



under consultation

Central Queensland Hospital and Health Service

20<sup>25</sup><sub>28</sub>

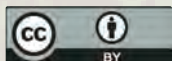
# Health Equity Strategy Implementation Plan



Queensland  
Government

## P2693 - Health Equity Implementation Plan 2025-2028 v1.0

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# Acknowledgement

Central Queensland Hospital and Health Service acknowledges the Traditional Owners, the Custodians of the lands, waters, and seas across Queensland, we pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system to improve health equity of Aboriginal and Torres Strait Islander peoples within Central Queensland.

We acknowledge the Traditional Custodians of the lands across Central Queensland:

- « Darumbal
- « Woppaburra
- « Konomie
- « Byellee (Bailai), Gurang, Gooreng Gooreng, Taribelang Bunda
- « Gangulu/Gaangalu
- « Ghungalu
- « Wulli Wulli
- « Western Kangoulu
- « Wadja
- « Kairi

We acknowledge the First Nations people in Queensland are both Aboriginal Peoples and Torres Strait Islander Peoples, and support the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for health and wellbeing for millennia.

We acknowledge the impact of stolen generations, intergenerational trauma, social and health disadvantages experienced by Aboriginal and Torres Strait Islander people, and the influence of unresolved trauma as it is often overlooked in policy and practice. We will work with stakeholders within our community services to address intergenerational trauma as we recognise this is central to healing for First Nations peoples across Central Queensland.

We respect the collective cultures and traditions of the – recognised Aboriginal Traditional Custodians and the Zenadth Kes Torres Strait Islander community and respect the Yumi Ailan Kaston (Traditional Custom) of the Torres Strait Islanders people living within Central Queensland – that are represented across the land, sea and river systems that connect and link to Central Queensland Health service footprint.







## Terminology explanation

Throughout this document, the terms 'Aboriginal and Torres Strait Islander peoples', 'First Nations peoples' and 'Aboriginal peoples and Torres Strait Islander peoples' are used interchangeably rather than 'Indigenous'. Whilst 'Indigenous' is commonly used in many national and international contexts, Queensland Health's preferred terminology is 'Aboriginal and Torres Strait Islander peoples', 'Aboriginal peoples and Torres Strait Islander peoples' or 'First Nations peoples'.

## Introduction

In 2023, Central Queensland Hospital and Health Service launched the inaugural Health Equity Strategy that aligns to the Queensland Government legislation for health equity. This new health legislation framework endeavours to reshape the Queensland health care system towards better health outcomes for Aboriginal and Torres Strait Islander peoples. And committing health services across Queensland to:

- « the achieving of health equity and the improvement of Aboriginal and Torres Strait Islander health outcomes
- « eliminating institutional racism from the public health sector
- « improving power sharing arrangements with Aboriginal and Torres Strait Islander peoples.

The Central Queensland Hospital and Health Service Health Equity Strategy highlighted our commitment to the three overarching key performance measures under the National Agreement on:

- « Closing the Gap - life expectancy
- « maternal and child health
- « suicide reduction.

## Our vision

Great care for First Nations peoples in Central Queensland.

## Our values

Our Way, Our Journey towards Health Equity through the voices of First Nations peoples.

## Our aim

To drive health equity reform by co-designing and co-implementing programs in partnership with our local community-controlled health services. Enhancing health equity outcomes for First Nations peoples across Central Queensland through strong leadership and shared decision-making. The refreshed Health Equity Plan will help reshape our services to align with Central Queensland Health's Destination 2030 – Great Care for Central Queenslanders.

## Our implementation plan 2025–2028

The Health Equity Implementation Plan 2025–2028 will be one of the key enablers to drive the care domains aligned with the Making Tracks Framework, which remains contemporary and viable, providing solid strategic direction and continuing to underpin the basis of Health Equity Strategy directions towards health equity outcomes of First Nations peoples.

Figure One: Health Equity Strategy Key Enablers



## National Closing the Gap Agreement

### Priority Reforms

Our National commitment to improving the lives of Aboriginal and Torres Strait Islander peoples through the strategic plans aligned to our key priorities within Queensland.

## Queensland Health commitment

### First Nations First Strategy 2032

Delivered as part of HEALTHQ32, the First Nations First Strategy is one of the system priorities that will drive the future direction for health in Queensland.

### Reframing the Relationship

Strengthens the commitment to improving the health and wellbeing of First Nations people.

### Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework

Placing First Nations people and voices at the centre of healthcare service design and delivery in Queensland.

### Making Tracks Policy and Accountability Framework

Outlines 5 key priority areas required across the lifespan and health service continuum to achieve health parity.

### Aboriginal and Torres Strait Islander Cultural Capability Framework

A commitment to the delivery of services that are clinically and culturally safe and accessible for Aboriginal and Torres Strait Islander people.





## Queensland Government and Community-Controlled Health commitment

### Tracks to Treaty

Reframing the relationship with Aboriginal and Torres Strait Islander Queenslanders.

### Local Thriving Communities Action Plan 2022–2024

Sets a strong and innovative approach to reforming how government works with Aboriginal and Torres Strait Islander people. Building capacity through existing service delivery mechanisms.

### Queensland Government Aboriginal and Torres Strait Islander Cultural Capability Framework

Aims to increase the knowledge of staff to achieve fundamental changes to policies, planning and practices to ensure service are responsive to the cultural needs identified by Aboriginal and Torres Strait Islander peoples.

### Queensland Government Reconciliation Action Plan 2023–2025

Building a reframed relationship that acknowledges, embraces and celebrates the humanity of Aboriginal and Torres Strait Islander peoples, achieving equity through excellence.

### QAIHC Strong sector, strong system: Ten-Year Blueprint 2024–2034

For a strong Aboriginal and Torres Strait Islander community-controlled health sector in Queensland.

## Central Queensland Hospital and Health Service commitment

### Destination 2030 – Great care for Central Queenslanders

Long-term strategy designed to deliver great care; improve health and reshape the future of hospital and healthcare services across Central Queensland.

### Health Equity Strategy 2025 – 2028 (Development)

Designed to improve our services in partnerships with Aboriginal and Torres Strait Islander stakeholders and community within Central Queensland.

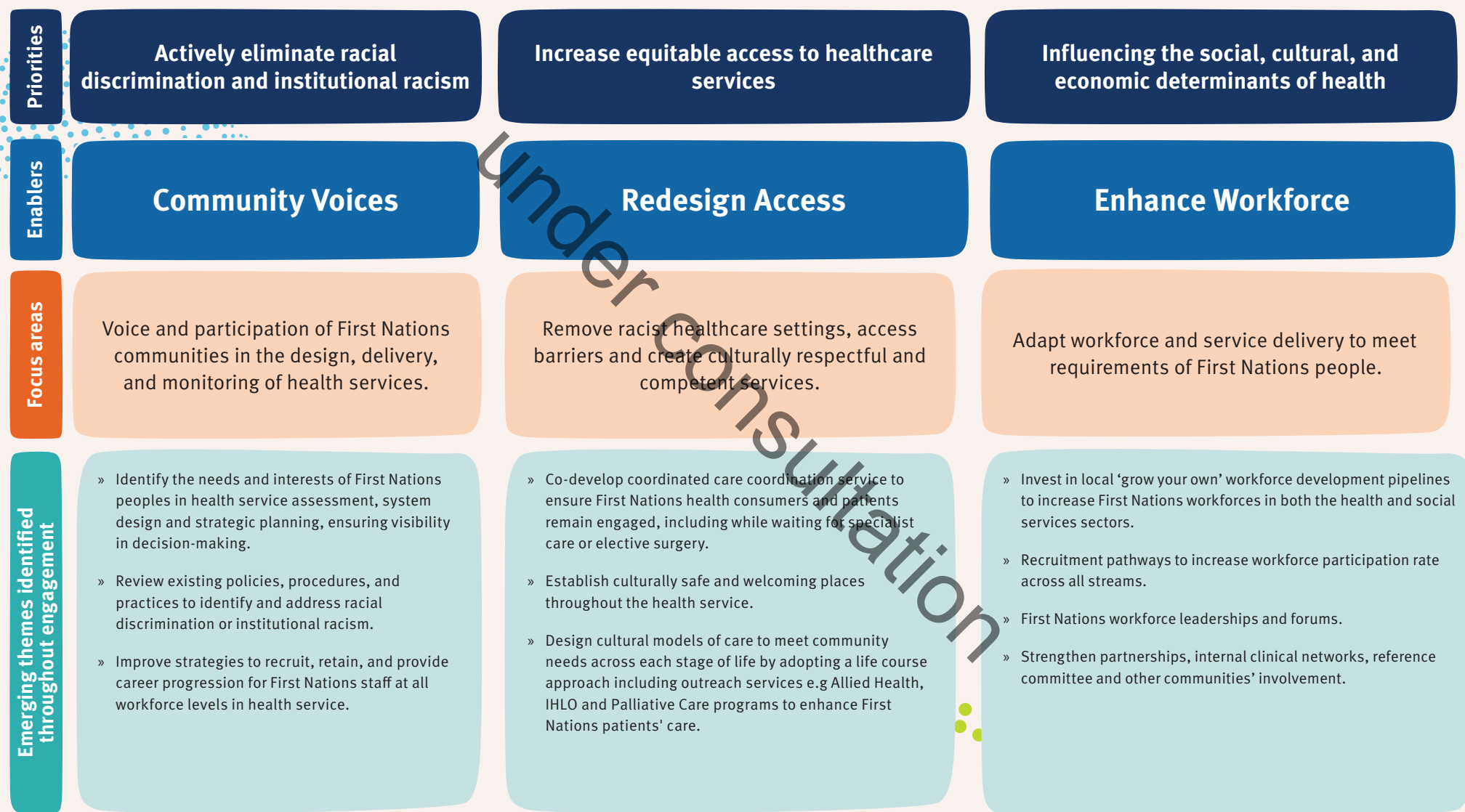
### Clinical Services Plan 2024 – 2029

Our plan to provide safe and sustainable service models to meet the needs of the Central Queensland population, now and into the future.

### Diversity, Equity, and Inclusion Action Plan 2024 -2025

Building inclusive and supportive workplaces and developing a diverse workforce across Central Queensland.

# Shared voices and themes





**Deliver sustainable culturally safe, and responsive healthcare service**

**Working with First Nations communities and organisations to design, deliver, monitor, and review services**

**Improving health and wellbeing outcomes for First Nations people**

## **Culture Change**

## **Partnerships**

## **Data Sovereignty**

Focus on delivery of sustainable services to areas of greatest need to ensure services delivering in cultural appropriate care.

Focus on delivery of sustainable services to areas of greatest need to ensure services delivering in cultural appropriate care.

Enhance data and effective systems to improve First Nations community health.

- » Supplement existing registration and credentialing requirements with mandatory HHS cultural capability and anti-racism training (for example, as part of Continuing Professional Education).
- » Strengthen partnerships between Aboriginal and Torres Strait Islander Community Controlled organisations and the public health system to support seamless access across the care continuum.
- » Embed, evaluate, and enhance Aboriginal and Torres Strait Islander led models of care in antenatal and early years care, mental health, and chronic disease management.

- » Work with specific Aboriginal and Torres Strait Islander communities to develop active partnerships with key government and non-government agencies and community health providers.
- » Establish partnering arrangements with local Aboriginal and Torres Strait Islander community-controlled organisations to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities.
- » Joint First Nations partnerships to strengthen services, share resources and enhance service delivery within the community.
- » Focused health promotion, prevention, clinical service provision and community education to reduce the incidence of rheumatic heart disease and other preventable infections.

- » Designed and implemented the First Nations Health Equity Data Dashboard to monitor the progress of the Health Equity Key Performance Measures (KPM's).
- » Data sharing and KPM reporting relating to First Nations programs within Central Queensland Health.
- » Data reports provided via the Queensland Health Dashboard System and other data management for decision making processes.
- » Data ownership expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of First Nations data.

# The journey so far

This timeline highlights the key activities and initiatives undertaken to co-design the devolvement of the 2nd tranche of our Health Equity Implementation Plan 2025–2028, in accordance with the *Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*.

August 2024

## Joint partnerships

DG Joint Forum in consultation with key stakeholders partners in collaboration with peak body representation.

May 2024

## Health Equity Dashboard

Reviewed Central Queensland Health data sets and systems to reflect a range of metrics and performance measures used to collect and report data on the achievement of key objectives, priorities and initiatives.

September 2024

## Service partners stakeholder engagement

Consultation with local community-controlled partners and community groups.

October 2024

## Yarning circles

129 individual responses collected.

Health Equity yarning circles and online survey engagement with partners and community groups.

January 2025

## Theme voices and implementation plan

Draft Implementation Plan is finalised and circulated to stakeholders for review/feedback within 30 days.

November 2024

## KPM development and engagement

KPM development finalised and circulated to Making Tracks programs.

February 2024

## Shared commitment and continuing support

Joint First Nations Partnerships.

May 2025

## Central Queensland Health endorsement

Health Equity Implementation Plan published.



# Central Queensland Health Health Equity Implementation Plan 2025–2028



## Community Connection



### What do we want to achieve?

To work with our community and consumer groups to ensure their Voices are used to enhance our health care services across Central Queensland.

**HEALTH EQUITY KPA 1:** Actively eliminate racial discrimination and institutional racism.

**OUR PRIORITY:** Partnerships, Consumer Engagement, Communication and Data Improvement

**NSQHS STANDARDS:** 2. Partnering with Consumers

**CULTURAL CAPABILITY PRINCIPLES:** Cultural Respect and Recognition

### Executive Lead – Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing

1.0 Action	Responsible Lead	Baseline/Target	Status			Measure
			2025–26	2026–27	2027–28	
1.1. Work with key stakeholders to strengthen engagement and networking opportunities to enhance collaborative approach with First Nations people.	Senior Project Officer Community Engagement	No. of First Nations Elders involved in service redesign and planning.	✓			<b>Outcome measure:</b> Review and recommendations.
1.2. Build capacity of community members to participate on the committee, focus groups, health forums and recruitment panel.	Senior Project Officer Community Engagement	No. of First Nations applicants on recruitment panels, committees and focus groups.	✓			<b>Outcome measure:</b> Evaluation Assessment as per audit schedule.
1.3. Engage with Elders to assist with cultural redesign and healing programs to enhance culturally safe and responsive health services.	Cultural Capability Advisor	No. of First Nations Elders involved in service redesign and planning.	✓			<b>Outcome measure:</b> Review and recommendations.
1.4. Review existing internal and external web pages to support users, families, and communities to understand their patient and consumer rights in alignment with Standard 2.	Senior Project Officer Community Engagement	QHEPS content reviewed and updated.	✓			<b>Outcome measure:</b> Review and recommendations.
1.5. Review current guidelines and processes to ensure an escalation pathway to eliminate racial discrimination and institutional racism.	Manager Health Equity	No. of policies reviewed and implemented.	✓			<b>Outcome measure:</b> Review and recommendations.
1.6. Review existing Cultural Practice Program (CPP) to ensure it incorporates learnings on anti-racism, unconscious bias, and achieving racial equity.	Cultural Capability Advisor	CPP completion rate.	✓			<b>Outcome measure:</b> Mandatory training compliance towards 90%.





## Connected Care Pathways



### What do we want to achieve?

To invest in exploring models of care to improve access to culturally safe and responsive health care services.

**HEALTH EQUITY KPA 2:** Increase access to healthcare services.

**OUR PRIORITY:** Enhance Model of Care, Transport Support and Strengthening Patient Pathways

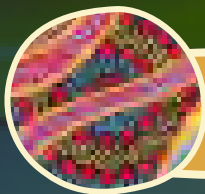
**NSQHS STANDARDS:** 1. Clinical Governance, 2. Partnering with Consumers, 5. Comprehensive Care

**CULTURAL CAPABILITY PRINCIPLES:** Capacity Building and Communication

### Executive Lead – Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing

2.0 Action	Responsible lead	Baseline/Target	Status			Measure
			2025–26	2026–27	2027–28	
2.1. Strengthen Oral Health Service to enhance service user experience by driving excellence in integrated service delivery and coordinated care practice for preventive oral health outcomes for First Nations patients.	Clinical Nurse Consultant (Cultural Health)	No. of occasions of service.	✓			<b>Prevention, early intervention and primary health care:</b> Proportion of non-admitted patient dental care.
2.2. Build a collaborative care model for Aboriginal and Torres Strait Islander women and their families.	Executive Director Allied Health	No. of occasions of service.	✓			<b>Maternity and neonates:</b> Low birthweight (babies weighing less than 2,500g).
2.3. Build and transform a Liaison Coordination Service to enhance patient care pathways for First Nations people.	Nurse Unit Manager Hospital Liaison Service	No. of occasions of service.	✓			<b>Planned care:</b> Hospital separations include OOS, DAMA, FTA, LATC and Discharge.
2.4. Educate community to embrace virtual care options for early access. Build capability in the use of telehealth and digital health, for both providers and consumers to deliver care closer to home.	Manager Health Equity and Programs	Increased access to virtual care options for First Nations.	✓			<b>Planned care:</b> Proportion of non-admitted patient telehealth service events.
2.5. Explore and review better discharge planning, coordination, connection to community and in home care coordination for First Nations patients discharged from Hospital.	Nurse Unit Manager Hospital Liaison Service / Clinical Nurse Consultant (Cultural Health)	No. of occasions of service.	✓			<b>Planned care:</b> Hospital separations include OOS, DAMA, FTA, LATC and discharge planning.
2.6. Review Allied Health patient systems to analyse wait list and improve referrals pathways for First Nations children with developmental health assessment needs.	Senior Allied Health Clinician (Childrens & Families)	No. of follow-up referrals to ongoing specialist services.	✓			<b>Outcome measure:</b> HBCIS occasions of service.
2.7. Work in collaboration with stakeholders and other service providers to provide a culturally safe allied health care program.	Senior Allied Health Clinician (Childrens & Families)	No. of partnerships with service providers.	✓			<b>Maternity and neonates:</b> Low birthweight (babies weighing less than 2,500g).





## Empowered Workforce



### What do we want to achieve?

To explore and develop flexible and sustainable workforce initiatives to create a culture of learning and leadership for the First Nations workforce.

**HEALTH EQUITY KPA 3:** Deliver sustainable culturally safe, and responsive healthcare.

**OUR PRIORITY:** Workforce Planning, Education and Leadership Capability Development.

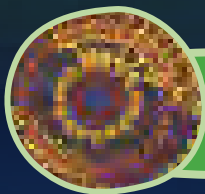
**NSQHS STANDARDS:** 1. Clinical Governance, 2. Partnering with Consumers, 5. Comprehensive Care

**CULTURAL CAPABILITY PRINCIPLES:** Capacity Building and Communication

### Executive Lead – Executive Director Workforce

3.0 Action	Responsible lead	Baseline/Target	Status			Measure
			2025–26	2026–27	2027–28	
3.1. Develop First Nations Nursing and Midwifery Workforce working group to Strengthen Nursing workforce capacity that reflects the communities, including pathways to grow our own and develop the workforce for the future.	Nurse and Midwifery Workforce	Development of an Audit Skills Assessment in collaboration with RTO partners.	✓			<b>Outcome measure:</b> Review and recommendations.
3.2. Develop, implement, and evaluate a formalised First Nations employee separation exit survey/ interview process.	Coordinator Recruitment Services	% of First Nations staff who have completed recruitment training.	✓			<b>Outcome measures:</b> Review and recommendations.
3.3. Develop a workforce pipeline which articulates the appropriate First Nations representation across streams and includes opportunities for student placements, traineeships, and scholarships to enhance career development pathways.	Manager Workforce and Culture Performance	No. of First Nations workforce employed in higher positions.	✓			<b>Other culture:</b> MOHRI data review and recommendations.
3.4. Strengthen workforce planning to enhance First Nations leadership development to engage career pathways for growth and retention of the workforce.	Executive Director First Nations Health and Wellbeing	% of First Nations workforce who have completed professional development programs.	✓			<b>Outcome measures:</b> Review and recommendations.
3.5. Explore and develop First Nations Recruitment Agency to implement strategies and role descriptions to ensure cultural appropriateness.	First Nations Learning and Development Advisor	No. of policies and procedures reviewed to embrace a positive workplace culture.	✓			<b>Outcome measure:</b> Review and recommendations.
3.6. Strengthen SARAS application to enhance Professional Development Pathways for existing First Nation staff in Higher Education Program.	Manager Workforce and Culture Performance	No. First Nations staff who have received SARAS applications.	✓			<b>Outcome measures:</b> Review and recommendations.





## Culture Leadership



### What do we want to achieve?

To create a positive culture that recognises the importance of the cultural values and practices of First Nations peoples across the health service.

**HEALTH EQUITY KPA 4:** Influencing the social, cultural, and economic determinants of health

**OUR PRIORITY:** Consumer Engagement, Policy Development, Transform Systems and Processes

**NSQHS STANDARDS:** 1. Clinical Governance, 2. Partnering with Consumers, 5. Comprehensive Care

**CULTURAL CAPABILITY PRINCIPLES:** Capacity Building, Cultural Respect and Recognition

### Executive Lead – Executive Director Medical Services

4.0 Action	Responsible Lead	Baseline/Target	Status			Measure
			2025–26	2026–27	2027–28	
4.1. Review, develop, implement and evaluate cultural supervision model for Aboriginal and Torres Strait Islander Health Practitioners within Model of Care e.g Palliative Care, Prison Offender Health Service.	Executive Director First Nations Health and Wellbeing	No. of policies implemented on cultural safety.	✓			<b>Outcome Measure:</b> Review and recommendations on Cultural Safety.
4.2. Review and recognise all complaints and compliments for First Nations patients and consumers to oversee solution for prevention.	Director Quality and Safety	No. of complaints and compliments from First Nation's patients.	✓			<b>Planned Care:</b> Quality and Safety and PREM resolved within recommended timeframe of 35 calendar days.
4.3. Work in partnership with other organisations and agencies to contribute to early intervention and prevention strategies that address primary health and social determinants of health including access to telehealth service for First Nations people.	Clinical Nurse Consultant (Cultural Health), School Based Health Nurse	Engagement with First Nations community.	✓			<b>Planned Care:</b> Proportion of non-admitted First Nations patient on telehealth service events.
4.4. Work with Recruitment to implement targeted recruitment of ten Aboriginal and Torres Strait Islander Health Practitioner positions, inclusive of opportunities for attraction and workforce retention.	Recruitment Workforce Division	No. of HP positions employed.	✓			<b>Other Efficient:</b> Average Sustainable Queensland Health FTE.
4.5. Strive for appropriate representation of Aboriginal and Torres Strait Islander workforce in Mental Health service planning, development, implementation and evaluation programs to enhance cultural safety for First Nations consumers.	Independent Patients' Rights Advisor, Mental Health Worker and Nursing	No. and % of compliments and complaints.	✓			<b>Outcome Measure:</b> Review and recommendations.
4.6. Increase workforce development pathways for First Nations people within MHAODS.	General Manager MHAODS	No. of HP position employed in MHAODS.	✓			<b>Other Efficient:</b> Average Sustainable Queensland Health FTE MHAODS.
4.7. Review pathways to build the capacity of Correctional Health Service to optimise models of care pathways for First Nations peoples transition into the community.	Chief Operating Officer (COO)	Review assessment.	✓			<b>Outcome Measure:</b> Review and recommendations.



## Creative Partnerships



### What do we want to achieve?

To work with partners and key stakeholders to explore opportunities for shared resources, educational pathways and First Nations-led research.

**HEALTH EQUITY KPA 5:** Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review services

**OUR PRIORITY:** Stakeholder Partnerships, Service Engagement and Infrastructure Planning

**NSQHS STANDARDS:** 1. Clinical Governance, 2. Partnering with Consumers, 5. Comprehensive Care

**CULTURAL CAPABILITY PRINCIPLES:** Capacity Building, Relationships and Partnerships

### Executive Lead – Executive Director Medical Services

5.0 Action	Responsible Lead	Baseline/Target	Status			Measure
			2025–26	2026–27	2027–28	
5.1. Develop a policy guideline to align with the <b>First Nations Design Guide</b> in infrastructure planning and projects involving First Nations people as part of consultation and decision-making process.	Manager Health Equity	No. of First Nations representatives participating in project meetings and committees.	✓			<b>Sustainable measure:</b> Review and recommendations.
5.2. Investigate opportunities for shared resources with partner organisations by collecting and analysing relevant information on each community's main health outcomes for priority First Nations' needs.	Manager Health Equity	Data analysis and reporting.	✓			<b>Outcome measure:</b> Review and recommendations.
5.3. Strengthen community partnerships with our ACCHOs, community-based organisations, government and NGOs to deliver better connected, low barrier health journeys across service boundaries within Central Queensland Health.	Executive Director First Nations Health and Wellbeing	No. of MOU agreements signed and endorsed.	✓			<b>Outcome measure:</b> Review and recommendations.
5.4. Strengthen partnerships with government and non-government service providers to allow the integration of culturally appropriate supports to vulnerable First Nations patients and their families.	Executive Director First Nations Health and Wellbeing	No. of service register list.	✓			<b>Outcome measure:</b> Review and recommendations.
5.5. Develop a priority First Nations Health Equity research agenda in collaboration with our communities, ACCHOs, NGOs and PHN partners to enable evidence-based approach to enhance cultural governance and research health priorities.	Manager Health Equity Programs	No. of research projects (in collaboration with research partners).	✓			<b>Outcome measure:</b> Review and recommendations.
5.6. Develop First Nations Networking to strengthen First Nations workforce engagement.	Learning and Development Advisor	% of leadership program compliance.	✓			<b>Outcome measure:</b> Review and recommendations.



# Our responsibility

## Governance and accountability

Aboriginal and Torres Strait Islander health equity is a whole of organisation commitment and a strategic priority for Central Queensland Health. We have a shared responsibility to work collaboratively with the community and the prescribed stakeholders to achieve its core purpose, function and objectives to improve health equity outcomes of Aboriginal and Torres Strait Islander people outlined in the Health Equity Refreshed Plan (2025–2028).

The Health Equity Refreshed Plan is governed by the Central Queensland Health Governance Committee and operates in a complex and challenging environment, balancing efficient service delivery with high quality health outcomes. It is prepared to adapt and evolve these governance arrangements to meet changing needs for First Nations people.

The Health Equity Partnership Committee, as part of the Central Queensland Health Clinical Governance Framework, will assist with monitoring and oversight of health equity including key performance measures, service delivery outcomes and investment priorities for First Nations health business.

## Committee participation

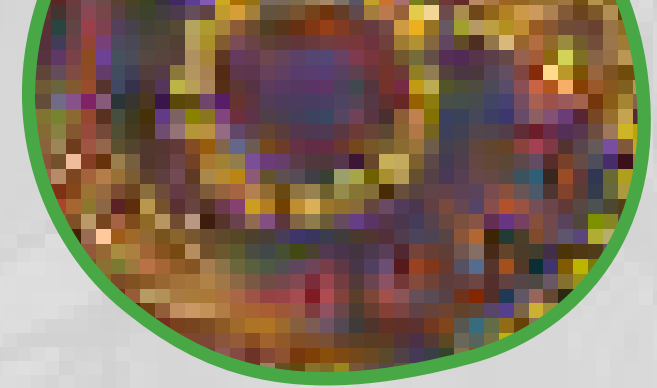
The Health Equity Partnership Committee will take responsibility for ensuring visibility, assurance and performance of the actions are maintained within agreed timelines. The Health Equity Partnership Committee includes representatives of the prescribed stakeholders' group as defined in the Health Equity Regulations guideline. The Central Queensland Hospital and Health Board will be accountable for the shared delivery of the plan. The Aboriginal and Torres Strait Islander Health and Wellbeing Board Committee will have oversight of the plan and will be provided advice from the Health Equity Partnership Committee.

## Review process

The Health Equity Implementation Plan is designed to measure the effectiveness of the Health Equity Strategy, and to collectively embed equity across the system, eliminate institutional racism and improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. The plan will be reviewed on a quarterly basis and updated to reflect and adapt to the ever-changing environment and respond to emerging priorities. It will take collective commitment at all levels of our workforce to deliver upon strategies and their associated actions. So, it is essential that responsibilities and performance expectations are clear.

## Performance reporting

Performance reporting will be reported internally to align with the organisational reporting requirements (Service Level Agreement, Quality and Safety Reporting and Government and Board committee) as per National Standards.





## Appendix 1: Health Equity Strategy: Evaluation Outcome Report on Key Performance Measures (KPM's)

This is the first Health Equity Strategy 2022-2025 evaluation progress report which provides an update on all quantitative and qualitative measures based in the outcomes report complies with the requirement aligned to Making Tracks Together, Queensland's Statewide First Nations Health Equity Strategies Monitoring and Evaluation Framework as outlined in the strategic framework to drive health equity, eliminate institutional racism across the public health system, and achieve life expectancy parity for First Nations peoples by 2031.

This process must be completed within 3 years in accordance with the First Nations Health Equity Strategies: legislative requirements and inclusion of key performance measures to track progress towards achieving health equity through a co-design process guided by the voices, lived experiences, and cultural authority of First Nations peoples. The evaluation framework in the context of the Health Equity Strategies Monitoring and Evaluation Framework and is provide assessments of the effectiveness and impact of the health equity strategies and actions to achieve our goals.

### Our Health Equity Strategy Evaluation Framework

Evaluation process	Evaluation outcome	Evaluation impact
Looking at the progress of activities <b>Frequency:</b> Every six months	Looking at immediate results <b>Frequency:</b> Annually	Assessing effectiveness of achieving goals <b>Frequency:</b> Every three years

### Health Equity First Nations Key Performance Measures: Progress against measures from 30 June 2024 to 30 June 2025

Outcomes Framework Care Domains	Key Performance Measures	Target	Baseline	Progress FYTD	Performance status
Chronic and complex	« Potentially Preventable Hospitalisations (PPH) – First Nations Peoples: Selected conditions.	≤HHS target	≤0.2 % points	16.4%	Not Performing
	« Potentially Preventable Hospitalisations – Aboriginal and Torres Strait Islanders: Diabetes Complications.	3.8%	4.6%	4.4%	Performance Flag
	« Potentially Preventable Hospitalisations (PPH) (non-Diabetes complications).	10.4%	12.8%	13.3%	Not Performing
	« Cardiac Rehabilitation.	≥ 60%	≥40% - < 60%	NA	Performance Flag
	« Advance Care Planning (ACP).	≥9.0%	≥7.0% - < 9.0%	≥8.90%	Performing

Outcomes Framework Care Domains	Key Performance Measures	Target	Baseline	Progress FYTD	Performance status
Trauma and illness	« Hospital access target: % of Emergency stays within 4 Hours (non-admitted patients).	≥85.0%	≥60.0% - <85.0%	≥75.6%	Performance Flag
	« Hospital access target: % of Emergency stays within 4 Hours (admitted patients).	≥60.0%	≥54.8%	≥69.2%	Performance Flag
	« Emergency Department wait time by Australasian Triage Scale (ATS) category.	100.0% - 70.0%	100.0% - 70.0%	≥68.2%	Performance Flag
	« Hospital access target: % of Emergency stays within 4 Hours.	≥80.0%	≥83.4%	≥69.5%	Performance Flag
	« Relative Stay Index (Acute Overnight Patient Care)	≤1.00	≤0.95	≤1.08	Performance Flag
	« ELOS: Patients with Emergency Department length of stay times greater than 24 hours.	0.0	3.44	2.95	Performance Flag
Planned care	« Elective surgery: % of category 1 patients who are treated within the clinically recommended time.	≥98.0%	≥95.0% - < 98.0%	Cat. 1 = 79.8%	Performance Flag
	« Elective surgery: % of category 2 and 3 patients treated within the clinically recommended time.	≥85.0%	≥92.0% - <95.0%	Cat.2 = 52.0%	Performance Flag
	« Number of ready-for-care elective surgery patients waiting longer than the clinically recommended timeframe for their category.	100.0%	92.0%	Cat.3 = 73.0%	Not Performing
	« Gastrointestinal endoscopy: % of category 4 patients who are treated within the clinically recommended time.	≥98.0%	≥95.0% - <98.0%	59.5%	Not Performing
	« Gastrointestinal endoscopy: % of category 5 and 6 patients who are treated within the clinically recommended time.	≥95.0%	≥90.0% & - <95.0%	77.5%	Not Performing
	« % of category 1 patients who receive their initial specialist outpatient appointment within the clinically recommended time.	≥90.0%	≥80.0% - <90.0%	68.2%	Not Performing
	« % of category 2 and 3 patients who receive their initial specialist outpatient appointment within the clinically recommended time.	≥95.0%	≥75.0% - <85.0%	57.6%	Not Performing
	« Percentage of complaints resolved within 35 calendar days.	≥80.0%	≥50.0% - <80.0%	43.3%	Performance Flag
	« Proportion of non-admitted patient telehealth service events	NA	NA	71.2%	N/A
	« Hospital separations recorded as discharged from hospital against medical advice (DAMA).	≤1.0%	>1.0% & ≤3.9%	9.17%	Not Performing
Prevention, early intervention and Primary Health Care	« Access to Oral Health Services (adults and children).	85.0%	≥80.0% - <85.0%	92.80%	Performing
	« General oral health care for First Nations peoples (adults and children).	17.0%	≥0.0% - <1.0%	20.0%	Performing
	« Access to emergency dental care for adult public dental patients.	85.0%	100.0% - 75.0%	95.1%	Performing
	« Health Equity Strategy: Potentially avoidable deaths.	92.5 ASR per 100,000	NA	344.9 ASR per 100,000	Not Performing
	« Health Equity Strategy: Count and rate of suicide of First Nations people.	23.5 ASR per 100,000	NA	19.3 ASR per 100,000	Not Performing

Outcomes Framework Care Domains	Key Performance Measures	Target	Baseline	Progress FYTD	Performance status
Planned care	« Rate of face-to-face community follow up within 1-7 days following discharge from an acute mental health inpatient unit.	≥65.0%	≥60.0% - <65.0%	20.0%	Performance Flag
	« Proportion of mental health and alcohol and other drug service episodes with a documented care plan.	≥85.0%	≥75.0% - <65.0%	58.8%	Performance Flag
	« Rate of seclusion events per 1,000 acute mental health admitted patient days.	≤10 - ≤15 events	≤10 - ≤18 events	Adult 17.7 events Child 34.4 events	Not Performing
	« Rate of absent without approval from acute inpatient care per 1,000 acute involuntary accrued patient days.	≤4.1 per 1,000	>4.1- ≤4.5 per 1,000	≤3.8 per 1,000	Performance Flag
Maternity and neonates	« Low birthweight (babies weighing less than 2,500 grams at birth).	9.24%	12.03%	15.0%	Performance Flag
	« Health Equity Strategy: Percentage of babies born with healthy birthweight (2,500 grams to 4,499 grams at birth).	≥91.0%	increased %	89.0%	Performance Flag
Other	« Aboriginal and Torres Strait Islander peoples' representation in the health workforce.	7.25%	Min. 5.10%	4.21 %Increase	Performing

Source: [First Nations Health Equity Strategies: legislative requirements](#). N/A: Data is not available.

## KPM Method: Performance Status

Performing (Green)	At or above the baselines, results are close to the target and/or heading in the right direction.
Performance flag (Orange)	Below the baselines, not near the target but heading in the right direction.
Not Performing (Red)	Significantly below the baseline, results are far away from the target and/or tracking backwards.

The evaluation process is designed to measure the effectiveness of the Health Equity Strategy, and to collectively embed equity across the system, eliminate institutional racism and improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. The progress report will be reviewed on a quarterly basis and updated to reflect and adapt to the ever-changing environment and respond to emerging priorities. It will take collective commitment at all levels of our workforce to deliver upon strategies and their associated actions. So, it is essential that responsibilities and performance expectations are clear. The Monitoring and Evaluation Framework must ensure the key activities undertaken by the HHSs are compliant with legislative requirements and contribute to coherence, alignment, and integration with other policy initiatives as part of a whole-of-society approach under the National Agreement on Closing the Gap at both state and national levels.

For further information on the Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework visit Queensland Health First Nations Health Equity



