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The Governing Board
Barossa Hills Fleurieu Local Health Network
Attn: Carol Gaston AM, Board Chair

Health Performance Council

Unit 6, 60 Hindmarsh Square
Adelaide SA 5000

PO Box 3246
Rundle Mall SA 5000

Tel 08 8226 3188

Fax 08 8226 5220

ABN 97 643 356 590

healthhealthperformancecouncil@sa.gov.au

www.hpcs.com.au

Via e-mail: [redacted]

Dear Ms Gaston

Re: Your response to Health Performance Council publication of audit of institutional racism in the LHNs

Thank you for your letter of 9 September 2020 expressing the initial response of Barossa Hills Fleurieu Local Health Network (BHFLHN) to the Health Performance Council's publication of the results of the first audit of evidence of institutional racism in the South Australian Local Health Networks (LHNs).

I recognise that you have a wealth of first-hand experience in your working and volunteering life in remote Aboriginal communities. And, bring to your current role as Board Chair significant health service knowledge, understanding and commitment to service improvement.

No doubt, this audit report is confronting when the findings showed all but the Women's and Children's Health Network as having 'extremely high' evidence of institutional racism at the governance level of an organisation. I quite understand you would feel disappointed by this finding given your commitment to ongoing improvement to health outcomes in collaboration with Aboriginal leaders. I understand and welcome that you do undertake many programs and pursue many policies that work towards stamping out racism in all its forms and delivering an ever more equitable and effective health system for everyone in your community.

I hear your concerns about the method the council chose to audit institutional racism. In the project initiation, many different audit methods and approaches were reviewed. There is a dearth of material on the topic. This audit was specifically designed to review relevant evidence that came from the governance level of a LHN. I know it can be difficult reassuring staff and teams and managers in the system that this is not about them, because it is purely looking at governance and the Board. And, what is in the gift of the Board to do differently to really make improvements through publishing their relevant information and communicating with their local communities.

The audit was not about the existence and implementation of Aboriginal health strategies any more than it was about evidence of individual or broad systemic racism. Rather, it was about the way South Australian LHNs are culturally designed: that is, whether and to what extent there exists the institutionalisation of a system and structure of corporate governance that has the tendency to create discrimination even if unintentional. And that's the point. The audit did not seek to just call out deficiencies; there was also much that the audit found in the way of opportunities for improvement including many measures that yours and the other LHNs might readily pursue.

The audit was governed by the Aboriginal members of Health Performance Council: Professor Lisa Jackson Pulver AM and Mr Richard Callaghan. The council sought the benefit of oversight by the Aboriginal Health Research Ethics Committee (AHREC), and the audit was conducted by Aboriginal social researchers in line with the South Australian Aboriginal Health Research Accord. The audit tool applied uses measures that are

relevant and valid. The makeup and weightings of the indicators and criteria in the tool were derived from a tool that had previously been applied successfully in Queensland by Professors Marrie and Marrie, and subsequently considered in the peer-reviewed literature. The adaptation to the context of South Australia's LHNs was made and validated with the advice of a broad cross-section of stakeholders including representatives of Department for Health and Wellbeing, several of the LHNs and with the endorsement of Aboriginal Leaders' Forum.

The particular focus of the audit on institutional racism lent itself also to a particular style of assessment. The reliance on information that is publicly available – including annual reports, strategies, operational plans, board meeting papers, community-focussed literature, website content, and other materials – was by design, and goes directly to the heart of the principles of what the stakeholder-led adaptation of the audit method had sought to assess. Far from being a deficiency in the method, I should say that the process was thus everything it should be: open, transparent, objective and repeatable. Furthermore – and for all that I caution against interpreting too competitively the crude audit score and categorisation of level of institutional racism evidence – it directly discloses the actions that you and your board members and executives can take to know that you would receive a more favourable assessment in any future revisit of the audit. I encourage you and your whole board to consider the detailed assessment of BHFLHN in the full audit report not as an enumeration of deficiencies but as a checklist for cultural improvements.

South Australia is only the second jurisdiction to adapt and apply the Marrie and Marrie matrix to measure institutional racism in public health systems. The council learned about the Queensland Health response of 3-4 years ago. Now, Queensland Health has moved from measurement to improvement with targeted interventions in response to the audit and has improved governance, policy implementation, service delivery, recruitment and employment, financial accounting and reporting in health institutions. Queensland Parliament has recently passed a Health Legislation Amendment Bill to improve the health and wellbeing of Queenslanders through significant reforms to a number of health portfolio acts and regulations including mandating First Nations representation on Hospital and Health Boards and requiring Hospital and Health Services (HHSs) to develop strategies to achieve health equity with Aboriginal and Torres Strait Islander people.

Thank you again for writing. May I join you in also affirming our ongoing commitment to improving health outcomes for Aboriginal people in collaboration with Aboriginal leaders.

I copy this letter to Dr Chris McGowan, Chief Executive of the Department for Health and Wellbeing. Consistent with the principles of openness and transparency identified in the institutional racism audit as sometimes lacking, I intend also to publish your letter and my response on our website.

On behalf of the Health Performance Council,

Yours sincerely



Steve Tully

Chair

Health Performance Council

16 September 2020

cc: Chris McGowan - Chief Executive, Department for Health and Wellbeing