



Health  
South Eastern Sydney  
Local Health District

# Aboriginal Health Implementation Plan 2021-2023

St George Hospital & Health Services  
Sutherland Hospital & Health Services



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## Acknowledgement of Country

*South Eastern Sydney Local Health District, which includes St George Hospital and Health Service and the Sutherland Hospital and Health Service, would like to acknowledge the Traditional Custodians on whose land we stand, and the lands our facilities are located on; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples. We pay our respects to the Elders past, present and those of the future.*

## Cover Artwork

*“Swampy Creek” - Artist Annette Webb*

This artwork was commissioned by the St George Hospital, where it is on display. It is reproduced on the cover of this document with the artist’s permission.

## Foreword

Improving the health and wellbeing of Aboriginal communities across South Eastern Sydney Local Health District is a key priority area of action. St George Hospital and Health Service (SGH) and The Sutherland Hospital and Health Service (TSH) acknowledge there are significant health disparities between Aboriginal and non-Aboriginal people. The *Aboriginal Health Implementation Plan 2021-2023* reflects the organisations' commitment to closing this gap.

To address such significant disparities we must change the way we understand and deliver care with Aboriginal communities. In order to achieve this change, our plan highlights the strategies that must be at the heart of how our system promotes the best care and outcomes for Aboriginal people within SESLHD.

The strategic direction of this plan considers key issues, such as how SGH and TSH can improve respectful, trusting and effective partnerships with the Aboriginal communities it serves.

The implementation of this plan will be led by the Executive at both SGH and TSH, and involve all staff in improving Aboriginal Health and ensuring the wellbeing of generations to come.

This plan is a culmination of significant work by a number of stakeholders across both SGH and TSH. The enthusiasm demonstrated by individuals involved reflects our fundamental commitment to making a real contribution to the health and wellbeing of Aboriginal people from communities that access the SGH and TSH.

Implementation of the plan will be supported and monitored on a quarterly basis by the SGH and TSH Aboriginal Health Committee, which we co-chair. Deliverables and outcomes will then be reported through the appropriate governance channels and committee structures.

By working collaboratively with all hospital staff, our partners and local Aboriginal communities, implementation of this plan plays an important role in improving Aboriginal health and wellbeing across the SGH and TSH.



**Paul Darcy**  
General Manager  
St George Hospital and Health Service



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General Manager  
The Sutherland Hospital and Health Service

## Introduction

The *Aboriginal Health Implementation Plan 2021-2023* for St George Hospital and Health Service (SGH) and the Sutherland Hospital and Health Service (TSH) identifies a range of strategies and actions aimed at developing and enhancing a culture of sustainable, culturally informed practice. This plan focuses on improving health and wellbeing outcomes for Aboriginal people attending our health services. It builds upon the *SGSHHS Aboriginal Health Action Plan 2014-15* and the *SGH-TSH Aboriginal Health Implementation Plan 2017-2020* and is consistent with NSW Health and South Eastern Sydney Local Health District's (SESLHD) strategic direction for Aboriginal Health.

Throughout the remainder of the document we use "Aboriginal" for "Aboriginal and Torres Strait Islander", which is consistent with NSW Health *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, in recognition that Aboriginal people are the original inhabitants of NSW.

## Principles

The following underpinning principles identified in the *NSW Aboriginal Health Plan 2013-2023* are essential to achieve the *SGH-TSH Aboriginal Health Implementation Plan 2021-2023*:

- Trust and cultural respect
- Recognition of the cultural values and traditions of Aboriginal communities
- Holistic approaches to the health of Aboriginal people
- The participation of Aboriginal people at all levels of health service delivery and management
- Partnership with Aboriginal communities
- Recognition of the contribution the health system can make to the social determinants of health.

In addition, this Implementation Plan identifies as principles:

- The responsibility for achieving health equity for Aboriginal people rests with all health service providers across the St George and Sutherland areas
- South Eastern Sydney Local Health District (SESLHD) is committed to addressing racism, including but not limited to not acting in a manner which is racially discriminating and that we feel empowered and supported to intervene when we witness a racist incident
- SGH and TSH will demonstrate commitment to improving Aboriginal health through high level engagement of their leadership, training in cultural safety, increased Aboriginal workforce and budget allocation.

## Process of Development

This plan has been developed by a working party for the SGH and TSH Aboriginal Health Committee supported by the SESLHD Manager Strategy and Planning and SESLHD Equity Coordinator.

The working party preparing the Plan included:

- SGH and TSH Aboriginal Hospital Liaison Officer
- SGH and TSH Diversity and Aboriginal Health Manager
- SGH and TSH Social Work department heads
- SGH Multicultural Health Worker
- TSH Diversity Health Coordinator
- SESLHD Equity Coordinator
- SESLHD Manager Strategy and Planning/Senior Health Service Planner.

A review of the SGH-TSH *Aboriginal Health Implementation Plan 2018-2021* was undertaken by the working party.

Consultation occurred with local Aboriginal health workers and staff within the facilities who participated in 2 focus groups and an online survey. Aboriginal patients who had recently attended the two hospitals were surveyed about their experience. The consultation process was conducted within COVID-19 restrictions.

Additionally, the *Aboriginal Cultural Engagement Self-Assessment* was undertaken to identify gaps and inform key actions.

A summary of the surveys and focus groups is appended.

## **Governance**

A SGH and TSH Aboriginal Health Committee was formed in February 2021.

The Committee's role is to:

- Oversee the development, monitoring and evaluation of the SGH/TSH *Aboriginal Health Implementation Plan 2021-2023*, ensuring that the Plan includes actions identified through the Cultural Engagement Self-Assessment and National Standards and is in consultation with people who identify as Aboriginal
- Review and monitor for Aboriginal patients and clients the key quality and safety indicators, service usage and workforce data
- Report on implementation and recommendations to the SGH Patient Safety and Clinical Quality Committee and TSH Clinical Governance Committee, SESLHD AHIP Committee, SGH Consumer Advisory Committee and TSH Consumer Advisory Committee.

Implementation is a shared responsibility across the organisations and membership and projects/tasks will be allocated.

## **Monitoring Implementation**

The SGH and TSH Aboriginal Health Committee is responsible for developing, leading and monitoring the implementation of this *Aboriginal Health Implementation Plan*.

## Population Profile

The following information is sourced from a Factsheet prepared by the SESLHD Strategy and Planning Unit which summarises a selection of indicators for the Aboriginal population of the South Eastern Sydney Local Health District (SESLHD), related to its size, age distribution and socioeconomic factors.

### Aboriginal Nations and Languages

The SESLHD geographic area encompasses the traditional lands of five Aboriginal language groups, including the Dharawal, Gadigal, Wangai, Gweagal and Bidjigal peoples. The SESLHD geographic area is within two large Aboriginal Nations - the Eora and Dharawal Nations - which extend way beyond the boundaries of SESLHD (refer to Figure 1).

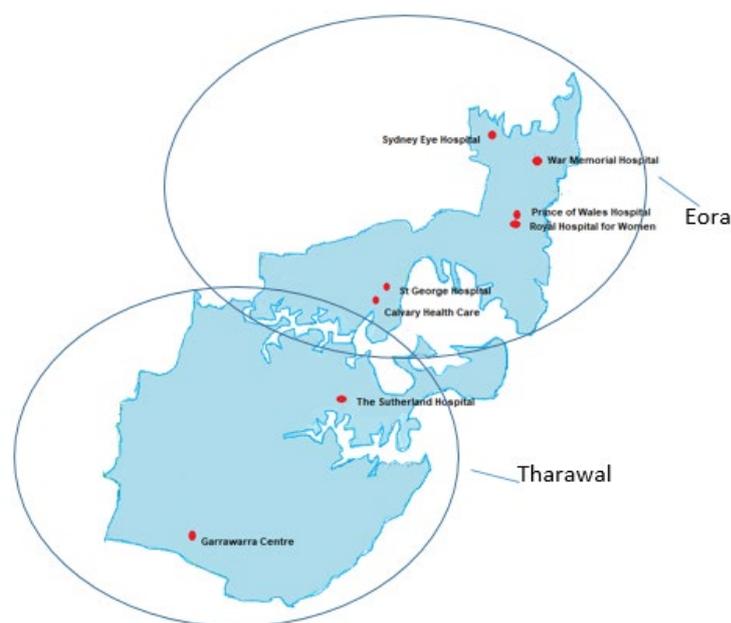


Figure 1: Aboriginal Nations covering SESLHD

### Aboriginal Population

In 2016, people of Aboriginal heritage make up approximately 1% of the SESLHD population, compared with 3% of the NSW population. Just over half of all SESLHD residents identifying as Aboriginal live in Botany Bay, Randwick, Sydney (part), Waverley and Woollahra, where they comprise 1.1% of the population. The southern sector of Georges River, Rockdale and Sutherland has 0.8% of their population identifying as Aboriginal.

### Local Government Areas

Residents of SESLHD include those living in the Local Government Areas of Bayside (formerly Botany Bay and Rockdale); Georges River (formerly Hurstville and Kogarah); Lord Howe Island; Randwick; Sutherland; part Sydney (Sydney East and Sydney Inner Statistical Local Areas only); Waverley and Woollahra.

Table 2: Aboriginal Resident Population by Local Government Area, SESLHD and NSW, 2016 (Note: The numbers likely to be an undercounting due to under reporting of Aboriginality)

Local Government Area	Aboriginal	Non-Aboriginal	Total	% Aboriginal Pop. of LGA	% Aboriginal Pop. of SESLHD
Botany Bay	814	45,840	46,654	1.7	9.7
Lord Howe Is.	3	379	382	0.8	0
Randwick	2144	138,516	140,660	1.5	25.6
Sydney (part)	1013	86,504	89,600	1.1	12.1
Waverley	270	66,542	66,812	0.4	3.2
Woollahra	160	54,080	54,240	0.3	1.9
Georges River	800	146,041	146,841	0.5	9.5
Rockdale	741	108,663	109,404	0.7	8.8
Sutherland	2,435	216,029	218,464	1.1	29.1
<b>SESLHD Total</b>	<b>8,380</b>	<b>862,594</b>	<b>872,675</b>	<b>1.0</b>	<b>100</b>
<b>NSW</b>	<b>216,176</b>	<b>7,264,052</b>	<b>7,480,228</b>		

Source: Australian Bureau of Statistics, 2016 Census

## Hospital Activity – Patients who identify as Aboriginal and/or Torres Strait Islander

In 2018/19, 376 hospital separations at TSH and 372 hospital separations at SGH were recorded for Aboriginal patients, that is people who were identified as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. Bed days recorded were 1,713 at TSH and 2,459 at SGH.

The percentages of Aboriginal separations compared to non-Aboriginal separations is expected to be greater due to comorbidities and reported population health status of Aboriginal patients. However, this is not shown in hospital data which suggests significant under recording of Aboriginality in each health care facility.

Emergency Department key findings for patients identifying as Aboriginal in 2019 are:

- 1139 patients attended the TSH emergency department. These presentations represented 708 distinct patients
- 832 patients attended the SGH emergency department. These presentations represented 540 distinct patients
- A total of 1% of ED patients at SGH and 2% of ED patients at TSH identified as Aboriginal. The volume and number of distinct patients identifying as Aboriginal has increased year on year for the last 5 years
- The demographic profile is significantly younger than those who have no identified Aboriginal status
- At SGH, patients had almost double the rate of 'Departed – Left at own risk': 8.4% compared to the non-Aboriginal population 4.6% and at TSH 5.5% compared to the non-Aboriginal population 3.9%
- At SGH a higher proportion of ED presentations for mental health related issues compared with the non-Aboriginal population.

Inpatient key findings for patients identifying as Aboriginal in 2019 are:

- At SGH, the Average Length of Stay (ALOS) was 1.5 days longer than non-Aboriginal. Three consecutive years of ALOS increase since 2016
- At TSH, the ALOS 0.2 days shorter than non-Aboriginal. Two consecutive years of ALOS increase since 2017.
- Lower rates of acute care type admissions of emergency admissions than non-Aboriginal patients (SGH: 84.8% compared to 89.3%, TSH 85% compared to 92.9%).
- A much higher rate of mental health admissions compared with non-Aboriginal patients (SGH: 6.0% compared to 2.1%, TSH 8.1% compared to 2.2%).
- Patients were discharged at own risk at almost three times the rate compared with the non-Aboriginal hospital population (SGH: 3.2% compared to 1.2%, TSH: 3.8% compared to 1.2%). Since 2018 the rate has decreased at SGH where the total was 4.8%, and increased at TSH where the total was 2.0%.
- Admitted patients had slightly higher rates of diabetes than non-Aboriginal (SGH: 20.7% compared to 16.9%; TSH: 12.5% compared to 11.4%)
- Slightly higher rates of Chronic Obstructive Pulmonary Disease (COPD) compared with non-Aboriginal admitted patients (SGH: 3.0% compared to 2.5%, TSH: 7.0% compared to 4.9%)
- Slightly lower rates of chronic heart failure compared with non-Aboriginal patients (SGH: 2.4% compared to 3.0%, TSH 1.9% compared to 2.1%) Rates of CHF appear to have spiked in the Aboriginal population in 2019.

## The Strategic Context



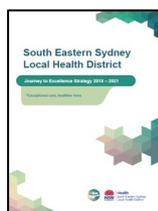
The *NSW Aboriginal Health Plan 2013-2023* (PD 2012\_066) sets the framework to support closing the gap in Aboriginal health outcomes by spreading responsibility for achieving health equity for Aboriginal people in NSW across all NSW Health organisations and health services.

The plan outlines six strategic directions to drive the changes needed within the health system that will lead to improvement in Aboriginal health outcomes:

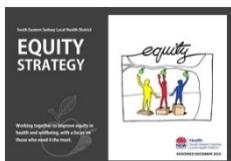
- **Building trust through partnerships**
- **Implementing what works and building the evidence**
- **Ensuring integrated planning and service delivery**
- **Strengthening the Aboriginal workforce**
- **Providing culturally safe work environments and health services**
- **Strengthening performance monitoring, management and accountability**

These strategic directions have been adopted as the framework for this *Aboriginal Health Implementation Plan 2021-2023* for SGH and TSH.

Planning within SESLHD is guided by the following internal strategic documents, which inform the development and delivery of services:



The *SESLHD Journey to Excellence – 2018–2021* strategy describes priority areas for action towards a vision of “Exceptional care, Healthier lives”: Safe, person-centred and integrated care; Workforce wellbeing; Better Value; Community wellbeing and health equity; and Foster research and innovation.



The *SESLHD Equity Strategy 2015* recognises equity in health and wellbeing as a priority for action across the entire organisation.



The *SESLHD Integrated Care Strategy 2015* outlines priorities and key strategies to transform current processes and delivery systems into a systemic and systematic approach to integrated care across the LHD.



The *SESLHD Community Partnerships Strategy* outlines the District’s commitment and approach to achieving a better public health system in partnership with our communities.

## “Business as Usual”

SGH and TSH acknowledge that there are some actions that are expected as everyday business. These are outlined below and will be monitored by the Aboriginal Health Committee.

Key Actions	Outcome Measures	Responsibility
A1 Encourage staff participation in cultural awareness training such as “Respecting the Difference”	<ul style="list-style-type: none"> <li>Percentage of staff participation</li> <li>Allocation of budget to training</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Staff Education</li> </ul>
A2 Distribution of the AHLO brochure to Aboriginal patients	<ul style="list-style-type: none"> <li>Increased consumer knowledge of AHLO role and contact details</li> </ul>	<ul style="list-style-type: none"> <li>AHLO</li> </ul>
A3 Promote community events, e.g. NAIDOC, Close the Gap, Aboriginal Children’s Day, and access stories from local consumers and community organisations	<ul style="list-style-type: none"> <li>Increased exposure to community and potential clients</li> <li>Promotion of lifestyle programs</li> <li>Stories from local Aboriginal community members are communicated at key hospital events</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Aboriginal Health Committee</li> <li>AHLO</li> <li>AHU</li> </ul>
A4 Maintain Bulbuwil Programs for healthy lifestyle and social wellbeing such as cooking, water therapy, fitness, walking group	<ul style="list-style-type: none"> <li>Access to culturally appropriate activities and information about healthy lifestyles (attendance trends; satisfaction reports)</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Health Unit</li> </ul>
A5 Aboriginal patient experience stories are collected and communicated to key committees (eg Aboriginal Health Committee, Clinical Council)	<ul style="list-style-type: none"> <li>Patient stories inform best practice in service development and delivery</li> </ul>	<ul style="list-style-type: none"> <li>AHLO</li> <li>Aboriginal Health Committee</li> <li>Clinical Councils</li> </ul>
A6 Share best practice with other services within SESLHD and with other district LHDs, by participating in forums, particularly those with comparable populations	<ul style="list-style-type: none"> <li>Comparable health services/hospitals identified</li> <li>Forum participation and learnings communicated back to the STG &amp; TSH Aboriginal Health Committee</li> </ul>	<ul style="list-style-type: none"> <li>AHU</li> <li>AHLO</li> </ul>
A7 Participate in Georges River Council Aboriginal Reference group, Southern Sydney Koori Interagency meeting, SESLHD Aboriginal Health Workers Group, SGH and TSH Aboriginal Health committee, Narrangy-Booris Community Reference Group	<ul style="list-style-type: none"> <li>Integrated health and social care</li> </ul>	<ul style="list-style-type: none"> <li>AHLO</li> <li>AHW</li> </ul>
A8 Support Aboriginal representative, in addition to the AHLO, on the Consumer Advisory Groups at SGH and TSH	<ul style="list-style-type: none"> <li>Inclusion of Aboriginal consumers in the activity of Consumer Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Chair of Consumer Advisory Groups</li> </ul>
A9 Provide an annualised budget to support key events which recognise and celebrate culture	<ul style="list-style-type: none"> <li>Funding provided;</li> <li>Increased participation with the Aboriginal community in community events</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Finance Manager</li> </ul>

## Our Implementation Plan

PRIORITY	Key Action/s	Outcome Measures	Responsibility
1 <b>Building trust through partnerships</b>	1.1 Engage and maintain Aboriginal representatives, in addition to the AHLO, on the Consumer Advisory Groups at SGH and THS	<ul style="list-style-type: none"> <li>Participation of Aboriginal consumers in the activity of Consumer Advisory Group (measured through attendance minuted contribution, feedback/satisfaction from consumer about their ability to contribute to the advisory group and the service's responsiveness)</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Chair of Consumer Advisory Groups</li> </ul>
	1.2 Raise staff awareness of importance of "asking the question about identification", access to AHLO and Acknowledgment of Country	<ul style="list-style-type: none"> <li>Increased staff awareness of posters, intranet and AHLO brochures (annual survey comparing to 2020 staff survey)</li> <li>Number and percentage of staff that completed My Health Learning module 103260592 'Asking the Question: Improving the Identification of Aboriginal People'</li> </ul>	<ul style="list-style-type: none"> <li>AHLO</li> <li>AHU</li> <li>SGH and TSH Staff Education</li> </ul>
	1.3 Develop and monitor a system for advising ACCHSs and other relevant organisations when Aboriginal patients are admitted or discharged	<ul style="list-style-type: none"> <li>6 monthly monitoring report to SGH-TSH Aboriginal Health Committee on provision of patient admission and discharge information to ACCHS's and other relevant organisations</li> </ul>	<ul style="list-style-type: none"> <li>SGH and TSH Performance Unit</li> <li>AHU</li> </ul>
	1.4 Work to ensure involvement of Aboriginal consumers, Kurranulla Aboriginal Corporation, Redfern AMS and Aboriginal identified staff to address issues which impact on how Aboriginal people access health services, for example <ul style="list-style-type: none"> <li>Transport</li> <li>Cultural safety and appropriateness of services</li> </ul>	<ul style="list-style-type: none"> <li>Increased options and improved accessibility to services</li> </ul>	<ul style="list-style-type: none"> <li>AHU</li> <li>AHLO</li> <li>Consumer involvement where appropriate when engaging with Aboriginal community members</li> </ul>
	1.5 Work with Kurranulla Aboriginal Corporation in relation to NDIS and Commonwealth Home Support Programme (CHSP)	<ul style="list-style-type: none"> <li>Increased options and improved accessibility to services</li> </ul>	<ul style="list-style-type: none"> <li>AHU</li> <li>AHLO</li> </ul>

<b>PRIORITY</b>	<b>Key Action/s</b>	<b>Outcome Measures</b>	<b>Responsibility</b>
<b>2</b> <b>Implementing what works and building the evidence</b>	2.1 Review the model of identifying a Lead person or 'Champion' on each ward/clinical area and how they are supporting/assisting the AHLO role	<ul style="list-style-type: none"> <li>Improved knowledge and access to AHLO</li> </ul>	<ul style="list-style-type: none"> <li>Service Line Managers</li> <li>Allied Health HOD SGH/TSH</li> <li>Nurse Managers</li> </ul>
	2.2 Monitor and review processes to improve the rate of Aboriginal identification and recording, linking to district project will be undertaken 2021 by the Aboriginal Health Unit to increase recording of Aboriginality	<ul style="list-style-type: none"> <li>Improved performance in asking the question by reception staff, clinicians and departments (file audit, observation, patient and staff surveys repeated from 2020)</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal Health Committee</li> </ul>
<b>3</b> <b>Ensuring integrated planning and service delivery</b>	3.1 Involve the local Aboriginal community in the co-design, implementation and evaluation of services to align with NSQHS 2 Partnering with consumers	<ul style="list-style-type: none"> <li>Evidence in plans and service records for NSQHS Standard 2</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Standard 2 Executive sponsor</li> </ul>
	3.2 Monitor performance of integrated planning and service delivery related to Aboriginal people	<ul style="list-style-type: none"> <li>Reduction in the number of Aboriginal people leaving hospital against medical advice by 20%</li> <li>Hospital environments are more culturally safe and friendly</li> <li>% of Aboriginal patients/clients followed up by AHLO 48 hours after discharge</li> <li>ED waiting times and incomplete ED attendances</li> <li>Patient Satisfaction Rates</li> <li>Diverse palliative care and Sorry Business needs of Aboriginal families are assessed and supported</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Aboriginal Health Committee</li> <li>End of Life Committee</li> </ul>
<b>4</b> <b>Strengthening the Aboriginal workforce</b>	4.1 Develop strategies to make SGH and TSH a workplace of choice for potential Aboriginal employees	<ul style="list-style-type: none"> <li>Increased number of Aboriginal applicants for positions</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>SESLHD HR Manager</li> </ul>
	4.2 Take a targeted approach to increase the representation of Aboriginal employees to 3%, including identifying opportunities for front-line positions	<ul style="list-style-type: none"> <li>Increased number of employees who identify as Aboriginal in front line positions</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> </ul>

<b>PRIORITY</b>	<b>Key Action/s</b>	<b>Outcome Measures</b>	<b>Responsibility</b>
	4.3 Recruit an additional AHLO position/ resources to support position at STG and TSH	<ul style="list-style-type: none"> <li>• Increase from 1FTE to minimum 2FTE, with male and female staffing in AHLO roles due to men's and women's business.</li> <li>• Increased resources</li> </ul>	<ul style="list-style-type: none"> <li>• General Manager</li> </ul>
	4.4 Enhance retention of Aboriginal employees through relevant training and mentoring including cultural support; and identify career pathways	<ul style="list-style-type: none"> <li>• Worker satisfaction; Access to training/mentoring; All Aboriginal workers have an identified career pathway</li> </ul>	<ul style="list-style-type: none"> <li>• Service Line Managers</li> <li>• AHU (mentoring and cultural support)</li> </ul>
	4.5 Support opportunities for traineeships/cadetships (nursing, administrative, allied health) resulting in employment within the health service	<ul style="list-style-type: none"> <li>• Number of trainees/cadets; number of trainees/cadets who are employed at end of traineeship</li> </ul>	<ul style="list-style-type: none"> <li>• General Manager</li> <li>• Service Line Managers</li> <li>• SESLHD Aboriginal Employment Manager</li> </ul>
<b>5</b> <b>Providing culturally safe work environments and health services</b>	5.1 Identify a room or area at TSH that can be used for Aboriginal specific purposes, such as case conferences, meetings	<ul style="list-style-type: none"> <li>• Welcoming and culturally appropriate space</li> </ul>	<ul style="list-style-type: none"> <li>• TSH General Manager</li> </ul>
	5.2 Provide opportunities for, and take action, on opportunities for Aboriginal consumer feedback on: <ul style="list-style-type: none"> <li>• Artwork, posters etc displayed at the hospital</li> <li>• Aboriginal men's and women's business in service planning and delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Welcoming and culturally appropriate environment and service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• General Manager</li> </ul>
	5.3 Advocate for resources to provide training to staff	<ul style="list-style-type: none"> <li>• Increased number of Aboriginal staff with training capacity and capability within SGH and TSH and in the District</li> </ul>	<ul style="list-style-type: none"> <li>• General Manager</li> </ul>
	5.4 Provide a range of training opportunities to improve staff knowledge and awareness of Aboriginal culture, history and healthcare	<ul style="list-style-type: none"> <li>• Percentage of all staff completing training</li> <li>• Allocation of budget to training</li> <li>• Inservices and smaller training opportunities provided, in combination with HETI online training and "Respecting the Difference"</li> </ul>	<ul style="list-style-type: none"> <li>• General Manager</li> </ul>

<b>PRIORITY</b>	<b>Key Action/s</b>	<b>Outcome Measures</b>	<b>Responsibility</b>
<b>6</b> <b>Strengthening performance monitoring, management and accountability</b>	6.1 Make improvement of Aboriginal health a priority in business plans of all departments	<ul style="list-style-type: none"> <li>All departments include strategies to address inequities in Aboriginal health</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Service Line Managers</li> </ul>
	6.2 Maintain a Committee to oversee the implementation and monitoring of the SGH and TSH <i>Aboriginal Health Implementation Plan 2021-2023</i>	<ul style="list-style-type: none"> <li>Terms of Reference are met</li> <li>Regular reports to the General Manager</li> </ul>	<ul style="list-style-type: none"> <li>Social Work HOD</li> </ul>
	6.3 Report on progress towards staff implementing policy on identification and referral questions at intake and/or admission	<ul style="list-style-type: none"> <li>Improved data collection</li> </ul>	<ul style="list-style-type: none"> <li>All staff at intake/admission</li> <li>BIA</li> <li>AHU</li> </ul>
	6.4 Conduct a regular cultural audit	<ul style="list-style-type: none"> <li>Analysis and report to Aboriginal Health Committee on cultural</li> <li>Number of action items completed from previous audit</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal Health Committee</li> </ul>
	6.5. Participate in and report to SESLHD Aboriginal Health Implementation Committee	<ul style="list-style-type: none"> <li>Regular reporting to and from Committee</li> <li>Improved coordination of services</li> </ul>	<ul style="list-style-type: none"> <li>General Managers or nominee (e.g. Diversity Health Coordinator SGH)</li> </ul>
	6.6 Conduct a staff survey to evaluate progress and inform the next Implementation Plan in 2023	<ul style="list-style-type: none"> <li>Staff survey conducted and report prepared, informing planning</li> </ul>	<ul style="list-style-type: none"> <li>General Manager</li> <li>Social Work HOD</li> </ul>
	6.7 Ensure that all research and improvement projects, policies, strategies and plans developed in SGH-TSH have Aboriginal Health Impact Statements.	<ul style="list-style-type: none"> <li>6 monthly report from AHU compared to register of research and improvement projects</li> </ul>	<ul style="list-style-type: none"> <li>General Managers</li> <li>AHU</li> <li>Quality Improvement Managers</li> </ul>

# Appendix

## Abbreviations

AHU	SESLHD Aboriginal Health Unit
AHLO	Aboriginal Hospital Liaison Officer
ALOS	Average Length of Stay
BIA	SESLHD Business Intelligence and Analytics
HOD	Head of Department
HR	Human Resources
NDIS	National Disability Insurance Scheme
SESLHD	South Eastern Sydney Local Health District
SGH	St George Hospital and Health Services
TSH	The Sutherland Hospital and Health Services

## Aboriginal Hospital Liaison Officer – Service Overview

The Aboriginal Hospital Liaison Officer (AHLO) provides a liaison service to Aboriginal and Torres Strait Islander inpatients and outpatients, their families, carers and/or support people at SGH and TSH. An essential criteria for appointment to the AHLO position is Aboriginal or Torres Strait Islander descent (pursuant to Section 14 (d) of the Anti-discrimination Act).

The AHLO service is based on the identification of Aboriginal patients at admission and can only be provided with the patient's consent.

This includes:

- providing emotional, social and cultural support to Aboriginal and Torres Strait Islander people accessing health services
- promoting a wholistic approach to health care that recognises cultural, environmental, social, economic and spiritual influences on health
- providing cultural advice about the needs of Aboriginal and Torres Strait Islander patients and their families to hospital staff and advocating on behalf of patients as appropriate
- working closely with Aboriginal and Torres Strait Islander people and culturally appropriate services to promote their health and wellbeing through education, prevention, early detection and management of potential health problems
- maintaining an effective working relationship between hospital staff, Aboriginal Health workers, the local Aboriginal communities and local Aboriginal organisations
- raising awareness of Aboriginal and Torres Strait Islander culture by holding events to celebrate NAIDOC, National Sorry Day and any other significant events or health days.

The AHLO has accountabilities identified within the St George and TSH *Aboriginal Health Implementation Plan 2021-2023* and is actively involved in service planning and evaluation.

If an Aboriginal patient presents with drug and alcohol, mental health and/or maternal health issues, the AHLO will refer on to the appropriate Aboriginal Health Worker as required.

The AHLO service is available Monday to Friday during business hours, and works across SGH and TSH.

## Survey and Consultation Results

To better inform the *Aboriginal Health Implementation Plan 2021-23* and priority actions, important consultations were undertaken, coordinated and supported by the AHLO, Diversity Health and the Aboriginal Health Working Group including:

- Staff Survey October month 2020
- Aboriginal Patient Survey November 2020
- Aboriginal Staff Focus group December 2020
- Nursing and Allied Health Staff Focus Group January 2021.

### Staff survey results

In October and November an online (Survey Monkey) survey was distributed to SGH and TSH based staff to complete.

Demographics: There were 103 respondents with 75.5% from SGH, and 86.9% were female

Key measures for monitoring

- 34% of respondents were able to identify where they had seen an Acknowledgment of Country
- 52% stated they had an Aboriginal poster in their ward/department

Collated and themed results:

Challenges to providing and organising care for Aboriginal patients identified by staff included:

- **Access:**
  - to AHLO
  - to culturally appropriate care
  - to mental health care
  - to flexible appointments
- **Confidence:**
  - in cultural knowledge
  - in knowing referral services in community
  - in asking the question of Aboriginality

Ways we can improve your cultural knowledge and understanding about Aboriginal patients and their families:

- **Education & information**
  - Smaller sessions
  - in clinics (in-services)Including subject areas:
  - Culture, history and language
  - Services
  - Issues facing Aboriginal clients
  - Culturally appropriate care
- Improving clinical care through
  - Connecting with the AHLO
  - Joint assessments with AHLO
  - More Aboriginal mental health services

## **Aboriginal Patient Survey**

In November and December 2020 a survey of Aboriginal patients at either SGH or TSH was conducted to learn more about their experience.

There were 23 respondents that completed either an online or written survey including at least one with assistance from the AHLO. Twelve patients from SGH and 11 from TSH.

### **Identification and communication during their hospitalisation:**

- 4/23 respondents were not asked about Aboriginality and 2/23 identified Aboriginality when asked to fill in a form
- 16/17 patients who were asked about Aboriginality agreed it was done in a positive way
- 21/23 had their health condition explained of which 14 felt they understood most or all the information

Overall, most respondents were satisfied with their stay in hospital.

### **Accessing the AHLO**

The majority accessed the AHLO, and did so for two or more reasons that supported a range from emotional support to discharge planning.

### **Aboriginal dedicated rooms**

Feedback on accessing the Aboriginal dedicated room in SGH was very positive, with comments that suggested access to the room improved their stay, whilst 9 of 11 patients from the TSH agreed that if there was a day room designed specifically for Aboriginal people they would use it.

### **Aboriginal Staff Focus Group**

In mid-December 2020, seven Aboriginal staff attended either in person or via Skype.

The focus group was an open and informative session, in which the results of the surveys were discussed. Discussions with Aboriginal staff reinforced/confirmed the results seen in the survey particularly systemic racism and limitations to staffing.

In developing areas for action in the plan the participants provided 2 specific priorities:

1. Increased employment for Aboriginal positions, with an emphasis on increased AHLO positions, to reduce the burden on the single AHLO and improve service for male and female Aboriginal patients
2. Executive sponsorship for staffing improvements in clinical areas, and increased training opportunities was also seen as a high priority.

### **Nursing and Allied Health Staff Focus Group January 2020**

The results of the staff and patient surveys were discussed, with the overarching goal of identifying actions to improve the care delivered to Aboriginal people accessing our services. The discussions confirmed the avoidance to asking the question on Aboriginality and desire for more training.

Recommendations included:

- Smaller, targeted education such as “asking the question”
- Improved access to face-to-face Respecting the Difference training (noting that it was often booked out well in advance)
- Identifying ways to ensure attendance within a given time period (3-6 months of on boarding)
- Senior managers/Executives should do extra training on cultural competency
- Information about AHLO and cultural awareness needs to be a permanent component of JMO/RMO education sessions.

## **Achievements - Aboriginal Health Implementation Plan 2017-2020**

### Priority 1 – Building trust through partnerships

- Aboriginal Consumer on the Consumer Advisory Group (CAG) at TSH and AHLO is the consumer representative on the SGH CAG
- AHLO brochures handed out to patients and staff at corporate orientation
- Annual NAIDOC events held at SGH and TSH
- Aboriginal and Torres Strait Islander flags installed at SGH and TSH

### Priority 2 – Implementing what works and Building the evidence

- Identified leads/champions on Wards to assist AHLO
- AHLO attends identified forums

### Priority 3 - Ensuring integrated planning and service delivery

- Participation in the SESLHD “Paint and Colour” project
- Local Aboriginal community consulted in the redevelopment projects across SGH and TSH e.g. selection of artwork for SGH, Aboriginal Working Party at TSH for Operating Theatres redevelopment
- Aboriginal artwork displayed across both facilities
- Acknowledgment of Country plaques displayed across facilities
- Acknowledgment of Country cards on lanyards distributed to multidisciplinary staff at SGH
- 48 hour follow-up service implemented across both facilities
- AHLO participates in local government Aboriginal Advisory group committees, and other relevant interagencies.

### Priority 4 – Strengthening the Aboriginal Workforce

	October 2018	October 2019	October 2020
TSH	15	16	18
SGH	15	18	22
SESLHD	141	145	152
Percentage Overall	0.99%	1.01%	1.03%

- As of July 2020, SESLHD employs 152 staff members who identify as Aboriginal. This accounts for 1.06 percent of SESLHD’s total workforce
- The Ministry of Health’s strategy, the Aboriginal Workforce Strategic Framework 2016-2020, includes initiatives which SESLHD is implementing in relation to the recruitment of Aboriginal medical staff, Aboriginal allied health cadets, and Aboriginal nursing and midwifery placements (T20/62098).

Priority 5 – Providing culturally safe work environments and health services

- Establishment of the Bidjigal Aboriginal carers lounge at SGH
- Staff participation in “Respecting the Difference” training
- Successful funding for grants for key events.

Priority 6 - Strengthening performance monitoring, management and accountability

- Staff survey conducted - Recommendations will be incorporated into the next 3 year plan
- Patient survey commenced
- Aboriginal health implementation working party meets on a quarterly basis
- Biannual meetings with General Managers at SGH and TSH
- Ask the question: “Are you (is the person) of Aboriginal or Torres Strait Islander origin?” at intake or admission audit commenced at SGH and TSH
- Aboriginal cultural engagement self-assessment audit tool -Implementation and Monitoring through the Quality Audit Reporting System (QARS) – completed. Recommendations will be incorporated into the next 3 year plan.

## Partially Achieved or Not Achieved – Aboriginal Health Implementation Plan 2017-2020

Key Action/s	Outcome Measures	Responsibility	Partially/Not Achieved
Support Aboriginal representative, in addition to the AHLO, on the Consumer Advisory Groups at SGH and TH	Inclusion of Aboriginal consumers in the activity of Consumer Advisory Group	<ul style="list-style-type: none"> <li>• General Manager</li> <li>• Chair of Consumer Advisory Groups</li> </ul>	Partially: One Aboriginal elder on TSH CAG Not at SGH – EOI sent.
Display “Identification” and AHLO posters around SGH and TSH and on the intranet produced by the SESLHD Aboriginal Health Unit.	Posters and AHLO brochures displayed and available at all times with current information (audited by AHLO)	<ul style="list-style-type: none"> <li>• AHLO</li> <li>• AHU</li> </ul>	Partially: Intranet – Achieved at TSH, not at SGH Posters displayed by AHLO with current information
Develop strategies to make SGH and TSHs a workplace of choice for potential Aboriginal employees	Increased number of Aboriginal applicants for positions	<ul style="list-style-type: none"> <li>• General Manager</li> <li>• SESLHD HR Manager</li> </ul>	Not achieved
Take a targeted approach to increase the representation of Aboriginal employees to 2.6%, including identifying opportunities for front-line positions	Increased number of employees who identify as Aboriginal in front line positions	<ul style="list-style-type: none"> <li>• General Manager</li> </ul>	Target not achieved
Recruit an additional AHLO position / resources to support position at STG and TSH	Increase from 1FTE to minimum 2FTE  Increase resources	<ul style="list-style-type: none"> <li>• General Managers</li> </ul>	Not achieved. (Note also requires gender consideration)
Enhance retention of Aboriginal employees through relevant training and mentoring including cultural support; and identify career pathways	Worker satisfaction; Access to training/mentoring; All Aboriginal workers have an identified career pathway	<ul style="list-style-type: none"> <li>• Line Managers</li> <li>• SESLHD Aboriginal Health Unit (mentoring and cultural support)</li> </ul>	Partially achieved: No local action. District AHU provides mentoring and cultural support
Support opportunities for traineeships/cadetships (nursing, administrative, allied health) resulting in employment within the health service	Number of trainees/cadets; number of trainees/cadets who are employed at end of traineeship.	<ul style="list-style-type: none"> <li>• General Manager</li> <li>• Line Managers</li> <li>• SESLHD Aboriginal Employment Manager</li> </ul>	Not achieved

Key Action/s	Outcome Measures	Responsibility	Partially/Not Achieved
Identify a room or area that can be used for Aboriginal specific purposes, such as case conferences, meetings.	Welcoming and culturally appropriate space	<ul style="list-style-type: none"> <li>TSH General Manager</li> </ul>	Partially achieved:  SGH room available TSH not identified to date – in process
Encourage staff participation in cultural awareness training such as “Respecting the Difference”	Percentage of staff participation  Allocation of budget to training	<ul style="list-style-type: none"> <li>General Manager</li> </ul>	Partially achieved:  In 2020 Access to this training limited by COVID-19 restrictions and no available trainer.