective Chronic Disease Management – access to quality treatment services to manage chronic conditions (IP Strategy 5B)
- Continuous Quality Improvement – access to and utilisation of CQI skills to improve services.
- Working in Partnership – ACCHS/organisations work in partnership with local stakeholders and with communities to meet their healthcare needs.
- Improved regional planning and coordination of health care services across sectors and providers (IP Strategy 1D).

Please select all the Primary Objective categories **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement. You can also create additional primary objectives.

Once you select a primary objective (e.g., Child and Family Health), you can then select one or more secondary objectives (e.g., Increase Child Health Checks) and add your explanatory text in the **Strategies / Activities, Outcomes, Timeframe and Stakeholder / Community** boxes. You can also create additional secondary objectives.

**Consider here:** how you will address identified priority health needs in your region/communities: life stage health issues, specific health issues - eyes, ear, oral, sexual health, and mental health.

## PHC Service Delivery

### ☒ Primary Health Care

☒ Deliver a culturally appropriate clinical service

#### Strategies/Activities

DSAH staff will make either written or verbal contact with all relevant Health services in the region and offer cultural awareness training and/or an overview of how the DSAH Program can provide them culturally appropriate support either via "teams" or face to face.

DSAH staff will offer support to create or share necessary culturally appropriate resources with other Health Services.

DSAH representatives will attend regional inter-agency meetings to promote their services and foster collaboration.

Additionally, DSAH staff will liaise with other Oseca program staff to encourage culturally informed service provision.

Max characters: 15000

#### Outcomes

This initiative aims to facilitate the development of culturally appropriate services across the region and enhance engagement with Aboriginal and Torres Strait Islander clients.

Max characters: 15000

#### Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

#### Stakeholder/Community:

s47G

Max characters: 15000

☒ Increase access to Health Assessments

#### Strategies/Activities

Outreach services to continue to be provided to encourage and support clients in completing Annual Adult Health Checks (Item # 715).

Transportation is offered to all eligible clients to facilitate their attendance at appointments.

Ongoing collaboration with PHCs in the region to foster awareness and understanding surrounding annual health checks for Aboriginal and/or Torres Strait Islander clients (item# 715).

Planning phase of working relationship and/or MOU with specific local GP/s to streamline service provision pertaining to annual health checks (Item# 715) for Aboriginal and/or Torres Strait Islander clients.

Max characters: 15000

#### Outcomes

10% increase in percentage of clients who have been supported to complete an Annual Adult Health Check (Item # 715).

Established working relationship with local GP/s for service provision in the region.

Establish a collaboration with "Deadly Choices" to assist in engagement with clients to have an Annual Adult Health Check (Item # 715) completed.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

Potential for collaboration with the following stakeholders:

s47G

Max characters: 15000

#### ☒ Child And Family Health

☒ Improve the health of women during and after pregnancy, and their babies.

#### Strategies/Activities

Culturally safe antenatal care is a recognised gap in the region. To address this, DSAH staff will commence by liaising with women in the area via two coordinated yarning sessions to gain feedback about the barriers and how best to improve access.

DSAH staff will liaise with local Midwives (WACHS) to establish relationships and work towards culturally appropriate antenatal education/health promotion for Aboriginal and/or Torres Strait Islander clients in



the region, outside of the hospital setting. Additionally, appropriate resources will be procured to have available for distribution at Oseca sites.

DSAH staff will provide support and advocacy to Aboriginal and Torres Strait Islander clients to improve access to antenatal care.

Max characters: 15000

#### Outcomes

Culturally appropriate care becomes more easily accessible for Aboriginal and Torres Strait Islander clients in the region.

There is a 10% increase in Aboriginal and/or Torres Strait Islander clients accessing antenatal care.

Max characters: 15000

#### Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

#### Stakeholder/Community:

s47G

Max characters: 15000

☒ Support women and their families before, during and after pregnancy.

#### Strategies/Activities

Commence monthly drop in events targeted at women of child bearing age and their family members. Provide health education/promotion on perinatal health topics.

DSAH staff will act as support and provide advocacy for antenatal clients. Additionally, DSAH staff can provide informal referrals to other stakeholders/service providers to enable improved access and better health outcomes for antenatal clients.

Create and foster working relationship with WACHS midwife.

Max characters: 15000

#### Outcomes

Improve support and sense of community to women and their families, before, during and after pregnancy.

Increase access to antenatal care and other support services in the region.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

s47G

Max characters: 15000

### ***Increase Immunisation for children between 0-5 years***

☒ Increase Child Health Checks

Strategies/Activities

Outreach services to continue to be provided to encourage and support children (with their Parents/Guardians) to complete Annual Child Health Checks (Item# 715).

Provide education to Parents/Guardians surrounding importance of Annual Child Health Checks.

Transportation is offered to all eligible clients to facilitate their attendance at appointments.

Ongoing collaboration with GPs in the region to foster awareness and understanding surrounding annual health checks for Aboriginal and/or Torres Strait Islander clients (Item# 715).

Planning phase of working relationship and/or MOU with specific local GP/s to streamline service provision pertaining to annual health checks (Item# 715) for Aboriginal and/or Torres Strait Islander clients.

Max characters: 15000

Outcomes

10% Increase in percentage of clients who have been supported to complete an Annual Child Health Check (item# 715).

Established working relationship with local GP/s for service provision in the region.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

## Stakeholder/Community:

s47G

Max characters: 15000

### ☒ Chronic Disease Management

☒ Improve outcomes for clients with new and existing Chronic Diseases, including: rheumatic heart disease, renal disease and cardiovascular disease

## Strategies/Activities

Collaboration with Primary Health Care Services to provide support and education delivering culturally appropriate care. Additionally, provide education to relevant GPs and Practice Nurses to enhance the understanding of the role of Aboriginal Health Practitioners (AHPs) and encouraging capacity for shared care.

Working towards establishing a working relationship and/or MOU with a local GP/PHC Clinic to provide support completing Adult Health Checks (Item 715) and/or Chronic Condition Management Plans (Items 721, 723 and 732) or similar.

Working towards establishing opportunistic "Health check up clinics" led by AHPs aligning with specific health promotion/education for community members with appropriate GP follow up when and if indicated. For example; blood pressure, blood glucose, urinalysis.

Establish and maintain record of clients due for annual health checks and/or chronic condition management plans.

Provide support, advocacy and transport for clients to attend appointments to meet their health needs.

Provide education and encouragement to clients regarding chronic disease prevention and management.

Investigate collaboration with "Deadly Choices" for support in service delivery.

Max characters: 15000

## Outcomes

90% of Primary Health Care Services will be visited and provided education re role of AHP and scope of DSAH service by 31/01/2026

Working relationship established with a local GP/PHC for Health Check and chronic disease management service provision by 30/06/2026.

"Health check clinics" led by AHPs established by 31/01/2026 and operating monthly.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

s47G

Max characters: 15000

☒ In A Primary Health Care Setting

**Eye health**

☒ Ear health

Strategies/Activities

Provide education to Clients, Community members and Parents/Guardians regarding Ear Health

Establish working relationship with Community Health Team and/or School Health Nurse with aim of collaboration for health promotion events and/or service delivery.

Provide simple ear health check clinics supported with health promotion and education to adult clients and community members twice yearly.

Continue twice yearly "Teddy Bears Picnic" Ear Health Promotion events for children and their families in both Manjimup and Collie.

Ongoing MOU with EarBus Team.

Max characters: 15000

Outcomes

Improved knowledge and awareness of Ear Health including ear hygiene measured by evaluation of Health Promotion events.

Complete 60 Ear Health checks on either Children or Adults by 30/06/2026.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

s47G

Max characters: 15000

**Oral health**

**Sexual and reproductive health, including Sexually transmissible infections**

**Provide culturally appropriate mental health services**

## Supporting PHC Delivery

It is recognised that your organisation may deliver a number of additional activities to support PHC service delivery (i.e., Health Promotion, CQI). This section is an opportunity to outline these supporting activities your organisation will undertake over the next 12 months.

Please select all the Primary Objective categories **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement. You can also create additional primary objectives.

Once you select a primary objective (e.g., Health Promotion), you can then select secondary objectives as required (e.g., Increase awareness regarding healthy lifestyle choices, better health outcomes and management of disease) and add your explanatory text in the **Strategies/Activities, Outcomes, Timeframe and Stakeholder/Community** boxes. You can also create additional secondary objectives.

**Consider here:** Objectives and activities should align with the scope of the Grant Opportunity Guidelines and the Grant Agreement.

## Supporting PHC Delivery

☒ **Health Promotion**

☒ Increase awareness regarding healthy lifestyle choices, better health outcomes and management of disease

**Strategies/Activities**

Deliver and/or collaborate in at least 12 health promotion activities in the SW region that address the community's identified needs. Some events may be conducted in collaboration with other community-based organisations.

Healthy Lifestyle six-week workshops to be run in both Collie and Manjimup supported by other Oseca Program Staff eg. Dietician, Exercise Physiologist, Mental Health Clinicians.

Continue hosting "Wacky Wednesdays" on a weekly basis to promote the DSAH service and foster community engagement, encouraging discussions about the community's health needs.

Disseminate Health Promotion Event flyers to PHC's and other organisations in the area.

Implementation of Event Planning and Evaluation process to better assess impact on attendees and community.

Max characters: 15000

**Outcomes**

We have planned, delivered and evaluated at least 12 Health promotion Events or activities across the SW region.

90% of attendees surveyed report enhanced knowledge from attending relevant workshops, events, or promotions.

Healthy Lifestyle Six-week Workshops at both Collie and Manjimup completed by 31/03/2026 and evaluations completed by 30/06/2026.

Max characters: 15000

**Is there a timeframe for completion, or is this initiative ongoing?**

Ongoing

**Stakeholder/Community:**

s47G



s47G

Max characters: 15000

### ☒ Patient Transport Services

☒ Effective Transport services to support access to primary health care

#### Strategies/Activities

Ongoing provision of transport for clients to medical appointments or health promotion events within the region.

Ongoing provision of transport and advocacy for clients to attend non health related appointments such as financial counselling or "Services Australia" to increase accessibility and address other social determinants of health issues.

Assist clients to liaise with the Patient Assisted Travel Scheme (PATS).

Provide fuel cards to assist clients with their own travel to attend medical appointments if required and otherwise ineligible for PATS.

Max characters: 15000

#### Outcomes

Aiming for 300 instances of client transport by 30/06/2026.

Max characters: 15000

#### Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

#### Stakeholder/Community:

s47G

Max characters: 15000

## Key Health Concerns

Please provide information about the main health conditions/needs affecting the population/s serviced by your organisation and how you are proposing to address them. You might like to identify if any health needs are specific to a particular clinic. This is not restricted to just Primary Health Care.



## Health Need

### ☒ Maternal Health and/or Child Development

How will this health need be addressed?

DSAH Team are working at collaborating with PHC services or WACHS for Antenatal care and education. Culturally safe antenatal care is a recognised gap in the region. To address this:

DSAH staff will commence by liaising with women in the area via two coordinated yarning sessions to gain feedback about the barriers and how best to improve access.

DSAH staff will liaise with local Midwives (WACHS) to establish relationships and work towards culturally appropriate antenatal education/health promotion for Aboriginal and/or Torres Strait Islander clients in the region, outside of the hospital setting. Additionally, appropriate resources will be procured to have available for distribution at Oseca sites.

DSAH staff will provide support and advocacy to Aboriginal and Torres Strait Islander clients to improve access to antenatal care.

Max characters: 15000

### ☒ Chronic Disease

How will this health need be addressed?

The Oseca Down South Aboriginal Health (DSAH) program will continue to provide an outreach model of care with the aim to improve the health of Aboriginal and Torres Strait Islander peoples through a variety of comprehensive activities targeting the identified health needs of the local communities in which service delivery occurs.

The DSAH Team works collaboratively with local PHC Services to support clients to access health and well-being services, activities and education relevant to their needs. In addition to local health services the DSAH works with other community based social, education and welfare agencies to impact positively on other contributing factors i.e. social determinants of health.

Our model focuses on early detection, intervention and management of chronic conditions; delivery of health promotion events/activities as well as client or community support and advocacy on holistic health-related matters.

Key Focus Areas for Chronic Disease management in 2025-2026:

Chronic disease prevention and healthy lifestyle education.

Support and advocacy for clients and their chronic disease management.

Improved access to primary and specialist health services to support the prevention, early detection and management of chronic health conditions.

Targeted community health education and/or promotion to support the prevention and management of chronic health conditions.

Increase cultural awareness of local PHC providers thus strengthening relationships between Oseca-DSAH, local PHC services and clients/community members.

Max characters: 15000

☒ **Comorbidities**

How will this health need be addressed?

Many of our clients are diagnosed with more than one chronic disease which can provide greater challenges for their management.

Encourage clients and other community members to undergo regular health checks to detect any comorbidities earlier.

Educate local GPs and PHC's regarding the role of AHPs and promote opportunities for shared care. Additionally, educate and support local PHC's in the completion of Aboriginal and Torres Strait Islander (715) health checks and chronic disease management plans.

Encourage and support Clients with a Chronic Condition to engage with PHC services for chronic disease management.

Max characters: 15000

☒ **Eye/Ear Health**

How will this health need be addressed?

There is a high prevalence of otitis media and externa amongst the population and limited access to ear health intervention and education.

DSAH employs two AHPs who are qualified to perform otoscopy assessments and basic hearing screenings for individuals aged 6 weeks to 99 years. Additionally, the AHP's are also certified to perform ear irrigation.

There is an MOU with Ear Bus for service delivery in Collie.

Education and health promotion across all community members re ear health and hygiene.

Referral pathways established and working well with Hearing Australia and Hudson Road Child Development Services (WACHS)

Max characters: 15000

**☑ Social and Emotional Wellbeing and Intergenerational Trauma**

How will this health need be addressed?

Higher prevalence of MH issues related to isolation, socio economic issues and AOD misuse.

Wacky Wednesday in Manjimup provides DSAH staff with the opportunity to build rapport with community members, thereby enabling DSAH to understand and address the health needs of the community.

These sessions were integrated into our weekly program to facilitate engagement amongst community members, clients and staff. As recognition of the sessions value grows, these groups continue to expand, affirming their status as a safe space for open dialogue with DSAH staff, whether in a group or individually.

Transport is provided for clients by Oseca to access external services such as financial counselling and AOD support.

Involvement and support attending NAIDOC and other cultural events.

Dissemination of period products supplied from "Share the Dignity"

Collaboration with another stakeholder to provide basic health services to those experiencing homelessness.

Max characters: 15000

**File Upload - Health Needs Assessment**

If you have an existing Health Needs Assessment, please upload the document to the Health Data Portal.

**Areas of Focus & Challenges****Area of Focus**

Please tell us about the overall areas of focus your organisation plans to address over the next year. This is not restricted to just Primary Health Care.

**☑ Data Compliance**

How will this area of focus be addressed?

For the DSAH team, ensuring consistent collection of data will be an ongoing priority over the next 12 months. There are identified opportunities for improvement of how data is collected, recorded, and

interpreted. Currently, DSAH uses Communicare for its EMR system.

**Actions to Address:**

Establish twice yearly review sessions for DSAH staff re Communicare use.

Develop clear work instruction for collection and recording of client data pertinent to DSAH program service delivery.

Investigation and implementation of use of recall system to assist the management of client follow up with GP for annual health checks and other needs.

Implement twice yearly clinical file audits to monitor recording of client data pertinent to DSAH program service delivery.

Development and implementation of client feedback process to capture levels of learning and satisfaction.

Development and implementation of Health Promotion Event/Activity Planning, Implementation and Evaluation process to assist delivery and success of future events.

Max characters: 15000

☒ **Health Promotion**

How will this area of focus be addressed?

To encourage awareness of the Oseca DSAH Team we aim to increase visibility in the community by:

Deliver and/or collaborate in at least 12 health promotion activities in the SW region that address the community's identified needs. Some events may be conducted in collaboration with other community-based organisations.

Healthy Lifestyle six-week workshops to be run in both Collie and Manjimup supported by other Oseca Program Staff eg. Dietician, Exercise Physiologist, Mental Health Clinicians.

Continue hosting "Wacky Wednesdays" on a weekly basis to promote the DSAH service and foster community engagement, encouraging discussions about the community's health needs.

Disseminate Health Promotion Event flyers to PHC's and other organisations in the area.

Implementation of Event Planning and Evaluation process to better assess impact on attendees and community.

Max characters: 15000

**☑ Increase Annual Health Assessments**

How will this area of focus be addressed?

In the upcoming year, the DSAH team aims to increase the rate of both child and adult clients completing annual health checks.

The DSAH Team is working towards a collaboration with a local GP/PHC and South-West Aboriginal Medical Service (SWAMS), to enable regular GP engagement. DSAH will support this through advocacy, providing transport for appointments and supporting client-GP interactions as needed. This should enhance shared care opportunities by promoting the role of general practice staff and champion clients' rights to choose their preferred service providers (GP).

Offer transport for all eligible clients to attend their general practice, allied health, and specialist appointments, including mental health appointments, as necessary.

Build and fortify existing partnerships and collaborate at local, regional, and national levels to support integrated care pathways.

The DSAH team will work in conjunction with CAG and key stakeholders to implement these actions.

Max characters: 15000

**☑ Outreach Services**

How will this area of focus be addressed?

DSAH Transport and outreach workers are tasked with providing transportation, delivering medications as needed, and promoting DSAH services. Additionally, when feasible, the DSAH Transport and Outreach workers will conduct home visits to invite clients to community events and motivate them to participate by utilising our transportation services.

AHP attends another stakeholder sites to provide outreach services fortnightly currently with aim of increasing this service.

Max characters: 15000

**☑ Stakeholder/Partnership and Community Engagement**

How will this area of focus be addressed?

The focus of engagement with other stakeholders will remain on promoting the DSAH service and educating about the roles of AHPs and their benefits to General Practice and clients to promote the service's growth.

Whilst we do have some working relationships with other stakeholders and service providers an area of focus this next year is to foster greater connection and collaboration with other organisations as ongoing partnerships with key local community organisations will improve accessibility for clients thus leading to better health outcomes for the community. Continuous engagement with Aboriginal and Torres Strait Islander community members will help align service delivery with community needs.

Hold 6 monthlyCommunity Aboriginal Group (CAG) meetings with key local Aboriginal community members in Collie and Manjimup.

Organise community events during NAIDOC week and other culturally significant dates on the calendar, to foster greater reconciliation and cultural understanding within the community.

Participate in local collaborative meetings to raise service awareness and build relationships with other services.

Max characters: 15000

#### ☒ Cultural Safety/Security

How will this area of focus be addressed?

Creating culturally safe environments for staff and clients is a priority both within Oseca and the local communities.

Local Aboriginal art work and specific acknowledgement of country posters are on display across all sites. Reconciliation Action Plan working group is being reinvigorated and re established with an Aboriginal and/or Torres Strait Islander staff member as Chairperson.

Online Cultural awareness training and inperson workshops are mandatory for all Oseca staff, both existing and new.

DSAH staff will actively participate in the Oseca RAP Working Group.

Co-design policy established and published with significant input from DSAH staff and community members.

Max characters: 15000

#### ☒ Patient Transport

How will this area of focus be addressed?

Reducing barriers to accessing services and promoting engagement with health service providers.

Provide and or link clients to transport services suitable for their individual circumstances

Refer clients to community transport services as appropriate

Support Clients to access Patient Assisted Travel Scheme

Refer eligible clients to ITC program for transport support if appropriate

Max characters: 15000

#### Challenge

Please tell us about the overall challenges your organisation plans to address over the next year. This is not restricted to just Primary Health Care.

**☑Transient Populations**

How will this challenge be addressed?

Some community members are, at times, quite transient. Moving throughout and outside of the region frequently to meet the needs of their families and cultural commitments. We aim to manage impacts to their health care by using open communication channels and flexibility of accessibility to services. Additionally, there is a significant focus by DSAH staff on providing culturally appropriate support and advocacy to help clients navigate other health care services. The ongoing commitment to community outreach and activities helps DSAH staff stay connected to and informed by the community of relevant issues or needs that have arisen.

Max characters: 15000

**☑Workforce, Recruitment, Retention and Training**

How will this challenge be addressed?

Recruitment and retention of staff poses an increasing challenge for regional health services due to several factors, including but not limited to, other local opportunities specifically gas and mining, ongoing housing shortage and the remuneration packages available.

The DSAH team will concentrate on retaining all team members following the successful recruitment of all substantive vacancies within our service by providing a positive and culturally apt environment.

Oseca will proactively seek and endorse opportunities for staff within the region to sustain service provision and effectively compete for funding opportunities.

Assist existing staff in accessing training aimed at enhancing skills and securing long-term opportunities within the region.

Offer mentoring and support to new and less experienced staff.

Support requests for professional development that are relevant to the individual's role and/or capacity building.

Max characters: 15000

**☑Staff Wellbeing**

How will this challenge be addressed?

Oseca strives to create a safe and supportive environment for its staff. It has established a robust governance structure that fosters staff safety and well-being.

WHS policies and procedures to ensure staff safety.

Consistent induction processes for a welcoming and transparent environment for new staff.

Mandatory annual training to uphold core work skills competencies.

Promotion of Employee Assistance Program (EAP) access in each office.

Regular opportunities to meet with a Line Manager or Senior Management Team member to address issues.

Transparent communication throughout all organisational levels, including the CEO, SLT, and Program Managers.

Implementation of bi monthly, anonymous "Employee Happiness" surveys.



A sincere commitment to staff development through mentoring, opportunities, and flexible work arrangements to foster organisational engagement.

Max characters: 15000

## Staffing Information

### File Upload - Organisational Chart and Staffing Profile

Use the **online form** in the Health Data Portal to provide an organisational chart and/or staffing profile. The uploaded document/s must clearly identify staffing positions that will be funded by your IAHP Health Care grant agreement.

## Governance, Leadership and Culture

### Objectives

This section is an opportunity to provide an overview of the Governance, Leadership and Culture within your organisation by identifying Strategies/Activities that demonstrate ongoing improvement and focus over the next 12 months.

The following goals map to the Implementation Plan of the Aboriginal and Torres Strait Islander Health Plan 2021—2031 and address the changes needed to make the health system more comprehensive, culturally safe and effective, and achieve health equality by 2031.

#### Goals:

- Strengthen Governance, Leadership and Culture – ACCHSs/Health Service Organisations (HSOs) provide high quality comprehensive and accountable services that are locally responsive to identified community health needs (IP Strategy 1A).
- Facilitate Cultural Safety and Competence – ACCHSs have strategies to improve the cultural awareness and cultural competency of the workforce to deliver primary health care to individuals, families, and communities (IP Strategy 2A).
- Support Continuous Quality Improvement – Access and utilisation of CQI Skills to improve services.

Please select all the Objective categories **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement.

Once you select an objective, you can then add your explanatory text in the

**Strategies / Activities, Targets, Timeframe and Stakeholder/Community** text boxes. **Consider here:** *Client record systems; infrastructure; business risks and mitigation; health needs and service planning.*

**☑ Effective Governing Board****Strategies/Activities**

The Board of Oseca is committed to operating legally (in accordance with applicable legislation and regulation), properly (in accordance with organisational policy and procedures), and ethically (in accordance with recognised ethical principles). Board Members have made a commitment to strong corporate governance principles and the development of an open and transparent organisation that is clear in its operations and direction.

It is the responsibility of the board

1. Establish a strategic plan and oversee its implementation
2. Network with stakeholders
3. Policy development and Implementation
4. Assurance of executive performance
5. Maintenance of a Functional Board
6. Monitoring the operational and financial position and performance of the organisation
7. Reviewing the principle risk of the organisation and overseeing the appropriate controls and monitoring systems are implemented.

Max characters: 15000

**Outcome**

Full Board meetings are to be held at least six (6) times a year and in general will be held bi-monthly-  
Program activity report will be tabled at Board meetings

Our board will ensure

1. Develop and monitor key performance indicators for all areas of operation including financial, clinical operations and program/service delivery at least quarterly
2. Review areas of risk for the Organisation and prepare appropriate strategies.
3. Determine the future direction of the Organisation through the preparation and regular review of its Strategic Plan.
4. Monitor progress against the Organisation's Strategic Plan no less than every six months (or when seen to be required) and take action as required
5. Recognise and utilise strategic alliance opportunities to achieve the purpose and potential of the Organisation in pursuit of its mission, vision, goals and long-term viability.
6. Ensure the Organisation has an effective Quality Management System.
7. Review all governance policy documents for appropriateness and currency and update where necessary.
8. Collectively the Board maintains and updates skills to ensure it is fit for purpose.
9. Set criteria for evaluation of Board performance (KPIs) and individual Board Member performance
- ☑ Collectively the Board maintains and updates skills to ensure it is fit for purpose.
- ☑ Set criteria for evaluation of Board performance (KPIs) and individual Board Member performance.

Max characters: 15000

**Is there a timeframe for completion, or is this initiative ongoing?**

Ongoing

**☑ Good Organisational Governance****Strategies/Activities**

The Senior Leadership Team (SLT) provides operational leadership for the organization, ensuring a work environment conducive to effectively achieving the organization's goals and priorities. The SLT is collectively accountable for implementing the Strategic Plan set by the Board of Directors and the Chief Executive Officer (CEO). SLT members are committed to maintaining regular communication to foster a unified understanding and knowledge throughout the organization. The SLT convenes regularly to deliberate and decide on the organization's operations. Decisions are reached through consensus; however, if consensus is unattainable, the CEO will make the final decision, considering the majority viewpoint. Additionally, the SLT collaborates in the Quality Management Team meetings and Risk Management Meetings..

Max characters: 15000

**Outcome**

SLT will ensure

- ☑ Ensure all governance Policies as set by the Board are disseminated into all organisational policies and processes.
- ☑ Manage the operations of the Organisation in accordance with objects of the Constitution, Strategic Plan and governance/direction provided by the Board of Directors.
- ☑ Identify and monitor outcomes, workstreams and activities to advance the Operational Plan of the Organisation
- ☑ Provide leadership to and management of all staff in the day-to-day activities of the Organisation
- ☑ Foster an enabling, engaging and constructive culture across the whole Organisation
- ☑ Positively communicate and promote board direction to all staff members
- ☑ Maintain standards and good practice in all operations of the Organisation, including but not limited to

o the development, implementation and monitoring of plans, policies, procedures, activities and budgets for programs and services

o Oversees and ensure high quality program and service delivery in accordance with contracts and service agreements with funders

o financial management, quality management, risk management, information and communication technology, work health and safety, facilities management.

o clinical governance.

SLT will convene regular meeting as follows.

1. Weekly/Fortnightly Meetings - Catch up meeting
2. Monthly Meetings - Scheduled meetings to discuss clinical governance, risks, finance etc

In addition to this, there will be regular meetings with Board subcommittees, Clinical governance and Work Health and Safety committee to ensure the governance process across the organisation.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

☒ **Best Practice Clinical Governance**

Strategies/Activities

Clinical governance framework for the Organisation to ensure patients receive care that is safe, effective, appropriate, timely and efficient. This framework also ensures that minimum standards and consistency are maintained with continuous quality improvement across the organisation.

- The Board of the Organisation will provide the strategy and policy for effective clinical governance and monitoring of compliance. The Board has established the Clinical Governance Committee to assist the Board in these matters. Full terms of reference are available at GOV-POL-526 Safety Quality Innovation Committee – Terms of Reference.
- All managers with oversight of and responsibility for health professionals employed or contracted by the Organisation.
- All health professionals both employed and contracted have a responsibility to ensure this clinical governance framework is implemented and adhered to across the organisation.
- Non-clinical staff should ensure they seek advice from managers or clinical staff relating to any aspect of service development or delivery that includes a clinical element.

Max characters: 15000

Outcome

Oseca is committed to being accountable for continually improving the quality of our service and safeguarding high standards of care by creating an environment in which excellence in clinical care will be maintained.

This is accomplished by adhering to the Clinical Governance policy framework, which is founded on the four principles outlined below.

1. Client Participation- Achieved through Community action groups, satisfaction surveys, Feedback management (Complaints/Compliments)
2. Clinical effectiveness
3. Professional Development
4. Clinical Risk Management

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

☒ **Cultural Safety and Competence**

Strategies/Activities

- CAGs are included in discussions regarding program development and implementation to ensure the programs are culturally appropriate and safe.
- Implementation of GPDs Innovate RAP.
- Aboriginal staff have the opportunity to provide feedback on program development and

implementation to ensure cultural appropriateness and safety.

- Aboriginal staff are supported in delivering cultural awareness training and opportunities within the organization.
- Cultural Awareness training is incorporated into GPDs' annual mandatory training program.

Max characters: 15000

#### Outcome

- Feedback from Aboriginal staff, the Community Advisory Group (CAG), and the community suggests that the programs are culturally sensitive.
- Support will be provided to 100% of individuals who seek assistance with cultural awareness training.
- All employees of Oseca will undergo cultural awareness training annually as a mandatory component of our training procedures.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

#### ☒ Robust Work Health and Safety (WHS) Practices

##### Strategies/Activities

The WHS committee will convene regularly. WHS policies and procedures are recorded in the LogicQC and undergo regular reviews. Oseca will have WHS reps. WHS training is provided to all staff upon induction and is an integral part of the mandatory annual training for staff.

Max characters: 15000

#### Outcome

- During the reporting period, at least six WHS committee meetings will be conducted. WHS documents within the QMS will undergo a review at minimum every three years. All staff members will have completed the mandatory training program.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

#### ☒ Effective Partnerships

##### Strategies/Activities

Oseca, as an organization, is always eager to develop partnerships with other agencies to ensure the best care for our clients. We believe that building effective partnerships is crucial to success, which we achieve by participating in community activities and multi-agency consortium discussions, such as the Headspace consortium and the Mental Health Week Consortium.)

Max characters: 15000

## Outcome

We build our partnerships through

1. Stakeholder engagement activities by valuing
  - a) mutual understanding and valuing each other's strengths
  - b) Open, transparent and regular communication
  - c) Shared vision and collaborative approach
  - d) Flexibility and adaptability
  - e) Mutual benefit
  - f) Collaborate with other agencies including WACHS

Max characters: 15000

## Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

## Challenges

This section is an opportunity to identify Governance, Leadership and Culture challenges that are impacting your organisations and provide strategies/activities that you intend to implement to demonstrate ongoing improvement and focus over the next 12 months.

Please select one or more of the Challenges **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement.

Once you select a Challenge you can then add your explanatory text in the **Strategies / Activities, Targets, Timeframe and Stakeholder Community** text boxes.

**Consider here:** Management expertise; workforce development, strategic planning, accreditation, quality assurance and clinical governance; financial, IT, communication, reporting and client record systems; infrastructure; business risks and mitigation; health needs and service planning.

## ☒ Sustainability and Viability of Service

### How will this challenge be addressed?

Oseca may encounter challenges related to the ongoing funding and successful tendering for Aboriginal Health programs, affecting the sustainability of the DSAH and NWM programs.

Facilitate community consultation with key members regarding future service options to guarantee the community maintains local access and choices in healthcare service providers.

Explore options and support community members in implementing preferred strategies moving forward. Remain informed about government plans and policies and communicate their impact to staff and clients promptly.

Develop a succession and transition plan for services if necessary.

Max characters: 15000

**☑ Succession Planning/Staff Retention**

How will this challenge be addressed?

We have recognized that staff retention poses a challenge throughout the organization, particularly in roles that require specific skill sets for effective delivery.

To improve staff retention, senior leadership team commenced

1. Annual feedback survey
2. Monthly Happiness surveys
3. Open communication
4. Provide opportunities for growth and development
5. Competitive salary and benefits
6. Annual Professional Development reviews

Max characters: 15000

**☑ Upskilling Board Members and Training/ Professional Development**

How will this challenge be addressed?

Recently, we completed a skills assessment of our board and identified skill gaps. To address these, we have recruited new board members. In August 2024, two new members, including a medical practitioner who will oversee clinical governance, will join us.

Areas of Potential PD

Organisational Culture / Psychosocial Hazards

Diversification and Income Sustainability

Creativity vs Lateral Thinking

Impacts of AI and Generational Change

Max characters: 15000

**Risk Management Plan**

Please include your Risk Management Plan to support the delivery of your Primary Health Care activity. If your organisation already has a risk management plan and covers the points below, you can link to it (if it is on your website) or upload it as a document.

If you don't have a risk management plan, complete the form in the Health Data Portal or download the template from the Health Data Portal to complete, then upload.

- **Risks** — Determine which risks are the most important in terms of their potential to impact on the achievement of the objectives of the Program. Where possible, try to combine similar risks to consolidate the number of potential risks. The categories of risk listed below have been identified as having the potential to impact on the program. Identify the source of each risk (i.e., how the risk can occur or what would prevent you from achieving the Outcome).



- **Impact** — Identify the consequence of each risk (i.e., what does it mean to your organisation if it does happen).
- **Controls / Treatment strategies** — A control or treatment is a planned approach, process, policy, device, practice, or other action that acts to minimise negative risks or enhance positive opportunities. What are the controls currently in place that affect the impact and/or likelihood of the risk? Controls may include checklists, regular planning meetings, procedures manual, contingency plans, audits, or agreements in place. An adequate control implies that the risk is well managed, and no further treatments are required. A marginally effective control implies that a treatment is not necessary however this may depend on the level of risk. An inadequate control implies that treatments are necessary.
- **Likelihood and Consequence** — Rate the likelihood of the identified risk occurring with the controls in place. Rate the consequence to the Program outcomes of the identified risk occurring with the controls in place.
- **Current Risk Rating** — When you select both a **Likelihood and Consequence**, the Risk Rating will be automatically shown.
- **Acceptance of Risk** — Is the risk you have identified **Acceptable** or **Not Acceptable**? You may need to focus on additional controls or treatment strategies.
- **Proposed Treatment Strategies** — Detail the strategies you will use to manage the risk.

Is your Risk Management Plan published on your website?	No
Do you have a Risk Management Plan to upload?	Yes

#### File Upload - Upload Risk Management Plan

Log into the Health Data Portal to upload your Risk Management Plan information.

## Budget



## File Upload - Budget

Upload a budget that includes expected income and expenses for the activity for the financial year. Additionally, upload your organisation's Asset Register of all assets purchased with IAHP PHC funding with a value of \$22,000 (including GST) or more at the time of the asset's purchase, lease, or creation.

Budget and Asset Register templates are available from the Health Data Portal for you to download, complete and then upload.

## Document Properties

Stylesheet version: 38 - Now supports PER, vertical non-table layout, rendering fileupload headings fixed.

XSLT version: 1.0

XSLT Vendor: IBM Corporation

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# Activity Work Plan - GP Down South - Nidjalla Waangan Mia (Aboriginal Health and Wellbeing Centre) - 20250626

## Indigenous Health - Activity Work Plan

**Organisation:** GP Down South - Nidjalla Waangan Mia (Aboriginal Health and Wellbeing Centre)

**Reporting Round Period:** 01/Jun/2025 to 31/Jul/2025

**Data Period:** 01/Jul/2025 to 30/Jun/2026

### Information on using this form

To keep this file compatible with importing, the following are important:

1. Avoid changing the filename.
2. Do not remove the protection. Any change to the structure, addition of comments, or enabling of track-changes will render the file incompatible with the import function.

### Reporting Contact

Who is your organisation's contact for Activity Work Plan reporting?	s47F
First Name	s47F
Last Name	s47F
Email Address	s47F, s47G
Phone	(08) 9586 4580
Mobile	s47F, s47G

### Grant Information

Grant Agreement ID	4-JOPDD3U
Program Schedule ID	4-JORKDXS
Activity ID	4-JOXYG3G
Program / Activity Name	IAHP Primary Health Care Program (For Organisations Currently Outside the PHC Funding Model)

Organisation (Party ID)

4-542G69

## Primary Health Care Service Delivery

This section is an opportunity to outline the PHC activities your organisation will undertake over the next 12 months under your IAHP Primary Health Care grant agreement to support the Implementation Plan of the Aboriginal and Torres Strait Islander Health Plan 2021-2031

(<https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031>).

The following goals map to the Implementation Plan of the Aboriginal and Torres Strait Islander Health Plan 2021-2031 and address the changes needed to make the health system more comprehensive, culturally safe and effective, and achieve health equality by 2031.

### Goals:

- Provision of Comprehensive Primary Health Care – access to primary prevention services for screening, early detection, and treatment of major diseases (IP Strategy 5A).
- Appropriate Maternal and child health care (Maternal Health and parenting) – access to affordable, culturally appropriate, and high-quality health promotion programs before and during pregnancy and antenatal and post-natal services (IP Strategy 2A and 2B).
- Effective Health Promotion with a focus on prevention and early intervention – access to strategies and services that promote healthy behaviours, family cohesion and social and emotional wellbeing (IP Strategy 1C and 5C).
- Effective Chronic Disease Management – access to quality treatment services to manage chronic conditions (IP Strategy 5B)
- Continuous Quality Improvement – access to and utilisation of CQI skills to improve services.
- Working in Partnership – ACCHS/organisations work in partnership with local stakeholders and with communities to meet their healthcare needs.
- Improved regional planning and coordination of health care services across sectors and providers (IP Strategy 1D).

Please select all the Primary Objective categories **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement. You can also create additional primary objectives.

Once you select a primary objective (e.g., Child and Family Health), you can then select one or more secondary objectives (e.g., Increase Child Health Checks) and add your explanatory text in the **Strategies / Activities, Outcomes, Timeframe and Stakeholder / Community** boxes. You can also create additional secondary objectives.

**Consider here:** how you will address identified priority health needs in your region/communities: life stage health issues, specific health issues - eyes, ear, oral, sexual health, and mental health.

## PHC Service Delivery

### ☒ Child And Family Health

☒ Improve the health of women during and after pregnancy, and their babies.

#### Strategies/Activities

The women's health service is inclusive of prenatal, antenatal and postnatal care.  
The clinical team ensure that referrals are completed in a timely manner to maternity services and are culturally safe for the client

Max characters: 15000

#### Outcomes

Coding the women's health service encounters in clinical software and by the number of referrals sent and received

Max characters: 15000

#### Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

#### Stakeholder/Community:

s47G

Max characters: 15000

### **Support women and their families before, during and after pregnancy.**

☒ Increase Immunisation for children between 0-5 years

#### Strategies/Activities

Working closely with Aboriginal Child Health Team to ensure children aged 0 - 5 are being contacted and supported with immunisations

Max characters: 15000

## Outcomes

Regular audits conducted in clinical software for immunisation due and overdue

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

s47G

Max characters: 15000

## ***Increase Child Health Checks***

### ☒ **Chronic Disease Management**

☒ Improve outcomes for clients with new and existing Chronic Diseases, including: rheumatic heart disease, renal disease and cardiovascular disease

## Strategies/Activities

Access clinical software to identify clients who are due or overdue for their annual Aboriginal and Torres Strait Islander health assessment.

Provide transport support.

Assist clients during any health assessment-related services. Collaborate with local mainstream general practices to identify eligible clients for Aboriginal and Torres Strait Islander Health assessments within their practice.

Support the clinical team in mainstream general practices within the Peel region to conduct the Aboriginal and Torres Strait Islander health assessments.

Organize health promotion workshops and sessions to promote Aboriginal and Torres Strait Islander Health Checks.

For clients identified with a chronic illness, promote the completion of Care Plans and Team Care Arrangements.

Max characters: 15000

## Outcomes

Determine the base number of clients eligible for an Aboriginal and Torres Strait Islander health assessment (MBS item # 715) by the end of December 2025.

Ensure that at least 80% of these eligible clients are contacted and offered an appointment, and that at least 70% complete the health assessment.

Ascertain the base number of NWM clients eligible for a GP management plan by the end of December 2025, with at least 75% supported to have a completed plan within the reporting period.

Additionally, 90% of clients with a GP appointment at NWM should be prompted to consult a registered nurse beforehand to check for follow-ups and eligibility for chronic disease assessments.



Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

Collaborative systems and processes are established to ensure that the three funded programs deliver a cohesive approach to primary health care. The Integrated Team Care Program is designed to guarantee that clients with complex chronic diseases receive appropriate referrals. Continuous positive relationships have been cultivated with local general practices, including:

s47G

Max characters: 15000

## Supporting PHC Delivery

It is recognised that your organisation may deliver a number of additional activities to support PHC service delivery (i.e., Health Promotion, CQI). This section is an opportunity to outline these supporting activities your organisation will undertake over the next 12 months.

Please select all the Primary Objective categories **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement. You can also create additional primary objectives.

Once you select a primary objective (e.g., Health Promotion), you can then select secondary objectives as required (e.g., Increase awareness regarding healthy lifestyle choices, better health outcomes and management of disease) and add your explanatory text in the **Strategies/Activities, Outcomes, Timeframe and Stakeholder/Community** boxes. You can also create additional secondary objectives.

**Consider here:** Objectives and activities should align with the scope of the Grant Opportunity Guidelines and the Grant Agreement.

## Supporting PHC Delivery

**☒ Health Promotion**

☒ Increase awareness regarding healthy lifestyle choices, better health outcomes and management of disease

**Strategies/Activities**

To walk alongside the Nidjalla community in the journey to self-manage chronic conditions, promote healthy lifestyle choices, disease prevention and reduce the number of ED presentations.

We partner with external health and community-based providers to offer a variety of health promotion activities. For example, Diabetes WA conducts two sessions annually of the DESY program. Our clinical staff are skilled in providing chronic health education, using validated resources from organizations like NDSS, the Heart Foundation, and the WA Cervical Cancer Prevention Program. Our Nurse Practitioner (NP) is collaborating with the WA Cervical Cancer Prevention Program to facilitate educational sessions for the Nidjalla community. Additionally, the NP is assembling a resource pack on heart health and diabetes for client education during opportunistic clinic visits.

Max characters: 15000

**Outcomes**

We will aim to deliver/support/facilitate the above-mentioned programs over the next 6 months. This will depend on staff capacity however Registered Nurse and Nurse Practitioner health promotion is ongoing and opportunistic at every clinic visit.

Max characters: 15000

**Is there a timeframe for completion, or is this initiative ongoing?**

Ongoing

**Stakeholder/Community:**

s47G

Max characters: 15000

**☒ Continuous Quality Improvement**

☒ Embed CQI in all operational and governance processes

**Strategies/Activities**

Promoting the use of LogiQC to record and monitor clinical incidents and register CQI.

Max characters: 15000

**Outcomes**

All staff have completed training with LogiQC.

Each PDSA has a timeframe and is reviewed and revised by the team at our clinical meetings commencing in August. This will be further enhanced and supported by our new Quality management software -LoiqC, which will be implemented soon across all programs

Max characters: 15000

**Is there a timeframe for completion, or is this initiative ongoing?**

Ongoing

**Stakeholder/Community:**

s47G

Max characters: 15000

☒ Undertake CQI activities that are informed by client participation and experience, staff participation, research and data to promote positive health gains

**Strategies/Activities**

Involving client and families with the review process of an incident or complaint. Where possible involve clients and families with open disclosure and demonstrate improvements with process where an incident has occurred.

We solicit patient feedback through surveys following any activity that involves client participation. For instance, with our new Nurse Practitioner Pilot Program, we are developing client feedback surveys to gauge the perceived value of integrating a Nurse Practitioner role into our clinic. Our ITC coordinator administers biannual client feedback surveys to identify strengths and areas for improvement in our services. Additionally, we provide a feedback and complaints form in the waiting room, which we encourage clients to use to share their thoughts on NWM's service delivery.

Max characters: 15000

**Outcomes**

All community feedback is checked daily and actioned within 24 hours and the person who has completed the form is notified of the outcome.

Our target is to respond and action 100% of all feedback and quality improvement activities.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

s47G

Max characters: 15000

**Analyse and review data input against the 24 nKPIs as reported in the Health Data Portal to improve services**

☒ **Patient Transport Services**

☒ Effective Transport services to support access to primary health care

Strategies/Activities

Provision of transportation to and from primary, secondary, and tertiary healthcare services is available through the use of NWM vehicles.

Financial support for the use of public or private transport is provided through petrol vouchers, purchase of train tickets, etc. Advocacy for the use and access to hospital and private transport services, such as St. John's community transport services, is also offered.

Max characters: 15000

Outcomes

35 Fuel Vouchers will be issued to clients to attend Medical Appointments

387 Transport services provided to clients to attend NWM, Specialist and Allied Health Appointments

2 Client Transport services will be booked with St Johns Transport

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

Stakeholder/Community:

s47G

Max characters: 15000

## Key Health Concerns

Please provide information about the main health conditions/needs affecting the population/s serviced by your organisation and how you are proposing to address them. You might like to identify if any health needs are specific to a particular clinic. This is not restricted to just Primary Health Care.

### Health Need

#### ☒ Chronic Disease

How will this health need be addressed?

Encourage the community to regularly participate in Aboriginal and Torres Strait Islander health checks. We advocate for the community to engage in appropriate screenings, such as those for cervical and breast cancer, cardiovascular risk, and diabetes.

We will persist in implementing GP management plans and team care arrangements to foster self-management of chronic conditions.

In partnership with stakeholders, we aim to continue creating and conducting health promotion and educational workshops tailored to the health needs of our clients and the community. For instance, with the Diabetes WA DESY program, we now have the chance to establish an onsite women's and sexual health clinic, leveraging the expertise of our Nurse Practitioner and a Registered Nurse specializing in women's health.

We support clients with chronic conditions in accessing clinical services, education, and workshops, both within and outside Nidjalla Waangan Mia, by providing transportation and advocacy as needed.

We provide cultural support to mainstream general practices and allied health services to ensure the delivery of culturally sensitive services.

We facilitate cultural awareness training through our regional communications manager and Aboriginal Elders.

We continue to register clients for MyMedicare and inform them about the significance of My Health Record.

We offer support for cultural awareness training and provide cultural assistance to mainstream services through online Aboriginal cultural competency programs.

Max characters: 15000

#### ☒ Comorbidities

How will this health need be addressed?

Our Nurse Practitioner is now fully qualified in Cervical Screening and sexual health.

To address the gap in diabetes care, the NP is running weekly diabetes clinics at NWM.

To support medication compliance, the NP is liaising with pharmacies to ensure prescriptions are renewed on time.

Staff are supported to enroll in chronic disease management training

Using clinic software for targeting QI chronic disease opportunities

Max characters: 15000

### ☒ **Dental**

How will this health need be addressed?

NWM has a Dental Services once a week and collaborates closely with the team to guarantee that clients can keep their appointments, such as through Transport Support and appointment reminders via clinical software.

Max characters: 15000

### ☒ **Drug and Alcohol**

How will this health need be addressed?

Referrals are made to community health services where alcohol and drug services are provided with WA Health.

Max characters: 15000

### ☒ **Eye/Ear Health**

How will this health need be addressed?

The team will continue collaborating with the Aboriginal Child Health Team at Community Health and Telethon Speech and Hearing to provide monthly Screening Clinics.

We will complete Aboriginal and Torres Strait Islander health checks, including ear and eye health screenings.

Additionally, we will refer our clients with diabetes for regular retinal screenings or ensure they receive them.

ENT Surgeon attending NWM to provide four clinics per calendar year to the Aboriginal children living in the Peel Region that have been identified for further ENT investigations.

Max characters: 15000

### ☒ **Immunisation**

How will this health need be addressed?

Educate on the significance of immunisations for both children and adults at every opportunity and use the clinical recall system to confirm that all immunisation recalls are established and actioned according to RACGP guidelines.

Vaccines should be administered as necessary, following the Department of Health vaccination guidelines.

Collaborate with Child and Adolescent Health Nurses to achieve a 95% vaccination rate among children registered with the service.

Max characters: 15000

### ☒ **Sexual and Reproductive Health**

How will this health need be addressed?

We have established an onsite women's and sexual health clinic that is now operating 5 days per week Sexual health services, including Implanon insertion and removal and comprehensive contraception

advice and treatment and referrals to specialty gynecology consultants will continue to be provided by NP and NWM clinical team.

Max characters: 15000

### File Upload - Health Needs Assessment

If you have an existing Health Needs Assessment, please upload the document to the Health Data Portal.

## Areas of Focus & Challenges

### Area of Focus

Please tell us about the overall areas of focus your organisation plans to address over the next year. This is not restricted to just Primary Health Care.

#### ☒ Health Promotion

How will this area of focus be addressed?

The delivery of health promotion programs tailored to the local Aboriginal community's needs is crucial for educating and increasing awareness of chronic illness signs and symptoms. These programs and workshops support and advocate for the benefits of increased physical activity, healthy nutrition, smoking cessation, and reduced alcohol and other drug use. For instance, continuing collaboration with Diabetes WA to provide the DESY program, with at least one DESY program scheduled within the reporting period.

Health education topics include, but are not limited to:

- 2 sessions on Healthy Lifestyle
- 1 session on Cancer Awareness
- 1 session on Sexual Health Awareness and Screening
- 2 sessions on Mental Health Management and Awareness
- 1 session on AOD/Smoking Awareness

Max characters: 15000

#### ☒ Increase Annual Health Assessments

How will this area of focus be addressed?

Support and promote to community to attend NWM or their identified General Practice and undertake annual Aboriginal and Torres Strait Islander health checks

Visit 10 mainstream medical GP practices in the Peel region to promote the Completion of Health Checks and provide training and support as requested



Max characters: 15000

### ☒ **Organisation Service Model**

How will this area of focus be addressed?

Reviewing our current service delivery with a Nurse Practitioner Model. Reviewing funding sources and opportunities to provide this service.

Max characters: 15000

### ☒ **Governance**

How will this area of focus be addressed?

Providing a culture of strong clinical governance demonstrating all 7 pillars that support clinical governance.

Pillar 1: Patient-Centred Care - all staff are aware and patients and family are reminded of this with posters in the waiting room

Pillar 2: Clinical Effectiveness - reviewing patients to ensure care and treatment effective.

Pillar 3: Patient Safety reviewing incidents and implementing CQI

Pillar 4: Governance and Leadership - strong leadership is demonstrated by managers

Pillar 5: Information Management - client details are updated regularly and secured on our health management system

Pillar 6: Training and Education - all staff are required to complete mandatory training as well as ongoing professional training as required by their profession.

Pillar 7: Performance and Monitoring - All staff and managers are required to complete annual PD to help identify growth and potential.

Max characters: 15000

### ☒ **CQI**

How will this area of focus be addressed?

Continue utilizing the Improvement Foundation model - Plan, Do, Study, Act - to evaluate ideas that may lead to improvement. Implement these ideas as appropriate. Use the Primary Sense Data extraction tool to identify opportunities for data-driven Quality Improvement. Plan as below

Include CQI as an agenda item at all team meetings to enable staff to present opportunities for CQI.

Implementation of new Quality Management system - (LOGIQC) aiming to improve the clinical governance of all programs

Complete at least one PDSA Cycle with regard to using data to improve a clinical outcome.

Complete at least one PDSA Cycle to enhance Community Engagement.

Max characters: 15000

### ☒ **Stakeholder/Partnership and Community Engagement**

How will this area of focus be addressed?

Have regular representation at Local Aboriginal Community Organisation meetings – (WINJAN)

Establish and maintain relationships with Community Elders.

Attended Interagency Meetings and Local Events held by other Service Providers.  
Partner with the NAIDOC Committee and the City of Mandurah to deliver NAIDOC events.  
At least one staff member to attend Koolbardies Yarning group - A group for local Aboriginal Elders and Women.  
Promote NWM to the Aboriginal community to support community engagement

Max characters: 15000

#### ☒ Cultural Safety/Security

How will this area of focus be addressed?

Ensuring all staff have completed mandatory training and attended the in person training.  
Monitor patient feedback and provide the appropriate training.

Max characters: 15000

#### ☒ Patient Transport

How will this area of focus be addressed?

Transportation to primary, secondary, and tertiary healthcare services is available through NWM vehicles.  
NWM provides transport services for attending appointments within its network, as well as for external medical appointments with specialists and allied health professionals upon request.  
Financial support for public or private transport is also offered, including petrol vouchers and train ticket purchases.  
For clients with their own vehicles, fuel vouchers may be provided to assist with transportation needs.  
  
Advocacy for the utilization and accessibility of hospital and private transport services, such as St John's community transport services, or the provision of taxi vouchers is crucial when no other forms of assistance are available. This is particularly important for clients who need to attend appointments early in the morning or late in the afternoon when staff are not available.

Max characters: 15000

### Challenge

Please tell us about the overall challenges your organisation plans to address over the next year. This is not restricted to just Primary Health Care.

#### ☒ Workforce, Recruitment, Retention and Training

How will this challenge be addressed?

Unsuccessful in recruiting Aboriginal Health Practitioners (AHP)  
We will continue to advertise through local networks and online  
We will support student AHW placements at NWM for consideration of future employment.  
We will support Murdoch Nursing students with third year placements  
Funding for GP and NP is challenging. Difficult to find funding sources,

Max characters: 15000

**☑ Staff Wellbeing**

How will this challenge be addressed?

Oseca has implemented a Healthy Mentally Healthy workplace policy to ensure that staff remain mentally fit. The question "What will you do to support your own Mental Health and Wellbeing?" is included in the annual staff appraisals, and regular meetings are scheduled to support staff in achieving their individual goals. All staff members receive contact details and brochures for the Access-Employment Assistance Program, a confidential counseling service available during work hours. Additionally, every Staff Development Day will feature a session focused on mindfulness or a mental health topic.

Max characters: 15000

**☑ Maintaining Community Engagement**

How will this challenge be addressed?

The Regional Manager and Program Manager are responsible for sustaining community engagement and feedback to effectively communicate our outcomes and services.

They will:

- Consistently participate in local Aboriginal community organization meetings, specifically WINJAN.
- Develop and uphold relationships with Community Elders in Pinjarra and Mandurah.
- Be present at Interagency Meetings at the Waroona Resource Centre.
- Participate in Community Events organized by other local Aboriginal Organizations.
- Extend invitations to all local service providers working with Aboriginal clients for Community Events at NWM.
- Utilize Facebook and other external services to promote Community Events and Engagement.
- Display a notice board at NWM showcasing all forthcoming events.
- Send SMS reminders to individuals who have expressed interest in attending events.

Max characters: 15000

## Staffing Information

**File Upload - Organisational Chart and Staffing Profile**

Use the **online form** in the Health Data Portal to provide an organisational chart and/or staffing profile. The uploaded document/s must clearly identify staffing positions that will be funded by your IAHP Health Care grant agreement.

## Governance, Leadership and Culture

**Objectives**

This section is an opportunity to provide an overview of the Governance, Leadership and Culture within your organisation by identifying Strategies/Activities that demonstrate ongoing improvement and focus over the next 12 months.

The following goals map to the Implementation Plan of the Aboriginal and Torres Strait Islander Health Plan 2021—2031 and address the changes needed to make the health system more comprehensive, culturally safe and effective, and achieve health equality by 2031.

**Goals:**

- Strengthen Governance, Leadership and Culture – ACCHSs/Health Service Organisations (HSOs) provide high quality comprehensive and accountable services that are locally responsive to identified community health needs (IP Strategy 1A).
- Facilitate Cultural Safety and Competence – ACCHSs have strategies to improve the cultural awareness and cultural competency of the workforce to deliver primary health care to individuals, families, and communities (IP Strategy 2A).
- Support Continuous Quality Improvement – Access and utilisation of CQI Skills to improve services.

Please select all the Objective categories **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement.

Once you select an objective, you can then add your explanatory text in the **Strategies / Activities, Targets, Timeframe and Stakeholder/Community** text boxes. **Consider here:** *Client record systems; infrastructure; business risks and mitigation; health needs and service planning.*

☒ **Effective Governing Board**

**Strategies/Activities**

The Board of Oseca is committed to operating legally (in accordance with applicable legislation and regulation), properly (in accordance with organisational policy and procedures), and ethically (in accordance with recognised ethical principles). Board Members have made a commitment to strong corporate governance principles and the development of an open and transparent organisation that is clear in its operations and direction.

It is the responsibility of the board

1. Establish a strategic plan and oversee its implementation
2. Network with stakeholders
3. Policy development and Implementation
4. Assurance of executive performance
5. Maintenance of a Functional Board

Max characters: 15000

## Outcome

Full Board meetings are to be held at least six (6) times a year and in general will be held bi-monthly-  
Program activity report will be tabled at Board meetings

Our board will ensure

- ☐ Develop and monitor key performance indicators for all areas of operation including financial and program/service delivery at least quarterly
- ☐ Review areas of risk for the Organisation and prepare appropriate strategies.
- ☐ Determine the future direction of the Organisation through the preparation and regular review of its Strategic Plan.
- ☐ Monitor progress against the Organisation's Strategic Plan no less than every six months (or when seen to be required) and take action as required
- ☐ Recognise and utilise strategic alliance opportunities to achieve the purpose and potential of the Organisation in pursuit of its mission, vision, goals and long-term viability.
- ☐ Ensure the Organisation has an effective Quality Management System.
- ☐ Review all governance policy documents for appropriateness and currency and update where necessary.
- ☐ Collectively the Board maintains and updates skills to ensure it is fit for purpose.
- ☐ Set criteria for evaluation of Board performance (KPIs) and individual Board Member performance.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

## ☒ Good Organisational Governance

### Strategies/Activities

The Senior Management Team (SMT) provides daily leadership for the organization, ensuring a work environment conducive to effectively achieving the organization's goals and priorities. The SMT is collectively accountable for implementing the Strategic Plan set by the Board of Directors and the Chief Executive Officer (CEO). SMT members are committed to maintaining regular communication to foster a unified understanding and knowledge throughout the organization. The SMT convenes regularly to deliberate and decide on the organization's operations. Decisions are reached through consensus; however, if consensus is unattainable, the CEO will make the final decision, considering the majority viewpoint. Additionally, the SMT collaborates in the Quality Management Team meetings and Risk Management Meetings.

Max characters: 15000

## Outcome

SMT will ensure

- ☐ Ensure all governance Policies as set by the Board are disseminated into all organisational policies and processes.
- ☐ Manage the operations of the Organisation in accordance with objects of the Constitution, Strategic Plan and governance/direction provided by the Board of Directors.

- ☐ Identify and monitor outcomes, workstreams and activities to advance the Operational Plan of the Organisation
- ☐ Provide leadership to and management of all staff in the day-to-day activities of the Organisation
- ☐ Foster an enabling, engaging and constructive culture across the whole Organisation
- ☐ Positively communicate and promote board direction to all staff members
- ☐ Maintain standards and good practice in all operations of the Organisation, including but not limited to,

o the development, implementation and monitoring of plans, policies, procedures, activities and budgets for programs and services

o Oversees and ensure high quality program and service delivery in accordance with contracts and service agreements with funders

o financial management, quality management, risk management, information and communication technology, work health and safety, facilities management.

o clinical governance.

SMT will convene regular meeting as follows.

1. Weekly/Fortnightly Meetings - Catch up meeting
2. Monthly Meetings - Scheduled meetings to discuss clinical governance, risks, finance etc

In addition to this, there will be regular meetings with Board subcommittees, Clinical governance and Work Health and Safety committee to ensure the governance process across the organisation.

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

#### ☒ Best Practice Clinical Governance

Strategies/Activities

Clinical governance framework for the Organisation to ensure patients receive care that is safe, effective, appropriate, timely and efficient. This framework also ensures that minimum standards and consistency are maintained with continuous quality improvement across the organisation.

- The Board of the Organisation will provide the strategy and policy for effective clinical governance and monitoring of compliance. The Board has established the Clinical Governance Committee to assist the Board in these matters. Full terms of reference are available at GOV-POL-526 Clinical Governance Committee – Terms of Reference.
- All managers with oversight of and responsibility for health professionals employed or contracted by the Organisation.
- All health professionals both employed and contracted have a responsibility to ensure this clinical governance framework is implemented and adhered to across the organisation.
- Non-clinical staff should ensure they seek advice from managers or clinical staff relating to any aspect of service development or delivery that includes a clinical element.

Max characters: 15000

**Outcome**

Oseca is committed to being accountable for continually improving the quality of our service and safeguarding high standards of care by creating an environment in which excellence in clinical care will be maintained.

This is accomplished by adhering to the Clinical Governance policy framework, which is founded on the four principles outlined below.

1. Client Participation- Achieved through Community action groups, satisfaction surveys, Feedback management (Complaints/Compliments)

2. Clinical effectiveness

3. Professional Development

4. Clinical Risk Management

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

**☒ Effective Partnerships****Strategies/Activities**

Oseca as an organization, is always eager to develop partnerships with other agencies to ensure the best care for our clients. We believe that building effective partnerships is crucial to success, which we achieve by participating in community activities and multi-agency consortium discussions, such as the Headspace consortium and the Mental Health Week Consortium.)

Max characters: 15000

**Outcome**

We build our partnerships through

1. Stakeholder engagement activities by valuing

a) mutual understanding and valuing each other's strengths

b) Open, transparent and regular communication

c) Shared vision and collaborative approach

d) Flexibility and adaptability

e) Mutual benefit

2. Collaborate with other agencies including WACHS (Western Australian Country Health services)

Max characters: 15000

Is there a timeframe for completion, or is this initiative ongoing?

Ongoing

**Challenges**



This section is an opportunity to identify Governance, Leadership and Culture challenges that are impacting your organisations and provide strategies/activities that you intend to implement to demonstrate ongoing improvement and focus over the next 12 months.

Please select one or more of the Challenges **relevant** to your organisation and the services you deliver under your IAHP Primary Health Care grant agreement.

Once you select a Challenge you can then add your explanatory text in the **Strategies / Activities, Targets, Timeframe and Stakeholder Community** text boxes.

**Consider here:** *Management expertise; workforce development, strategic planning, accreditation, quality assurance and clinical governance; financial, IT, communication, reporting and client record systems; infrastructure; business risks and mitigation; health needs and service planning.*

#### ☒ **Succession Planning/Staff Retention**

How will this challenge be addressed?

We have recognized that staff retention poses a challenge throughout the organization, particularly in roles that require specific skill sets for effective delivery.

To improve staff retention, senior leadership team commenced

1. Annual feedback survey
2. Monthly Happiness surveys
3. Open communication
4. Provide opportunities for growth and development
5. Competitive salary and benefits

Max characters: 15000

#### ☒ **Risk Management**

How will this challenge be addressed?

Risk are identified and registered on LogiQC. All risk are then managed appropriately with evidence save on LogiQC.

Max characters: 15000

#### ☒ **Upskilling Board Members and Training/ Professional Development**

How will this challenge be addressed?

Recently, we completed a skills assessment of our board and identified skill gaps. To address these, we have recruited new board members. In August 2024, two new members, including a medical practitioner who will oversee clinical governance, will join us.

Max characters: 15000

## **Risk Management Plan**

Please include your Risk Management Plan to support the delivery of your Primary Health Care activity. If your organisation already has a risk management plan and covers the points below, you can link to it (if it is on your website) or upload it as a document.

If you don't have a risk management plan, complete the form in the Health Data Portal or download the template from the Health Data Portal to complete, then upload.

- **Risks** — Determine which risks are the most important in terms of their potential to impact on the achievement of the objectives of the Program. Where possible, try to combine similar risks to consolidate the number of potential risks. The categories of risk listed below have been identified as having the potential to impact on the program. Identify the source of each risk (i.e., how the risk can occur or what would prevent you from achieving the Outcome).
- **Impact** — Identify the consequence of each risk (i.e., what does it mean to your organisation if it does happen).
- **Controls / Treatment strategies** — A control or treatment is a planned approach, process, policy, device, practice, or other action that acts to minimise negative risks or enhance positive opportunities. What are the controls currently in place that affect the impact and/or likelihood of the risk? Controls may include checklists, regular planning meetings, procedures manual, contingency plans, audits, or agreements in place. An adequate control implies that the risk is well managed, and no further treatments are required. A marginally effective control implies that a treatment is not necessary however this may depend on the level of risk. An inadequate control implies that treatments are necessary.
- **Likelihood and Consequence** — Rate the likelihood of the identified risk occurring with the controls in place. Rate the consequence to the Program outcomes of the identified risk occurring with the controls in place.
- **Current Risk Rating** — When you select both a Likelihood and Consequence, the Risk Rating will be automatically shown.
- **Acceptance of Risk** — Is the risk you have identified **Acceptable** or **Not Acceptable**? You may need to focus on additional controls or treatment strategies.
- **Proposed Treatment Strategies** — Detail the strategies you will use to manage the risk.

Is your Risk Management Plan published on your website?	No
Do you have a Risk Management Plan to upload?	Yes

## File Upload - Upload Risk Management Plan

Log into the Health Data Portal to upload your Risk Management Plan information.

## Budget

### File Upload - Budget

Upload a budget that includes expected income and expenses for the activity for the financial year. Additionally, upload your organisation's Asset Register of all assets purchased with IAHP PHC funding with a value of \$22,000 (including GST) or more at the time of the asset's purchase, lease, or creation.

Budget and Asset Register templates are available from the Health Data Portal for you to download, complete and then upload.

## Document Properties

Stylesheet version: 38 - Now supports PER, vertical non-table layout, rendering fileupload headings fixed.

XSLT version: 1.0

XSLT Vendor: IBM Corporation

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