

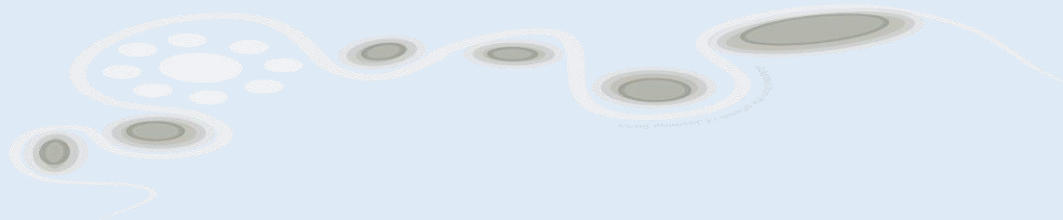


# IMPROVING ABORIGINAL HEALTH

## ABORIGINAL HEALTH WORKER and ABORIGINAL HEALTH PRACTITIONER WORKFORCE OPERATIONAL GOVERNANCE FRAMEWORK

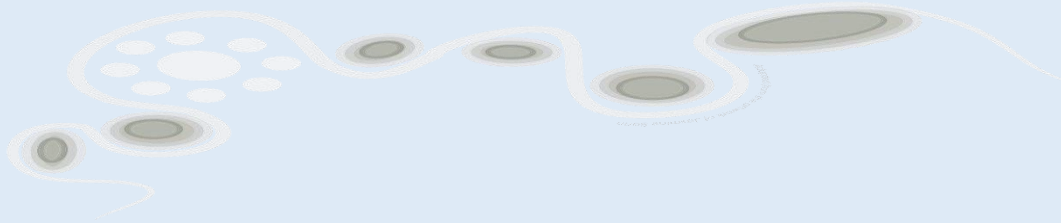


Western NSW  
Local Health District



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### Version Control

Version Number	Purpose/Change	Author	Date
V1.1	Final approved version	Lesa Towers	24/08/2023

### Acknowledgement of Country

Western NSW Local Health District acknowledges the Traditional Custodians of the Lands across our region. We acknowledge we live and work on Aboriginal Lands. We pay our respects to Elders past and present and to all Aboriginal people.



## **Acknowledgement of the Aboriginal Health Worker and Aboriginal Health Practitioner Workforce of Western NSW Local Health District**

Western NSW Local Health District would like to take this opportunity to acknowledge our many dedicated and experienced Aboriginal Health Workers and Aboriginal Health Practitioners for their role in providing care to the many Aboriginal families and communities across Western NSW.

We thank them for their commitment to improving health outcomes for their people and for role modelling leadership and resilience while managing the balance between their cultural obligations to their communities and to their responsibilities in the workplace.



This Framework was developed by the Aboriginal Health Leadership Team from consultations with the Aboriginal Health Worker Workforce, Operational Line Managers, General Managers, Organisational Development Unit, Human Resource Team, Project Management Office Change Managers, Clinical Quality and Safety Governance unit and representatives of the NSW Branch Health Services Union (HSU).



## Introduction

Aboriginal Health Workers have been employed across our district in primary health care for many years and have provided services to our Aboriginal clients and communities that are holistic, best practice and are performed in a manner that is relevant and appropriate for the community in which they practice. They are the key to improving access to mainstream health services and can greatly improve the health outcomes of Aboriginal patients and families.

In 2007 the National Aboriginal Primary Health Qualification Framework was introduced. Then in 2012 the first National Aboriginal Torres Strait Islander Health Practice Registration Board (ATSIHBA) was established under AHPRA and the clinical regulation of the profession commenced.

In 2007 Western NSW Local Health District commenced training our Aboriginal Health Worker Workforce under the new qualification framework and supported staff to complete the Certificate IV Aboriginal Primary Health Care (Practice). This was done via two internally supported pathways, Traineeships and Recognition of Prior Learning (RPL) upskilling process. Both these pathways were in partnership with TAFE Western NSW as the accredited training provider.

Although the regulation and the formal training aligned to the profession exist, the understanding of the profession within the wider health care system is varied and inconsistent. This has led to inconsistent management of Aboriginal Health Worker's and Aboriginal Health Practitioners and the underutilisation of skills and this has often caused conflicts within the workplace particularly within other professions that are enabled to do the same trained clinical skills.

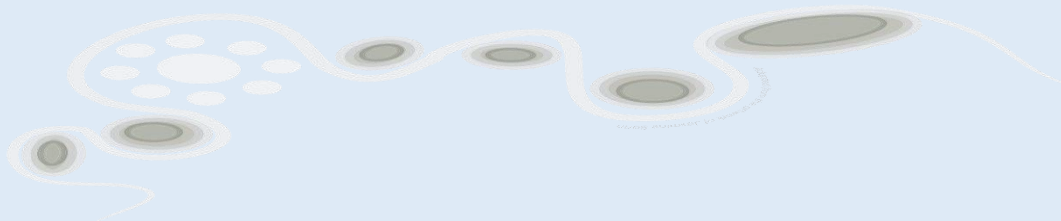
No formal internal systems met the needs of the Aboriginal Health Worker and Practitioner profession that supported the clinical governance or competency maintenance of their trained clinical skills across our district, position descriptions varied greatly and the reporting of activity within a formalised structure was minimal.

This has identified the need to create a framework that better supports the profession within Western NSW Local Health District and ensures that our organisation not only accepts our legal responsibilities under Australian Health Professional Registration Authority (AHPRA) regulation but that we also permit our Aboriginal Health Worker and Practitioner workforce to practice within a culturally supported framework that protects them as health professionals, supports them in their practice and encourages them to embrace further professional development and career pathway opportunities within our health system.

## History Timeline and Key Milestones for WNSWLHD Aboriginal Health Worker and Aboriginal Health Practitioner Profession

<b>Time</b>	<b>Activity</b>
<b>Pre 2007</b>	Aboriginal Health Workers were employed as AHEOs under the AHEO Determination across the Western NSW area. No formal qualifications were required to fulfil the role and staff all varied in the skills and qualifications. Some from degree level and others with no qualification or previous experience in health before.
<b>2007</b>	National Health Industry Skills Council launched the first National qualification Framework for the Aboriginal Primary Health Care Training package which included two streams - Practice (Clinical) stream and Community (Non Clinical) stream.
<b>2008</b>	The first cohort of 14 graduates completes the Certificate IV Aboriginal Primary Health Care (Practice) in Dubbo. All graduates are employed as Trainee AHWs working across the Greater Western Area Health Service (GWAHS). This cohort was the first nationally to graduate under the new qualification structure and the first in NSW to have clinical skills as part of their core duties.
<b>2008</b>	GWAHS wins NSW State Health Award for their AHW Trainee Program.
<b>2009</b>	National Aboriginal Torres Strait Islander Health Workers Association (NAATSIHWA) Established to support the profession nationally.
<b>2010</b>	The Second Cohort within GWAHS Graduates.
<b>2010-2011</b>	Upskilling of existing AHW staff commenced via an RPL process with TAFE Western NSW that mapped against the Certificate IV Aboriginal Primary Health Care (Community) stream.
<b>2012</b>	AHPRA Registration Commences for Aboriginal Health Practitioners
<b>2012</b>	The first cohort of WNSWLHD Aboriginal Health Practitioners complete Renal Dialysis Training and commence working with Aboriginal dialysis patients in the Walgett and Brewarrina Dialysis units.
<b>2013</b>	NSW Health Aboriginal Health Worker Award released. Replacing the previous AHEO Determination and retiring the use of the title Aboriginal Health Education Officer for the generic titling of Aboriginal Health Worker.
<b>2013</b>	First version of NSW Health AHW Guidelines and the Aboriginal Health Practitioner Decision Making Framework launched.
<b>2013</b>	Formal Partnership Agreement was commenced between Western NSW LHD and TAFE Western NSW as the preferred accredited training provider for Certificate IV Aboriginal Primary Health Care.
<b>2013</b>	WNSWLHD Completes Scope of Practice for AHP roles working within clinical roles within the LHD however this was rescinded at the request of the MOH due to review at the state level of the AHW roles which led to the NSW Health AHW Guidelines and AHP Decision Making Framework documents being drafted.
<b>2015</b>	IValue Project commences. IValue was a Clinical Redesign project focused on the utilisation of the clinical skills and knowledge of AHPs working across two sites Orange and Cowra. The outcomes of the project aimed to increase the utilisation of all skills taught as part of the qualification and to increase awareness across the broader multidiscipline workforce of the clinical AHP role.
<b>2015</b>	The Third and fourth WNSWLHD Cohorts of AHP Trainees complete.
<b>2015</b>	AHW Registration Project commences. Under the grandfathering criteria of the AHPRA standards this project assisted all AHW staff to prepare for AHPRA registration as Aboriginal Health Practitioners in the lead up to a new NSW Health Award where the AHP role was to be introduced under a new pay structure. In the absence of being privy





	to the Award design, WNSWLHD encouraged all staff eligible for registration to apply so that appropriate remuneration could apply once the new award came into place.
<b>2015-2016</b>	AHW Award Transition Project. This project mapped out the workforce skills, qualifications and registrations to transition each role and staff member to the relevant award classification based on the rules of the NSW Health AHW Guidelines and the NSW Health AHW Award structure.
<b>2015-2016</b>	Old classification Titles of Aboriginal Health Education Officer (AHEO) and Aboriginal Liaison Officer (ALO) retired by the district.
<b>2016</b>	Western NSW LHD Aboriginal Health Management Team Restructure and the disbanding of the IValue project.
<b>Oct 2016</b>	WNSWLHD Receives Finalist Commendation in NSW Premiers Award for AHW Trainee Program
<b>Oct 2016</b>	AHW Guidelines workshop consultation completed at Western Plains Zoo. Consultant's report generated with Action Plan developed.
<b>Nov 2016</b>	AHW Forum Mudgee Consultation via table workshops of participants
<b>Mar 2017</b>	Improving Aboriginal Health Strategy Consultations occurred. Aboriginal Workforce Priority outcomes identified within the deliverables of the Strategy.
<b>May 2017</b>	First cohort of WNSWLHD Aboriginal Health Practitioners complete the Opioid Substitution Treatment training to be the countersign witness in the drug register for the administration of Opioid Substitution Medication in dosing clinics.
<b>Oct 2017</b>	AHW Redesign Project commenced and first round consultations began with completion of manager and AHW self-reported checklists of utilisation of skills and activity for measurable comparability.
<b>Oct 2018</b>	Revised Version 2 NSW Health Aboriginal Health Worker Guidelines and Decision Making Framework for NSW Health Aboriginal Health Practitioners released.
<b>2018</b>	NAATSIHWP released Individual Scope Of Practice Templates and Guidelines
<b>2020</b>	AHPRA Released Professional Capabilities For AHPs
<b>2020</b>	Finalisation of the AHW Redesign Project completed report outlining recommendations for the development of consistent position descriptions, reporting tools, Individual Practice Plans templates and a need for an overarching governance framework that governs the operational implementation of this valued workforce profession.
<b>2021</b>	Aboriginal Led Covid-19 Response Model of Care Implemented. This model utilised the clinical skillset and cultural practices of the Aboriginal Health Workforce to respond to the pandemic outbreak across our region and reduced Covid-19 hospitalisations of Aboriginal patients.
<b>2022</b>	First cohort of WNSWLHD Aboriginal Health Practitioners complete the Immunisation for Health Professionals Course through the Australian College of Nursing.
<b>2022</b>	Aboriginal Health Workforce wins WNSWLHD Quality & Safety "Inspiring Teams Award" for the Aboriginal Led Covid-19 Response Model of Care
<b>2023</b>	Launch of the WNSWLHD Aboriginal Health Worker Workforce Operational Governance Framework

# 1. Role of the Aboriginal Health Worker and Practitioner Workforce in Primary Health Care in Western NSW LHD

Our Aboriginal Health Workers and Aboriginal Health Practitioners are the key contact point and link between the health service and the local Aboriginal communities they serve and are a vital stakeholder in the provision of culturally responsive primary health care in our district.

They seek to make and build networks in their community and know the cultural responsibilities and principles that are inherent within the positions they hold. They are a knowledge source for all staff and can be utilised as cultural influencers and drivers when it comes to assisting all staff and services providing best practice health care to Aboriginal people.

The below definitions define the basic differences in formal qualification and clinical focus between the three core classifications of our employed Aboriginal Health Worker and Practitioner Workforce. All roles play key functions in the delivery of Aboriginal Health programs and strategies working towards *Meaningful Gains for Aboriginal Health* across our district.

***Previous titles such as Aboriginal Health Education Officer (AHEO) and Aboriginal Liaison Officer (ALO) were titles used to describe previous roles that worked in community and hospitals under the previous NSW Health AHEO Award determination. These titles were retired by our district in 2015 and the below classifications are the ones endorsed by our LHD as the replacement.***

## 1.1 Aboriginal Health Worker

An Aboriginal Health Worker (AHW) is a ***non-clinical role that provides education and promotion of health initiatives*** and can include liaising and providing advocacy for Aboriginal clients and families.

They are:

- An Aboriginal person which means someone who:
  - Is of Aboriginal descent and;
  - Identifies as an Aboriginal person and;
  - Is accepted as such by the Aboriginal community which they live, or formerly lived
- Is employed in an **Aboriginal identified** position in NSW Health
- Holds or is willing to undertake a minimum Certificate III in Aboriginal Primary Health Care (including undergoing recognition of prior learning processes against previous existing qualifications)

(NSW Ministry of Health, 2018)

## 1.2 Aboriginal Health Practitioner

An Aboriginal Health Practitioner (AHP) can perform all the tasks and duties of an Aboriginal Health Worker and in addition is a ***clinical role that performs clinical tasks and duties and/or draws on their clinical knowledge to fulfil the responsibilities of the role;***

They are:

- An Aboriginal person which means someone who:
  - Is of Aboriginal descent and;
  - Identifies as an Aboriginal person and;
  - Is accepted as such by the Aboriginal community which they live, or formerly lived
- Is employed in an **Aboriginal identified** position in NSW Health
- Holds a minimum Certificate IV in Aboriginal Primary Health Care (Practice) **and** is registered with the Australian Health Practitioner Regulation Agency (AHPRA)



### 1.3 Aboriginal Health Worker – Transition to Practice

An Aboriginal Health Worker Transition to Practice (AHW – TTP) can perform all the tasks and duties as an Aboriginal Health Worker and is a **clinical role in training working towards registration. This means their scope of practice is greater than the AHW role as they work towards achieving clinical competencies.**

They are:

- An Aboriginal person which means someone who:
  - Is of Aboriginal descent and;
  - Identifies as an Aboriginal person and;
  - Is accepted as such by the Aboriginal community which they live, or formerly lived
- Is employed in an **Aboriginal identified** position in NSW Health
- Has contractually agreed through either the recruitment process Letter of Offer or through an existing employee upskilling process to undertake education with an approved RTO to gain a Certificate IV in Aboriginal Primary Health Care (Practice) and to complete clinical placements.
- Upon successful completion of education and clinical placements the Aboriginal Health Worker-Transitions to Practice then transitions permanently to the AHP role and classification.

## 1. Location of the Aboriginal Health Worker and Aboriginal Health Practitioner Workforce

### 1.1 Northern Sector

Bourke  
Coonamble  
Lightning Ridge  
Walgett

Brewarrina  
Collarenebri  
Nyngan

Cobar  
Goodooga  
Warren

### 2.2 Central Sector

Coonabarabran  
Gulgambone  
Condobolin

Dubbo  
Narromine  
Peak Hill

Gilgandra  
Trangie  
Wellington

### 2.3 Southern Sector

Bathurst  
Rylstone  
Parkes

Mudgee  
Cowra

Orange  
Forbes

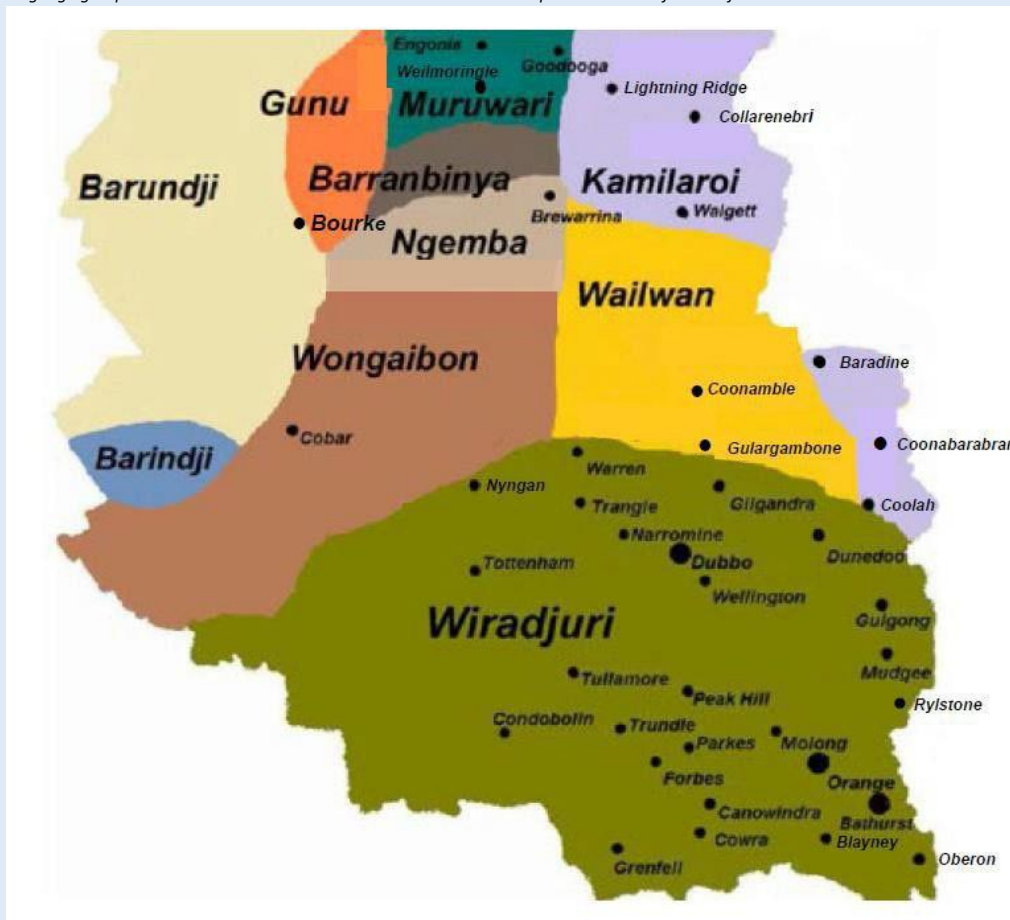
#### Aboriginal Health Worker Workforce Outreach

*The Aboriginal Health Workforce **can** provide outreach of Aboriginal Health services to smaller surrounding communities and occurs when services are required by the community or facility via a referral process or to deliver screening and prevention programs as supported by the district to achieve improved health outcomes for Aboriginal patients and families.*

## 2.4 Western NSW Local Health District Aboriginal Nations Map

Where there is no physically located Aboriginal Health Worker or Aboriginal Health Practitioner in a facility, patients have the option of seeking assistance through the virtual health service with a culturally appropriate representative of the WNSWLHD Aboriginal Health Worker Workforce via referral by the facilities clinical staff. Once a referral is received outreach services can be facilitated. Contact details of the outreaching Aboriginal Health Worker or Aboriginal Health Practitioner to the outlying facility should be displayed and promoted in the facility and the community, to encourage access to Aboriginal Health services.

*Disclaimer: The map indicates only the general location of larger groups of people, which may include small groups such as clans, dialect or individual language groups. The boundaries are not intended to be exact. The map is not suitable for use of native title or other land claims.*



## 2. Purpose of Framework

The Aboriginal Health Worker and Aboriginal Health Practitioner Operational Governance Framework defines the mechanisms, interactions and processes that govern the Aboriginal Health Worker (AHW) and Aboriginal Health Practitioner (AHP) profession.

In its unique form, the Framework describes an 'Operational Governance Model' inclusive of a 'Cultural Governance and Safety' component.

The Framework provides AHWs, AHPs, their Line Managers, Operations Directorate and Human Resources with a tool to enhance their insight and knowledge of the profession while increasing their ability to organise operational, financial, risk-management and reporting processes.

The Framework also enables Western NSW Local Health District to conduct its business in compliance with National and State regulations and strategic goals.

This framework will provide a mechanism for coordinated action at the district and local levels to enable a more consistent and regulated effort in primary health care planning and service delivery for Aboriginal patients



### WNSWLHD Aboriginal Health Worker and Aboriginal Health Practitioner Operational Governance Framework



## 4. Cultural Governance and Safety

### 4.1 Cultural Competence

Cultural competence describes the ability to ethically and effectively participate in all personal and professional settings across cultures.

Line Managers are responsible for ensuring;

- AHW, AHP and Aboriginal patients cultural differences are acknowledged by non-Aboriginal staff
- Non-Aboriginal staff complete all 'Respecting the Difference' (mandatory) training
- Non-Aboriginal staff are aware of the cultural barriers that exist when engaging with Aboriginal patients and staff.
- The cultural knowledge of AHW and AHP is recognised, supported and respected by non-Aboriginal staff, supervisors and line managers.
- Line managers are responsible for ensuring that all staff respect the difference in cultural and social differences of Aboriginal people. Particularly in the way we live our lives and how this may impact on treatment and treatment options such as leaving country for specialist's treatment.
- It must also be recognised that our Elders play an integral role in culture and they are respected and this will show with the amount of visitors one may have when hospitalised. This must be respected and catered for in the best interest of patient care and social supports.

### 4.2 Cultural Capability

- Refers to the knowledge, skills and attitudes of clinicians which revolve around empowering Aboriginal patients.
- Adapting the delivery of health care services to meet the social and cultural needs of the Aboriginal population.

### 4.3 Cultural Safety

- Although AHW's and AHP's are the go to people for cultural knowledge and community engagement, they need be allowed to build and maintain these community connections and relationships with key stakeholders
- Celebrations such as NAIDOC day and Reconciliation week events should not be the sole responsibility of AHPs/AHWs. They can participate in the organising but have other staff and resources to ensure that health is represented at these celebrations as a whole service
- There should also be some concession from line managers for Aboriginal staff to attend Sorry Business for their community and key people recognised in the community within reason, including relatives in an official capacity as an ambassador of the LHD
- This presence is vital in acknowledging the life of an individual and their families continuing interaction with the health service, but also an important part of being culturally competent as a health service.



- Attendance at these events is vital to maintain those relationships and networks in the community. These activities make the AHW/AHPs a culturally responsible and culturally aware contributing member of the community.
- On occasion AHW's and AHP's may have to work with relatives due to small communities and big families.

#### 4.4 Cultural Brokerage

- AHW's and AHP's will use their knowledge of the health system and community services to act as a broker for the patient when they are referred to an outside service or a non –government organisation.
- This will form part of the care navigation needed to ensure that consistent follow up of patients is adhered to.
- AHW's and AHP's will use their skills and experience and ensure that services are culturally safe when making or facilitating referrals to outside agencies and organisations.

ACTIVITY	Cultural Responsibilities
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Responsible for allowing staff to officially attend all relevant events, gatherings and activities that aid in the building and maintaining of engaging relationships with the local Aboriginal community in which they service and belong to. Line managers are also responsible for monitoring and ensuring cultural safety in the workplace
<b>SECONDARY SUPPORT TEAM</b>	<b>Aboriginal Health Leadership Team</b>
<b>RESPONSIBILITY</b>	Responsible for supporting staff and line managers through the Aboriginal Health Sector Manager positions to consult, advise and liaise where needed on what is considered as cultural responsibilities and how these support the building, maintaining and engaging of relationships with the staff, Aboriginal families and local communities
<b>SUPPORTING RESOURCES</b>	<a href="#">Respecting the Difference</a> <a href="#">Reconciliation Action Plan</a>



## 5. Profession Governance

### 5.1 Stafflink Classifications

Prior to recruitment being commenced, decisions need to be made in relation to the nature and classification of the role required. There is only two classifications under the current NSW Health Aboriginal Health Worker Award, Aboriginal Health Worker (Non Clinical) and Aboriginal Health Practitioner (Clinical). All vacant positions at facilities need to have dual classifications applied to the position numbers so that either role can be recruited depending on the skills required.

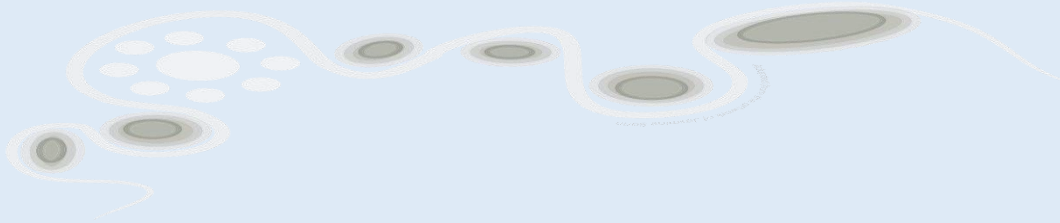
ACTIVITY	Stafflink Classifications
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Ensuring all position numbers for the AHW and AHP FTE site profile have the appropriate multi classification codes applied and appointed according depending on the need of the position i.e. Clinical or Non clinical or working towards clinical (Transition to Practice)
<b>SECONDARY SUPPORT TEAM</b>	<b>Aboriginal Workforce Manager District Workforce Stafflink Coordinator</b>
<b>RESPONSIBILITY</b>	Identifying and providing technical advice to Line Managers on the best classification of worker for the intended positions.
<b>SUPPORTING RESOURCES</b>	N/A

### 5.2 Position Descriptions

New position descriptions have been developed for AHW, AHW TTP and AHP's have been endorsed by Human Resources and Aboriginal Workforce Team. There are separate Position Description's for the three varying roles, and each Position Description can be found on the internal Position Description recruitment library.

ACTIVITY	Position Descriptions
<b>LEAD TEAM</b>	<b>Aboriginal Workforce Manager</b>
<b>RESPONSIBILITY</b>	Development of base line generic templates for all AHW, AHW TTP and AHP roles to be maintained within the Position Description Library in the recruitment system. All templates form the base expectations of all AHW, AHW TTP and AHP roles within the district and cannot have any details removed but can be added to meet the needs of the program speciality or the location of the role.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Line Management People &amp; Culture Recruitment Team</b>
<b>RESPONSIBILITY</b>	To implement the base line templates within the recruitment system for any recruitment of vacant AHW, AHW TTP or AHP positions and to include additional details as required that meets the requirements and or speciality of the vacant position.
<b>SUPPORTING RESOURCES</b>	<a href="#">Planning-to-Recruit</a>





### 5.3 Recruitment

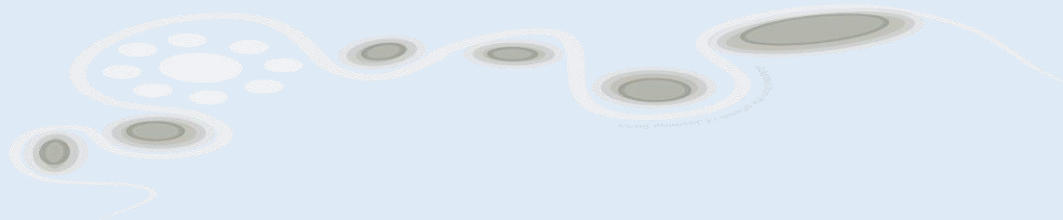
Recruitment is per the normal process of the line managers and recruitment unit, in consultation with the Aboriginal Health Leadership Team who can provide advice on classification of positions and Position Descriptions, Individual Practice Plans, hours of service delivery, outreach services, models of care, and conditions for Letters of Offer and starting years of service levels.

ACTIVITY	Recruitment
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Initiating, processing and convening the recruitment processes for vacant AHW, AHW TTP and AHP roles. For roles requiring to enrol in the qualification as part of their transition to Practice position, the letter of offer <b>MUST</b> have timeframe conditions for expectations on when they are required to complete their training and obtain registration with AHPRA included in their employment conditions offer.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Health Leadership team Recruitment Team</b>
<b>RESPONSIBILITY</b>	Supporting and assisting line managers in the recruitment process by participating on the recruitment panel as required.
<b>SUPPORTING RESOURCES</b>	<a href="#">Planning-to-Recruit</a> <a href="#">Aboriginal-Health-Strengthening-Our-Workforce</a>

### 5.4 Award Interpretation

The award for Aboriginal Health Workers exist inside the HEALTH PROFESSIONAL AND MEDICAL SALARIES (STATE) AWARD 2019. See hyperlink in table for full disclosure of award, the award was negotiated by the Health Services Union.

ACTIVITY	Award Interpretations
<b>LEAD TEAM</b>	<b>People &amp; Culture Directorate Recruitment and Human Resources Teams.</b>
<b>RESPONSIBILITY</b>	Complying, processing and implementing the rules and conditions of the NSW Health AHW Award for each employee position governed under the Award. Liaising with Union Representatives for any disputes relating to the Award. When interpreting the Award, consideration needs to be given to ensure staff are not negatively remunerated as they transition between the classifications. Prior years of experience as well as formal qualifications are used to determine grading.
<b>SECONDARY SUPPORT TEAM</b>	<b>Aboriginal Workforce Manager</b>
<b>RESPONSIBILITY</b>	Provides advice on determining appropriate pay grade classifications and supports the governance, interpretation and implementing of the NSW Health AHW Award.
<b>SUPPORTING RESOURCES</b>	<a href="#">NSW Health AHW Award</a>



## 5.5 Orientation & On-boarding

New staff should be on-boarded and receive an orientation in the first week of their employment within the LHD. Best Practice would be to assign an appropriate buddy to support the orientation and on boarding process.

ACTIVITY	Orientation and On-boarding
LEAD TEAM	Line Management
RESPONSIBILITY	Designing, coordinating and implementing local facility orientation inclusive of arranging all access to job appropriate systems and resources. Notifying the Aboriginal Workforce Manager of the new employee and commencement date.
SECONDARY SUPPORT TEAMS	<b>Aboriginal Workforce Manager/ Aboriginal Health Sector Managers Organisational Development Unit</b>
RESPONSIBILITY	Develop tools and resources to support the implementation and delivery of an orientation package for the Aboriginal Health Program. Distribute welcome letters to all new staff at commencement of any AHW/AHP role. Providing corporate orientation packages that gives overviews of all the districts key strategies and direction and how it applies to all frontline roles.
SUPPORTING RESOURCES	<a href="#">Recruitment-On boarding-Orientation</a>

## 5.6 TAFE Enrolments & Student Placements

All staff employed in an Aboriginal Health Worker Transition to Practice position are required as a condition of their employment to be enrolled and complete the Certificate IV Aboriginal Primary Health Care (Practice) within the first 2 year period of their employment. Our district has a partnership arrangement in place with TAFE Western NSW as the preferred endorsed training provider for this course.

ACTIVITY	TAFE Enrolments & Student Placements
LEAD TEAM	Line Management
RESPONSIBILITY	At the commencement of employment, contacting TAFE Western to arrange enrolment in to the qualification training for Aboriginal Primary Health Care and releasing staff to attend training blocks and 500hrs of clinical placements as prescribed by TAFE as part of normal duties until qualification is achieved. Clinical Placements are on the job and are not in addition to the normal role duties. It is the responsibility of Line managers to ensure students have adequate supervision and shadowing opportunities and adhere to all TAFE requirements
SECONDARY SUPPORT TEAMS	<b>TAFE Western NSW Aboriginal Workforce Manager</b>
RESPONSIBILITY	Providing the formal training and assessment for students enrolled in the Aboriginal Primary Health Care qualification. Providing communication to line managers on regular progression of students and to provide additional supports for student assistance if required. Aboriginal Workforce Team provides technical advice and support when required.
SUPPORTING RESOURCES	<a href="#">Aboriginal-Health Intranet</a>



### 5.7 Mentoring and Peer Support

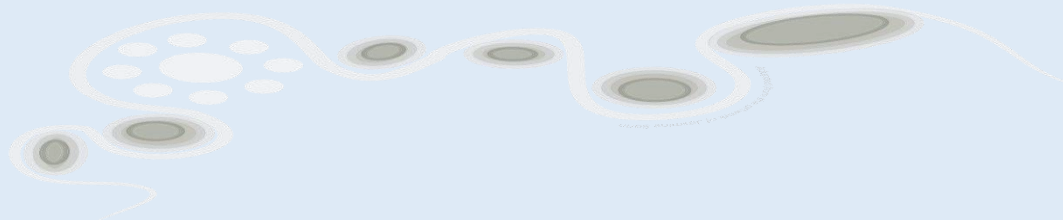
Staff can identify themselves as being available to mentor other staff and provide appropriate peer support to new or struggling staff. This may be also be identified through the Aboriginal Health Sector Managers who may identify staff to act as mentors and provide peer support. Staff may also identify the need for themselves to be supported by peers or mentors.

ACTIVITY	Mentoring and Peer Support
LEAD TEAM	Line Management
RESPONSIBILITY	Responsible for providing access and supporting the releasing of staff to attend mentoring and peer support activities and for recording activities as part of the Individual Practice Plans (IPPs)
SECONDARY SUPPORT TEAM	Organisational Development Unit Aboriginal Health Sector Managers
RESPONSIBILITY	Assisting all parties to advocate and ensure culturally safe and skill mentor matching is considered in any formal district mentoring packages. Aboriginal Health Sector Managers can facilitate peer support when required.
SUPPORTING RESOURCES	<a href="#">Mentor Program</a>

### 5.8 Networking

Networking is an important part of an AHW and AHP role as it helps maintain relationships within the community. Networking should be encouraged to maintain and build new relationships with community members and organisations that exist in the community and the district who may be vital for care navigation.

ACTIVITY	Networking
LEAD TEAM	Line Management
RESPONSIBILITY	Responsible for providing access and supporting and releasing staff to attend networking activities and for recording activities as part of the Individual Practice Plans (IPPs) These could include Forums, sector huddles and face to face meetings as well as pre-approved conference attendance.
SECONDARY SUPPORT TEAM	Aboriginal Health Sector Managers
RESPONSIBILITY	Facilitating and coordinating sector networking opportunities such as huddles and Face to Face meetings within the sector. Promote other networking opportunities as they arise across the district via an Expression of Interest process.
SUPPORTING RESOURCES	<a href="#">Aboriginal-Health Intranet Page</a>



### 5.9 Career Development & Pathways

Career development and identifying career pathways is important to maintain Aboriginal Health Workers and Aboriginal Health Practitioners in the profession by ensuring they are able to develop their skills further and have clear pathways for progression where this may exist.

ACTIVITY	Career Development
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Identifying, supporting, planning and implementing career aspirations and development for the individual AHW/AHP and recording in the Individual Practice Plans (IPPs and Professional Development Plans). Such opportunities could include secondments, higher grade duties or attendance in career development programs
<b>SECONDARY SUPPORT TEAM</b>	<b>Aboriginal Workforce Manager</b>
<b>RESPONSIBILITY</b>	Partnering with training providers, identifying and promoting career development opportunities for AHW/AHP for pathway into further career opportunities. Such opportunities could be the facilitation of secondments via Expression of Interest (EOI), participation in training and/or education workshops or advocating for other career pathway options.
<b>SUPPORTING RESOURCES</b>	<a href="#">Careers in NSW Health</a>

### 5.10 Education, Upskilling & Training

It is important for AHW's and AHP's to continue to attend education and upskilling during their time with the LHD. We need to ensure that opportunities exist and workers are encouraged to continue to develop through attending education and training where available. Newly started staff will need to ensure they enrol in the Certificate III or Certificate IV TAFE course that they are employed under and required to complete as part of their job description.

ACTIVITY	Education, Upskilling and Training
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Supporting and funding the release of staff to attend training and education. Including all mandatory training and other education associated with Continuous professional Development. (CPD). All education and training days are considered to be paid workdays and are rostered as normal working hours and paid accordingly. Recording all training and skill development as part of the Individual Practice Plans (IPPs).
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Workforce Manager Organisational Development Unit</b>
<b>RESPONSIBILITY</b>	Partnering with providers, identifying and promoting development opportunities for AHW/AHP for skill development and training. Facilitating the provision, promoting and Implementing of training and education workshop days three times per year to the AHW Workforce for the maintenance of CPD.
<b>SUPPORTING RESOURCES</b>	<a href="#">WNSWLHD-INTRANET</a> <a href="#">NAATSIHWP</a>



### 5.11 Performance Appraisals

Performance appraisals are a process to reflect on the previous year and review and measure achievements and successes. It is also a time to recognise goals, identify training and development completions and plan career aspirations for the following year. The process is a two way conversation and allows for concerns to be raised in a supportive, culturally safe and positive environment.

ACTIVITY	Performance Appraisals
LEAD TEAM	Line Management
RESPONSIBILITY	Responsible for completing and uploading into stafflink by the end of November every year the staff performance appraisal process.
SECONDARY SUPPORT TEAMS	Aboriginal Health Sector Managers
RESPONSIBILITY	Support the performance appraisal process and provide additional support as required.
SUPPORTING RESOURCES	<a href="#">Link to Performance Appraisal template</a>

### 5.12 Recognition & Award Nominations

Recognition and acknowledgement of good work, innovation and achievements is a great way to build appreciation of staff and to enable staff to feel valued in their role and ultimately retain them within our workforce. There are several ways recognition can be celebrated, either through the districts Quality Award process or other State and National Award processes. Participating in the Aboriginal Health Symposium or through recognition emails to the individual and Aboriginal Sector managers through to the Executive Leadership Team.

ACTIVITY	Reward and Recognition
LEAD TEAM	Line Management
RESPONSIBILITY	Responsible for recognising, promoting and acknowledging good work done, innovation and achievements and for completing nominations for award submissions.
SECONDARY SUPPORT TEAM	Aboriginal Health Leadership Team
RESPONSIBILITY	Responsible for the promoting of staff successes and supporting line managers with award submissions as required
SUPPORTING RESOURCES	<a href="#">Health Awards</a>



### 5.13 Talent Pool Management

A talent pool is a list of staff identified for position vacancies and career development and opportunity.

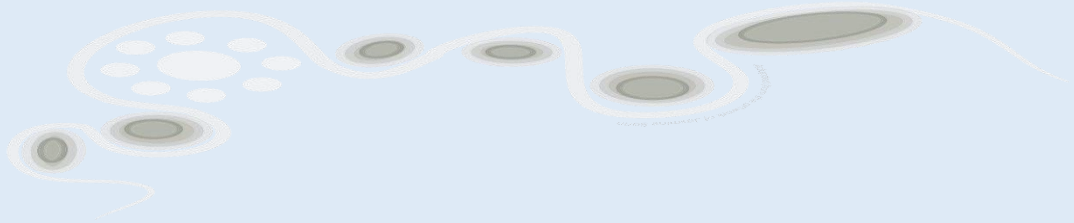
ACTIVITY	Talent Pool Management
LEAD TEAM	Aboriginal Workforce Manager
RESPONSIBILITY	Developing and monitoring staff capability and identifying talent for position vacancies and career opportunities. Creating a pool of staff and maintaining the talent list in partnership with internal and external partners.
SECONDARY SUPPORT TEAMS	Recruitment Team Line Managers
RESPONSIBILITY	Sharing details of staff identified for inclusion on the talent pool list.
SUPPORTING RESOURCES	<a href="#">Performance and Talent Management</a>

### 5.14 Exit Interviews

Where an Aboriginal person resigns their position, an exit interview must be offered and performed to ensure we are able to identify any issues that may have occurred both positive and negative and been responsible or played a part in that person resigning. This will go toward service improvement and better retention levels for AHW and AHP staff and assist with succession planning processes.

ACTIVITY	Education, Upskilling and Training
LEAD TEAM	Line Management
RESPONSIBILITY	Offering and completing exit interviews for staff departing their roles. Referring and reporting of outcomes or themes to Aboriginal Health Leadership team for Quality Improvement and succession planning.
SECONDARY SUPPORT TEAMS	Aboriginal Workforce Manager Human Resource Partner
RESPONSIBILITY	Support and advocate between Line Managers and Staff during the exit interview process. Report any themes or quality improvement to Director Aboriginal Health & Well Being as required. Assist to action any concerns raised during the interview process.
SUPPORTING RESOURCES	<a href="#">Exit Interview</a>

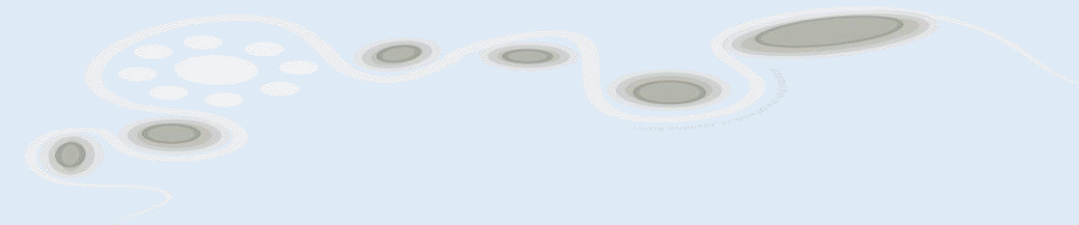




### 5.15 Performance Development

Performance Development is a continuous and cyclical process of monitoring, developing and recognising a staff member's performance. It is intended to provide the structure for a two-way discussion between managers and staff around performance effectiveness and development. The process will support staff to perform at their best by providing them with clear expectations, regular feedback and opportunities to develop, learn and grow.

<b>ACTIVITY</b>	<b>Performance Development</b>
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Responsible for commencing and implementing the performance development process utilising the toolkit.
<b>SECONDARY SUPPORT TEAM</b>	<b>Human Resources Partner Aboriginal Workforce Manager</b>
<b>RESPONSIBILITY</b>	Provides technical and or cultural advice, guidance and support on the performance development processes.
<b>SUPPORTING RESOURCES</b>	<u>Performance Development</u> <a href="#">Performance Toolkit</a>



## 6. Risk Management & Clinical Governance

### 6.1 Re Entry Baseline Clinical Competency Assessments

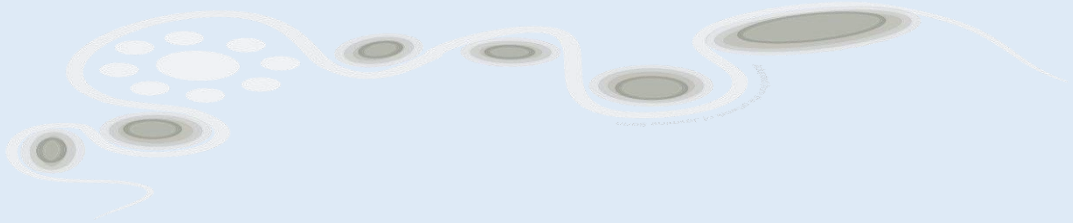
All newly recruited Aboriginal Health Practitioners who have not completed clinical skills as part of their previous roles in the past 2 years will need to have a baseline reassessment of the clinical competencies to assist to inform any further professional development.

ACTIVITY	Re Entry Baseline Clinical Competency Assessments
LEAD TEAM	Line Management
RESPONSIBILITY	Facilitating a baseline clinical assessment for all new recruits into the Aboriginal Health Practitioner role to determine baseline clinical confidence and capability.
SECONDARY SUPPORT TEAMS	Aboriginal Workforce Manager Clinical Educators
RESPONSIBILITY	Supporting the reassessment process.
SUPPORTING RESOURCES	<a href="#">Re assessment competencies</a>

### 6.2 AHPRA Registration Monitoring

AHPRA registration is mandatory for all Aboriginal Health Practitioners and needs to be monitored for ongoing registration and ensure that professional indemnity cover is current. Registration is due by 30 November of each year. If a practitioner has not renewed registration by the 1<sup>st</sup> January they cannot be paid as a practitioner and may be stood down or restricted in practice until proof of registration is received.

ACTIVITY	AHPRA Registration Monitoring
LEAD TEAM	Line Management
RESPONSIBILITY	Line management and AHP's are responsible for ensuring AHPRA registration is maintained to enable to practice under the AHPRA registration guidelines and <b>must</b> be monitored annually.
SECONDARY SUPPORT TEAMS	Aboriginal Workforce Manager
RESPONSIBILITY	Assist and support staff with the registration process
SUPPORTING RESOURCES	<a href="#">AHPRA</a>



### 6.3 Individual Practice Plans (IPPs)

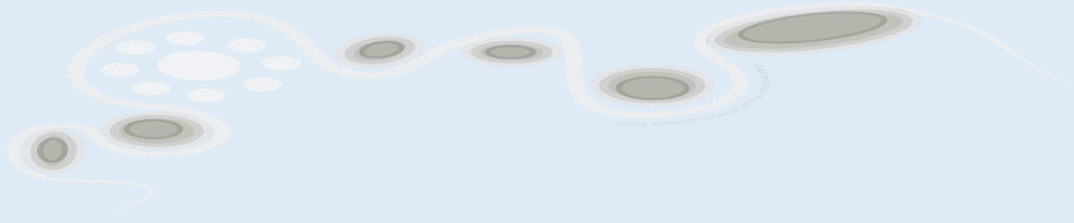
The Individual Practice Plan outlines the personal Scope of Practice for the AHP or AHW. It will entail the existing cultural connections in the community and how these are maintained, it will also enable the use of all current skillsets so competency is maintained and will plan the priority of work for the following 12 months. It can be used as a guiding tool in Performance appraisals and for review of service Models of Care for programs and facilities. All IPPs are to be completed for all staff **by end of February each year.**

ACTIVITY	Individual Practice Plans (IPPs)
LEAD TEAM	<b>Line Management Aboriginal Health Practitioners and Aboriginal Health Workers</b>
RESPONSIBILITY	Responsible for completing IPPs for all Aboriginal Health Workforce within their facility by end of February annually in partnership with the Aboriginal Health Sector Managers and Aboriginal Workforce teams.
SECONDARY SUPPORT TEAMS	<b>Aboriginal Health Sector Managers Aboriginal Workforce Manager</b>
RESPONSIBILITY	Responsible for supporting and monitoring the implementation of the IPP and professional development plans
SUPPORTING RESOURCES	<a href="#">Individual Practice Plans (IPPs)</a>

### 6.4 Portfolios of Practice

The Portfolio of Practice is based on the baseline of clinical competencies in line with the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) and provides a comprehensive summary of the **minimum clinical competencies** required of an Aboriginal Health Practitioner for safe and ongoing clinical practice in the LHD.

ACTIVITY	Portfolios of Practice
LEAD TEAM	<b>Aboriginal Health Practitioners</b>
RESPONSIBILITY	AHWs and AHPs are responsible for ensuring their portfolios are up to date and completed to meet the organisation mandatory training requirements and AHPRA's registration requirements.
SECONDARY SUPPORT TEAMS	<b>Line Management Clinical Educators</b>
RESPONSIBILITY	Are responsible for providing AHWs and AHPs with advice and direction on ensuring their portfolios are up to date and relevant to practice areas in line with policy directives.
SUPPORTING RESOURCES	<a href="#">Portfolio of Practice</a>



## 6.5 Mandatory Clinical Education & Continuous Professional Development

Staff will also ensure they attend any training that is available to them and ensure that they maintain a level of clinical skills development to maintain their registration as AHPs if applicable.

ACTIVITY	Mandatory Clinical Education
LEAD TEAM	Line Management
RESPONSIBILITY	Aboriginal health staff and direct line managers will be responsible for ensuring that all modules on My Health Learning are completed in a timely fashion. Aboriginal staff members can have development opportunities added into their IPP as necessary and in consultation with their line managers
SECONDARY SUPPORT TEAMS	Organisational Development Unit
RESPONSIBILITY	Can provide and inform of courses and workshops available to AHW and AHPs.
SUPPORTING RESOURCES	<u>WNSWLHD-INTRANET</u> <a href="https://www.natsihwa.org.au/">https://www.natsihwa.org.au/</a>

## 6.6 Referral to an AHW/AHP

Suitable referrals to AHW/AHP allows Aboriginal clients and families to receive targeted and culturally appropriate care.

ACTIVITY	Referrals
LEAD TEAM	Line Management
RESPONSIBILITY	Line managers are to ensure all staff members refer clients appropriately to AHW/AHPs for services required and that there is education provided to staff and community about what services are available and how to access them. AHW/AHP's will work with Integrated Care to assist in the identification, registration and referrals to the patient flow portal. Referrals should be in writing via the electronic system or other agreed process and should detail the reason for referral and any relevant information to assist the client.
SECONDARY SUPPORT TEAMS	Aboriginal Health Leadership Team (AHLT)
RESPONSIBILITY	The AHLT will support line managers and community to understand the roles and skills of the AHW/AHPs.
SUPPORTING RESOURCES	<a href="#">AHP/ AHW Referral Template</a>



## 6.7 Safe Caseloads

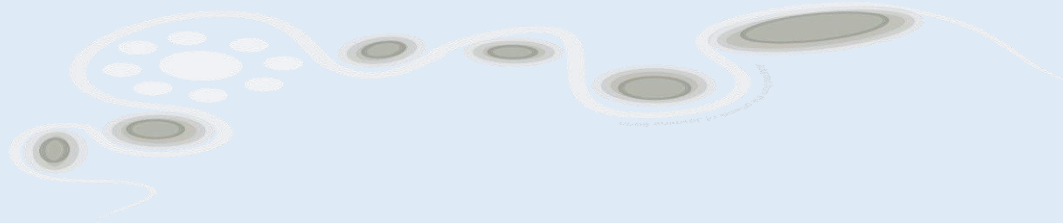
Caseloads are determined in line with the IPP and Service Model of Care and should be appropriately distributed among staff.

ACTIVITY	Safe Caseloads
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Line managers are to monitor the caseload of individual staff members and ensure that equity exist in the allocation of a workload and to provide supports and delegation to prevent burnout.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Health Sector Managers</b>
<b>RESPONSIBILITY</b>	Assist with advising managers and staff on managing caseloads and burnout.
<b>SUPPORTING RESOURCES</b>	N/A

## 6.8 Clinical Documentation and File Auditing

AHW and AHP's must ensure they follow procedure when accessing medical records and documenting clinical care to patients. All notes and documentation needs to be completed at the point in time of care and files must be stored in line with policy and procedure of the LHD.

ACTIVITY	Clinical Documentation and File Auditing
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Access to medical records, documentation and proper file maintenance is the responsibility of the AHW and AHP in conjunction with the line manager.
<b>SECONDARY SUPPORT TEAMS</b>	<b>eMR Trainers</b>
<b>RESPONSIBILITY</b>	Delivering training in electronic health record systems
<b>SUPPORTING RESOURCES</b>	<a href="#">eMR resources</a>



## 6.9 Conflicts of Interest

Conflicts of interest must be managed in a highly ethical manner to ensure the integrity of the profession and the LHD in all duties carried out by AHW/AHPs.

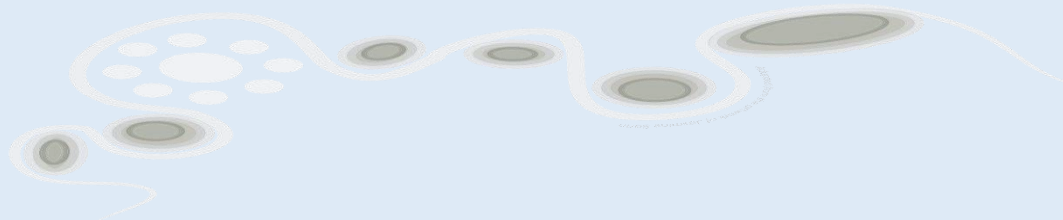
ACTIVITY	Conflicts of Interest
<b>LEAD TEAM</b>	<b>Line Management Aboriginal Health Worker and Aboriginal Health Practitioners</b>
<b>RESPONSIBILITY</b>	All conflicts of interest must be declared at the earliest convenience. On occasion AHWs and AHPs may have to work with relatives due to small communities and big families and these situations need to be managed with cultural considerations and kinship connections in mind.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Health Sector Managers</b>
<b>RESPONSIBILITY</b>	Support managers and staff when a conflict has been declared or identified.
<b>SUPPORTING RESOURCES</b>	<a href="#">Conflicts-of-Interest</a>

## 6.10 Clinical Delegation & Clinical Escalation Processes

Clinical delegation to an AHP can occur directly from the Medical Officer or RN in charge. This should align with what is articulated in the Position Description and Individual Practice Plans. Clinical escalation of clinical activities and results are to be reported to either the RN in Charge or the Medical Officer depending on the clinical urgency and or need for further clinical action or guidance.

ACTIVITY	Clinical Delegation & Clinical Escalation
<b>LEAD TEAM</b>	<b>Medical Officer RN in Charge</b>
<b>RESPONSIBILITY</b>	Responsible for delegation of clinical activity and point of care clinical guidance and oversight. However this doesn't mean AHPs must always be in the physical presence of MO or RN and can perform duties autonomously providing clinical competency is current.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Line Manager Clinical Educators</b>
<b>RESPONSIBILITY</b>	Providing support with identifying and facilitating when further clinical training is required to meet clinical confidence and competency to maintain safe clinical practice
<b>SUPPORTING RESOURCES</b>	<a href="#">Decision-making-framework.</a>





### 6.11 Clinical Supervision (Reflective Practice)

Clinical supervision is a formalised professional relationship between two or more people in designated roles, which facilitate reflective practice, explores ethical issues, and develops skills.

ACTIVITY	Clinical Supervision
LEAD TEAM	Line Management
RESPONSIBILITY	Responsible for allocating clinical supervision for Aboriginal health staff. Clinical supervision may be under another qualified staff member other than the direct line manager and should be mutually agreed between the parties. Refer to Portfolio of Practice for AHPs.
SECONDARY SUPPORT TEAMS	Aboriginal Health Leadership Team
RESPONSIBILITY	Support the implementation of Clinical Supervision and reflective Practice and facilitates training for those wanting to provide clinical supervision to peers where required.
SUPPORTING RESOURCES	<a href="#">Decision-making-framework.</a>

### 6.12 Policy and Procedures

All staff are to comply with MOH Policy and Procedures, District guidelines including compliance with the NSW Health Code of Conduct

ACTIVITY	Policy and Procedures
LEAD TEAM	Line Management
RESPONSIBILITY	Line managers are responsible for ensuring AHW and AHPs are aware of all relevant policies and procedures of WNSWLHD
SECONDARY SUPPORT TEAMS	District Clinical Quality and Safety
RESPONSIBILITY	Responsible for maintaining and reviewing all policy and procedures and applying the Aboriginal Health Impact Statement process.
SUPPORTING RESOURCES	<a href="#">Procedures-And-Guidelines</a> <a href="#">Code of Conduct</a>

## 7. Reporting Governance & Accountability

### 7.1 FTE Profile

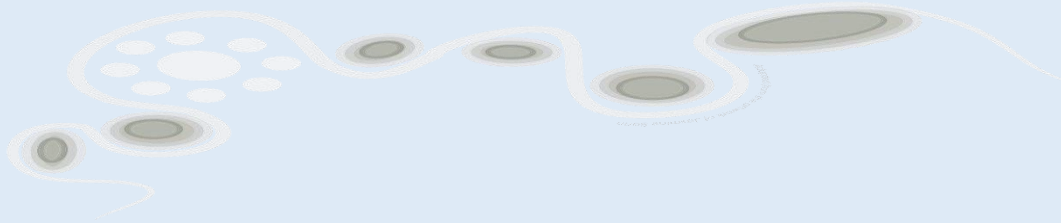
The FTE profile will be monitored by local line management along with the Operations and Aboriginal Health Directorate to ensure facilities and communities have sufficient resources to service individual communities.

ACTIVITY	FTE Profile
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Are responsible for ensuring that the FTE profile meets the needs of the community and if there is inadequate FTE to meet the need and case load demand or if more FTE is required, then the line manager is responsible for building a business case and seeking approval to locally fund and increase FTE profile. Line management is also responsible for notifying the Aboriginal Workforce Team when changes occur.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Health Leadership Team Aboriginal Workforce Manager</b>
<b>RESPONSIBILITY</b>	Supports and monitors the AHW/AHP FTE profile and provides advice to the Line Managers and assist's in advocating on behalf of the communities for changes where required .
<b>SUPPORTING RESOURCES</b>	<a href="#">Business Case template</a>

### 7.2 Service Models of Care

Service Models of Care are the documented process of how an Aboriginal Health service or program is implemented in a facility and Aboriginal community, and is informed by the community's needs, skill mix of the staff and facility, access to other programs and services and hours of operation. The Service Model of Care should be reviewed annually by the end of February in line with the Individual Practice Plan or when a new AHW/AHP staff member commences at the facility.

ACTIVITY	Service Models of Care
<b>LEAD TEAM</b>	<b>Service Delivery Directorate &amp; Aboriginal Health Leadership Team</b>
<b>RESPONSIBILITY</b>	In partnership with the facility staff and community design, develop and document the service delivery model using the district endorsed template. The Model of Care should be reviewed annually and adjusted as required.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Line management</b>
<b>RESPONSIBILITY</b>	Is responsible for implementing and supporting the agreed Model of Care.
<b>SUPPORTING RESOURCES</b>	<a href="#">Service Delivery Model template</a> <a href="#">Aboriginal-Health-Worker-guidelines</a>



### 7.3 Key Programs

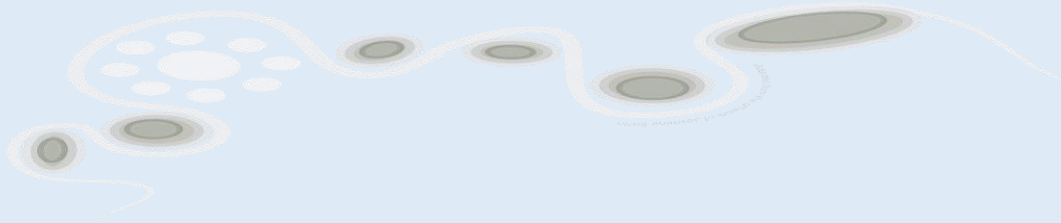
Key programs that apply to Aboriginal patients will be monitored and promoted by the AHLT. These programs are designed and led by Aboriginal staff and can be targeted for specific groups either through men’s and women’s business or a specific targeted program such as chronic disease, 48 hour follow-up, mental health or prevention screening specific programs.

ACTIVITY	Key Programs
<b>LEAD TEAM</b>	<b>Aboriginal Health Leadership Team</b>
<b>RESPONSIBILITY</b>	Is responsible for developing, promoting and monitoring key programs that are endorsed by the district to improve Aboriginal Health outcomes.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Line management</b>
<b>RESPONSIBILITY</b>	Is responsible for implementation and day to day operations of new and existing programs targeted for Aboriginal people and communities to achieve improved health outcomes.
<b>SUPPORTING RESOURCES</b>	<a href="#">District Endorsed Aboriginal Key programs</a>

### 7.4 Key Performance Indicators (KPIs)

KPIs will be used in the delivery of programs to determine if key outcomes are met. KPIs will be set during the development of Service Models of Care and program development and adjusted in accordance with the districts strategic direction.

ACTIVITY	Key Performance Indicators
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Are responsible for ensuring that activities and actions are completed to achieve KPIs and that program KPI’s as well as MOH target KPI’s are monitored.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Health Leadership Team</b>
<b>RESPONSIBILITY</b>	Are responsible for setting, promoting and informing KPI’s for the district supported programs and strategic direction towards Improving Aboriginal Health
<b>SUPPORTING RESOURCES</b>	<a href="#">HIU Portal</a>



### 7.5 Benchmarked Occasions of Service Performance

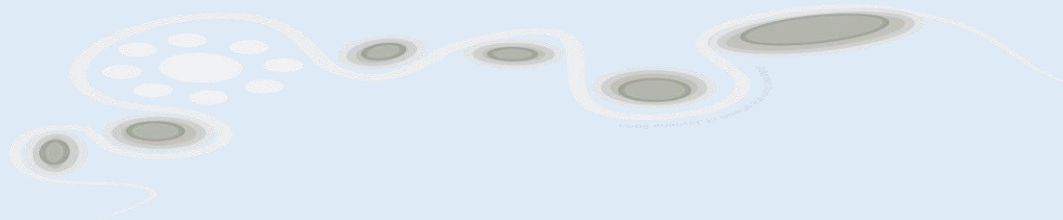
Monitoring occasions of service is important for determining how well a service or program is utilised and if service realignment is needed to target a specific program outcome. It also allows for AHWs and AHPs to monitor and measure their activity over a given amount of time.

ACTIVITY	Benchmarked OOS Performance
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Responsible for ensuring that OOS benchmark and KPI's are well known and are monitored regularly, ensuring all OOS are entered correctly into the electronic patient record data system.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Health Sector Managers</b>
<b>RESPONSIBILITY</b>	Are responsible for setting the minimum benchmark measures for all Aboriginal Health Programs as a performance indicator for program outcomes. The benchmarks are reviewed annually and adjusted as required and communicated to all line managers and AHW/ AHP staff.
<b>SUPPORTING RESOURCES</b>	Link to annual Benchmark measure document on intranet page and <a href="#">HIU OOS dashboard</a> .

### 7.6 Reporting Tools

Reporting tools are developed at a directorate level and will be adapted as necessary. They are used to gather information and can inform planning of service delivery, effectiveness of programs and as a workforce succession planning guide for leave backfill or recruitment.

ACTIVITY	Reporting Tools
<b>LEAD TEAM</b>	<b>Line Management</b>
<b>RESPONSIBILITY</b>	Are responsible for ensuring that reporting tools are up to date, completed and submitted in line with organisational timeframes.
<b>SECONDARY SUPPORT TEAMS</b>	<b>Aboriginal Health Sector Managers</b>
<b>RESPONSIBILITY</b>	Are responsible for developing a reporting tool template that is inclusive of current performance measures as set out in the Improving Aboriginal Health Strategy and monitor and adjust the template as required.
<b>SUPPORTING RESOURCES</b>	<a href="#">Reporting Template</a>



## 7.7 Financial Approval

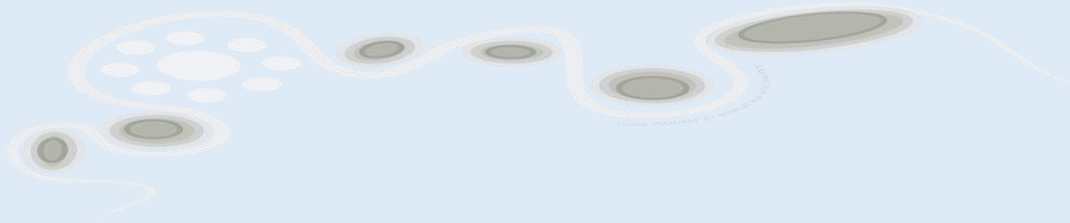
Requests for financial approvals are to be submitted to the relevant line management of cost centres that fund the activity requiring approval. E.g. travel and accommodations, conference attendance

ACTIVITY	Financial Approval
LEAD TEAM	Line Management
RESPONSIBILITY	Responsible for ensuring that financial budgets are monitored and approvals are actioned and supported to enable the day to day duties of the AHW and AHP role are fulfilled.
SECONDARY SUPPORT TEAMS	Aboriginal Health & Well Being Directorate
RESPONSIBILITY	Aboriginal Health and Well Being Directorate can provide financial approval <b>only</b> when district programs are funded by the Aboriginal Health and Well Being Directorate. This may at times include such supports as training opportunities or conference attendance. When these funded program opportunities occur it is the responsibility of the Directorate to communicate to line managers what is being funded and how to access the funding, usually through an EOI process.
SUPPORTING RESOURCES	<a href="#">WNSWLHD Delegation Manual</a>

## 7.8 Resource Management

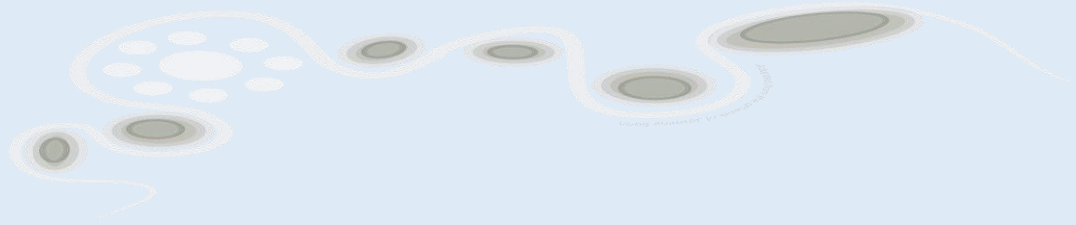
Resource management is funded, monitored and shared across directorates to support the implementation of duties for the AHW and AHP roles.

ACTIVITY	Resource Management
LEAD TEAM	Line Management
RESPONSIBILITY	Responsible for funding, maintaining and distributing resources and equipment for the duties of the role to be performed. This includes access to vehicles, laptops, mobile phones, clinical equipment and consumables.
SECONDARY SUPPORT TEAMS	Aboriginal Health & Well Being Directorate
RESPONSIBILITY	Supports the distribution of district Aboriginal Health program funded resources and monitors for change where needed.
SUPPORTING RESOURCES	N/A



## 8. Reporting process for Aboriginal Health Program and Key Performance Indicators (KPI's)





## 9. References

<https://nswhealth.sharepoint.com/sites/WNSWLHD-INTRANET>

## 10. Abbreviations

<b><u>Abbreviation</u></b>	<b><u>Definition</u></b>
AHW	Aboriginal Health Worker
AHP	Aboriginal Health Practitioner
AHWTPP	Aboriginal Health Worker Transition to Practice
GWAHS	Greater Western Area Health Service
AHPRA	Australian Health Practitioner Regulation Agency
WNSWLHD	Western New South Wales Local Health District
NAATSIHWP	National Association Aboriginal & Torres Strait Islander Health Workers & Practitioners
RTO	Recognised Training Organisation
NAIDOC	National Aborigines and Islanders Day Observance Committee
AHLT	Aboriginal Health Leadership Team
IPP	Individual Practice Plan
EOI	Expression of Interest
CPD	Continual Professional Development
FTE	Full Time Equivalent
KPI	Key Performance Indicator
HIU	Health Intelligence Unit
OOS	Occasions of Service
LM	Line Manager
HSM	Health Service Manager
GM	General Manager
AH-SM	Aboriginal Health Sector Manager
ELT	Executive Leadership Team
CE	Chief Executive