Central Queensland Hospital and Health Service

2022–2025

Health Equity Strategy Implementation Plan

Queensland Government

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Central Queensland Hospital and Health Service Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025

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Contents

Acknowledgement 3
Terminology explanation 4
Introduction 4
Our challenges and opportunities 6
Our Shared Voices – Yarning Circles 8
Implementation Plan 9
Our Responsibility 14
Appendix 1: Health Equity Strategies – common key performance measures 15
Appendix 2: CQHHS - Tailored Specific Key Performance Measures (KPM’s) 16
Appendix 3: Aboriginal and Torres Strait Islander Cultural Capability Guiding Principles 21

Acknowledgement

The 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 intergenerational trauma and social and health disadvantages experienced by Aboriginal and Torres Strait Islander people, the influence of unresolved trauma is often overlooked in policy and practice.

We are recognising and will work with many stakeholders within our community services to address intergenerational trauma is central to healing for Aboriginal and Torres Strait Islander peoples, both in Central Queensland and elsewhere.

We respectfully acknowledge our Elders, our communities, who continue in sharing their cultural knowledge and dedication that supports the healing across our communities and within the provision of health services.

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 the 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:

- achieving of health equity and the improvement of Aboriginal and Torres Strait Islander health outcomes
- eliminating institutional racism from the public health sector, and
- 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

The development of the Health Equity Implementation Plan (the Plan) will align the key enablers identified in the Central Queensland Hospital and Health Service Health Equity Strategy 2022/2025 as shown in Figure one.

The Plan will support our existing Destination 2030 Strategy – to enhance health care services and contribute towards the following strategic plans that underpinned by the Organisational core principles, enablers and model of service delivery investments to improve culturally safe healthcare systems within the CQHHS footprint.

- Strategic Workforce Plan 2020 – 2030
- Clinical Services Plan 2024 – 2029
- Consumers and Community Engagement Strategy 2022 – 2025
- Clinical Engagement Strategy 202 – 2025
- Local Area Needs Assessment (LANA) 2022
- Infrastructure Master Plan 2019

The focus of the Plan is to build and strengthen relationships with the Aboriginal and Torres Strait Islander peoples and communities across the Central Queensland Hospital and Health Service to enable their Voice to be at the centre of redesigning; planning; developing; and monitoring health services. The Plan will support the efforts to enact the key priority actions required for investment and reform across the health service to remove the barriers to access and deliver equitable services to Aboriginal and Torres Strait Islander peoples.

Figure One: Health Equity Strategy Key Enablers

Community Voice

We will work with our community and consumer groups to ensure their Voices are acknowledged to enhance our health care services.

Redesign Access

We will work and invest in exploring models of care to improve access to culturally safe and trauma informed responsive health care services for First Nations peoples.

Enhance Workforce

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

Culture Change

We are committed to creating a positive culture to enhance cultural safety and recognises the importance of cultural values and practices of First Nations peoples across the health service.

Partnerships

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

Our challenges and opportunities

Throughout the preparation of the Health Equity Strategy (2022 – 2025) during the scoping phase and the consultations with our communities and service partners several challenges and opportunities were identified that must be considered during the implementation phase. The main challenges and opportunities are highlighted below:

Health Equity

Health equity is often misunderstood and is often equated with 'equality'. This misunderstanding will need to be overcome through education and discussion to ensure true equity reforms are enabled. Equity does not mean providing the same support or resources; it requires different and additional support and resources to ensure barriers can be overcome for increased access and positively impact the health and wellbeing of our Aboriginal and Torres Strait Islander communities.

Population

The Aboriginal and Torres Strait Islander population is growing at a higher rate compared to the rest of the Central Queensland population. The Aboriginal and Torres Strait Islander median age is 21 years while the overall median age of the wider population is 38 years of age. The demand for services will be impacted by the population growth and the difference in median age as well as the increasing complexity of patient health needs particularly chronic disease among Aboriginal and Torres Strait Islander peoples. Health services will need to be focused on the delivery of services across the age continuum with a particular focus on maternal, infant, child and youth health to ensure early engagement and interventions for the prevention of complex health issues later in life.

Funding

Funding models are complex and difficult to navigate through the system. Investment is required to enable the system reforms and workforce development required to achieve equity in health service access. Equitable funding solutions are required and will mean the review of current funding programs to ensure greater health impacts; reviewing placement of resources; and enhanced opportunities to access funding to improve health outcomes of Aboriginal and Torres Strait Islander people. This challenge underlines the need to co-design service delivery as well as improve transparency between partner organisations for sharing funding, resources, and complementary delivery of services. This is an opportunity for our service partners and other key service providers to work together to enhance the services and increase access to healthcare across Central Queensland.

Workforce

The attraction, recruitment, and retention of Aboriginal and Torres Strait Islander staff across all health professions is vital to deliver comprehensive culturally responsive health services. Working with education and training partners will assist in creating learning pathways for people to gain the qualifications required for a health career. Building the current workforce through supportive learning and development opportunities will provide access to higher qualifications and leadership roles. The Aboriginal and Torres Strait Islander health professionals need to be valued as a specialist workforce. Work to enhance the Aboriginal and Torres Strait Islander healthcare practitioners and Aboriginal and Torres Strait Islander Hospital Liaison Officers workforce is required to assist in coordinating care and navigating the system for community members.

Data

Collecting quality data for the Aboriginal and Torres Strait Islander population is often complex and is not shared across organisations. Without good evidence-based data measures we are not able to evaluate and understand our impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. Using patient data information as part of quality improvement planning will enable benchmarks to be established and assist with understanding the reforms required for better access.

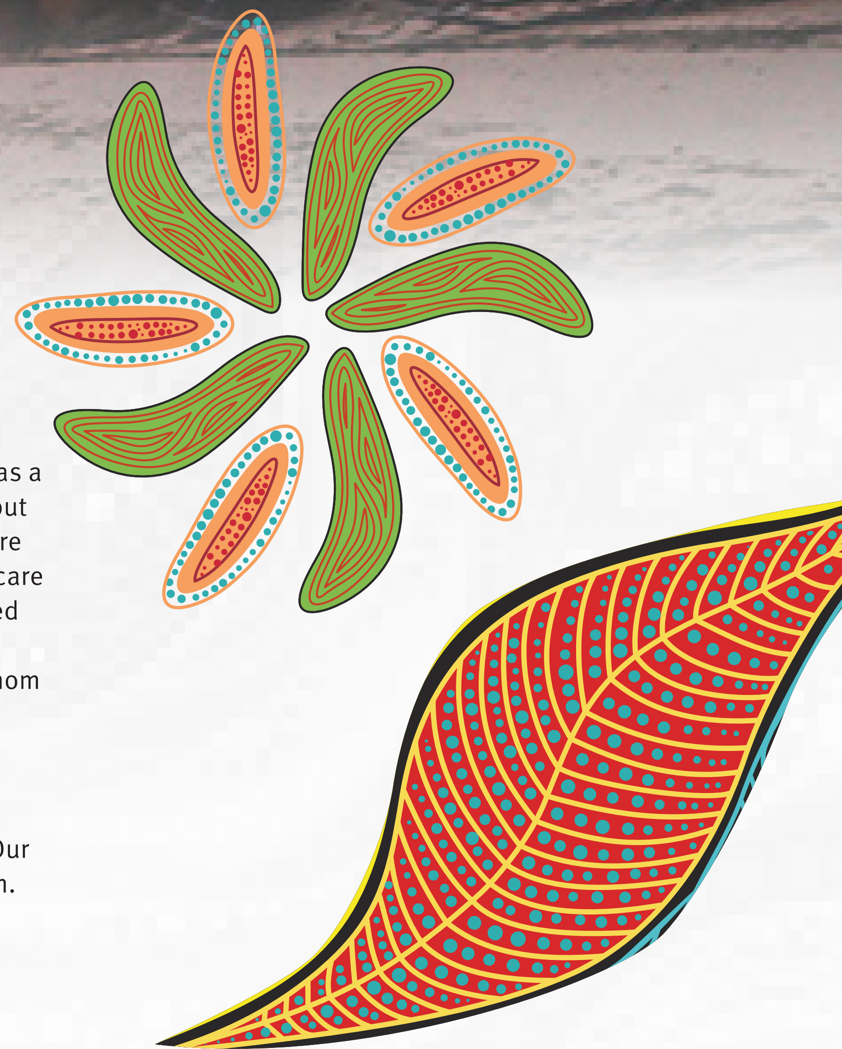
Engagement

Building trust with the communities across the Central Queensland region is critical to ensure engagement is authentic and enables the Voice of the people in reforming the health service. The engagement required needs to be dedicated and sustained to show the community that 'one off' consultations will no longer be how the health service engages. Investing in local yarning circles; building Aboriginal and Torres Strait Islanders membership on Committees, recruitment panels, focus groups; and listening to patients/family/carers will enhance the cultural safety and values of the health service.

Understanding the patient journey

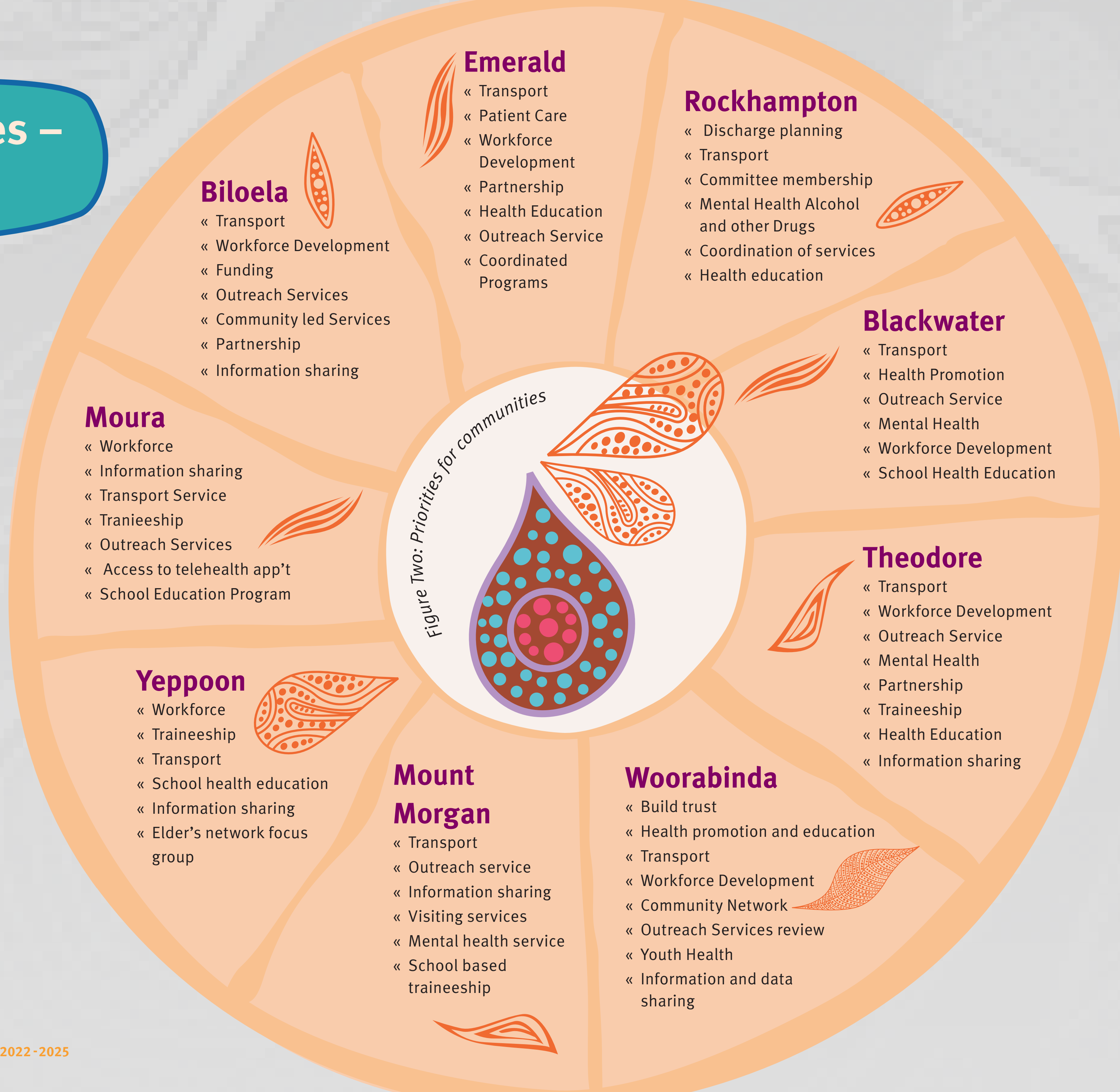
The patient's journey as well as their experience of care, is influenced by both the way they are treated as a person, and for their condition. Both are important but they are delivered differently. Treatment outcomes are facilitated by the organisation and delivered by the care team; the patient experience, meanwhile, is delivered and influenced by a range of individuals, including clinicians and the patient support workforce with whom the patient interacts.

- Consumers need to feel listened to and be active partners in their own care and pathways.
- The health system must work for our consumers. Our consumers should not have to fit within the system.
- As leaders we need to listen to our consumers and understand when the system and the processes aren't working for our consumers.
- Elevate the importance of Cultural Awareness education.
- Keeping our consumers informed (throughout their journey) is key to person-centred care.
- Check that consumers understand the information provided to them.

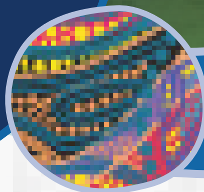


Our Shared Voices – Yarning Circles

The Voices of our First Nations communities is the number one key enabler for our health equity journey. To enable the Voice of our communities to help develop the Plan; Yarning Circles were held across the region to hear the concerns and health priorities for each community. The Yarning Circles will continue and are designed to work in collaboration with the Aboriginal and Torres Strait Islander individual, families, and community to gain a better understanding of community health needs and create a healthcare system that provides positive cultural reform, culturally safe experiences and is free from racism across the CQHHS. Figure two below shows the key findings of our Shared Voices and the priorities identified for the communities.



CQHHS Health Equity Implementation Plan 2022-2025



Community Voice

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.	**HEALTH EQUITY KPA 1:** Actively eliminate racial discrimination and institutional racism.
	CQHHS PRIORITY: Eliminate Racism, Authentic Communication, Mutual Respect and Exchange Knowledge.
	NSQHS STANDARDS: 1. Clinical Governance, 2. Partnering with Consumers, 5. Comprehensive Care
	CULTURAL CAPABILITY PRINCIPLES: Cultural Respect and Recognition

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

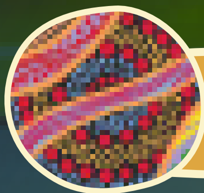
1.0Action	Responsible Lead	Baseline/Target	Timeframe	Measure
1.1. Maintain Yarning Circles across all communities	Senior Project Officer Community Engagement	HHS – No. of yarning circles	Annual (year on year) Ongoing	Outcome Measure: Evaluation Assessment Report
1.2. Establish recruitment campaign for community members for Committees; focus groups; health forums; recruitment panels	Senior Project Officer Community Engagement	HHS – No. of First Nations applicants on committees and focus groups	August 2023	Outcome Measure: NSQHS Standard and Monitoring Tool As per CQHHS Audit Schedule
1.3. Build capacity of community members to participate in Committees; focus groups; health forums; recruitment panels	Senior Project Officer Community Engagement	HHS – No. of First Nations applicants on committees and focus groups HHS – No. of First Nations applicants on recruitment panels	Annual (year on year) Ongoing	Outcome Measure: NSQHS Standard and Monitoring Tool As per CQHHS Audit Schedule
1.4. Engage Elders to assist with cultural redesign and healing programs	Cultural Capability Officer	HHS – No. of First Nations Elders participate in redesign and planning to develop a healing program	Annual (year on year) Ongoing	Outcome Measure: quantifiable metrics to measure cultural safety
1.5. Develop individual health equity implementation plans for each community with localised solutions	Manager Health Equity	HHS – Codesign in individual health equity implementation plans	February 2024	Outcome Measure: Evaluation Assessment Report

Redesign Access

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.
	CQHHS PRIORITY: Transport, Model of Care, Service Delivery and Resource Distribution.
	NSQHS STANDARDS: 1. Clinical Governance, 2. Partnering with Consumers, 5. Comprehensive Care
	CULTURAL CAPABILITY PRINCIPLES: Capacity Building and Communication

Executive Lead – Chief Operating Officer

2.0 Action	Responsible Lead	Baseline/Target	Timeframe	Measure
2.1. Invest in alternative models of care incorporating cultural health options	Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing	HHS and Service Partners – Explore opportunities to view model of care to enhance cultural elements	December 2024	Outcome Measure: quantifiable metrics to measure cultural safety
2.2. Review policy to enhance a better Patient Travel Subsidy Scheme to improve patient health needs	Executive Director Medical Services	HHS and QAS –The target for this KPI remains at ≥90%	June 2023	Trauma and Illness: Explore and collect data to develop an impact assessment on % of patients transferred from Queensland Ambulance Service (QAS) into the Emergency Department (ED) within 30 minutes
2.3. Review transport options across communities for localised solutions	Manager Health Equity	HHS and Community Controlled Health Service (CCHS) – revised baseline	June 2024	Outcome Measure: Transport Utilisation Metrics Proportion of First Nations patient utilise transport service to attend SOPD non admitted patient appointment
2.4. Create an early childhood model of care to improve access and participation rates in child development services	Executive Director Allied Health	HHS – revised baseline 11.47 and 2023/24Target or Benchmark us 9.24% of First Nations	June 2024	Maternity and neonates: Low birthweight (babies weighing less than 2500 grams at birth)
2.5. Develop 24/7 liaison service across the region	Nurse Unit Manager Indigenous Liaison Hospital Services	HHS – Improve Occasion of Service include DAMA, FTA's rates for Patient who Identify as Indigenous	June 2024	Planned Care: Hospital separations recorded as discharged from hospital against medical advice (DAMA), Failure to Attend (FTA), Occasion of Services (OOS) and Left After Treatment Commenced (LATC)
2.6. Educate community to embrace virtual care options for early access	Manager Health Equity	HHS – Increase access to virtual care options for First Nations non-admitted patient service events	Annual (year on year) Ongoing	Planned Care: Proportion of non-admitted First Nations patient telehealth service events
2.7. Participate in co-designed and cultural planning for Infrastructure projects	Cultural Capability Officer	HHS – No. of meetings and monitor the quantity, diversity, and activity levels of community members recruited to serve on committees, focus groups, presentation on infrastructure projects	Annual (year on year) Ongoing	Outcome Measure: NSQHS Standard and Monitoring Tool As per CQHHS Infrastructure Procedural Guidelines



Enhance 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.

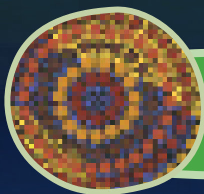
CQHHS PRIORITY: Workforce Planning, Employment Opportunities, Education Pathways and Leadership Capability.

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	Timeframe	Measure
3.1. Grow and maintain the ‘Deadly Start’ program across the health service	Learning and Development Advisor, First Nations	HHS – Workforce current is at 3.79% as of November 2023 HHS – Workforce target at 5.00% by 2025	Annual (year on year) Ongoing	Other Outcome Measure: Increase % of Aboriginal and Torres Strait Islander workforce representation across all streams
3.2. Undertake an audit of the current skills and qualifications of the First Nations workforce	Learning and Development Advisor, First Nations	HHS and RTO Partners– Develop a Skills Audit Assessment	Annual (year on year) Review in June 2024	Other Outcome Measure: Evaluation Impact Assessment /Comparison Assessment against relevant strategic workforce policy context aligned to First Nations Leadership Capability
3.3. Strengthen Recruitment and Selection processes to be inclusive for First Nations applicant	Coordinator Recruitment Services	HHS – Enhance Recruitment and Selection (Directive 07/23) clauses	Annual (year on year) Ongoing	Outcome Measures: Recruitment and Selection processes implement outlined in the (Directive 07/23) aligned to PSC targets for 2023 – 2026
3.4. Identify opportunities for leadership development for First Nations staff	Manager Workforce and Culture Performance	HHS – Percentage of Aboriginal and Torres Strait Islander workforce complete leadership development programs	Annual (year on year) Ongoing	Outcome Measures: HHS will report on progress against these actions and measures every two months via relevant committees
3.5. Advocate for equity in workforce and professional development programs and policy	Executive Director Aboriginal and Torres Strait islander Health and Wellbeing	HHS – Percentage of Aboriginal and Torres Strait Islander workforce complete the professional development programs	Annual (year on year) Ongoing	Outcome Measures: HHS will report on progress against these actions and measures every two months via relevant committees
3.6. Develop policy and procedure for workplace racism	Learning and Development Advisor, First Nations	HHS – No. of policy and procedures review and implement to embrace positive workplace culture	Annual (year on year) Review in June 2024	Outcome Measure: RiskMan, PREM and the Annual Internal Audit - Addressing Institutional Racism, Working for Queensland Survey



Culture Change

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.

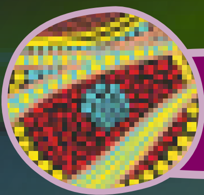
CQHHS PRIORITY: Policy Change, Racism Identified, Transform Systems and Processes.

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

CULTURAL CAPABILITY PRINCIPLES: Capacity Building and Cultural respect and recognition

Executive Leads – Executive Director Nursing; Midwifery; Quality and Safety / Executive Director Medical Services/ Executive Director Allied Health Services

4.0 Action	Responsible Lead	Baseline/Target	Timeframe	Measure
4.1. Develop health equity champions across the region	Learning and Development Advisor, First Nations	HHS – No. of health equity champions	Annual (year on year) Review in March 2024	Outcome Measure: Qualitative and Quantitative Impact Assessment
4.2. Review, develop and implement policy for First Nations cultural safety	Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing	HHS – No. of policy review and implement on cultural safety	Annual (year on year) Ongoing	Outcome Measure: Working for Queensland Survey and Qualitative and Quantitative Evaluation Assessment
4.3. Review and recognise all complaints and compliments for First Nations patients and consumers to oversee solutions for prevention	Director Quality and Safety	HHS – No. of complaints and compliments for First Nations patients	Annual (year on year) Ongoing	Planned Care: Quality and Safety Scorecard and PREM resolved within recommend timeframe 35 calendar days
4.4. Ensure early engagement with community for capital and infrastructure projects	Chief Finance Officer/Assets/ Infrastructure	HHS – achieves less than or equal to a 10% variance below the Budget Paper 3 (BP3) baseline to actual expenditure, and/or by comparing improvement to the variance of actual expenditure to the BP3 baseline	Annual (year on year) Ongoing	Sustainable Measure: Thresholds performance ‹10%, ›10% and ›0% to ‹10% reduction in the expenditure base on BP3 baseline
4.5. Implement 'Acknowledgement of Country' signage in all health service entrances	Cultural Capability Officer	HHS – No. of Acknowledgement of Country' signage across the health service	March 2024	Outcome Measure: Cultural Competency Assessments
4.6. Develop community care/cultural spaces in all health service facilities	General Managers	HHS – Explore opportunities to develop culturally appropriate spaces for patients and family members while in hospital	December 2024	Outcome Measure: quantifiable metrics to measure cultural safety
4.7. Ensure all specialist cultural staff are accessible in health services	General Managers	HHS – No. of staff completed CCP training by 90%	March 2024	Outcome Measure: Cultural Practice Program Compliance Rates

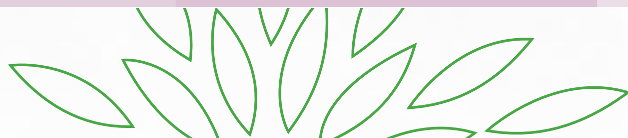


Partnerships

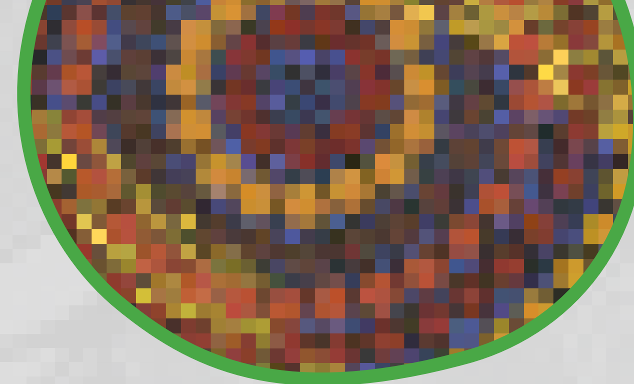
What do we want to achieve?	
To work with partners and key stakeholders to explore opportunities for shared resources, educational pathways and First Nations led research.	**HEALTH EQUITY KPA 5:** Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor, and review services
	OUR PRIORITY: Stakeholders, Service Providers, Training Sectors and Strategic Alignment
	NSQHS STANDARDS: 1. Clinical Governance, 2. Partnering with Consumers, 5. Comprehensive Care
	CULTURAL CAPABILITY PRINCIPLES: Capacity Building and Relationships and Partnerships

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

5.0 Action	Responsible Lead	Baseline/Target	Timeframe	Measure
5.1. Coordinate the Health Equity Partnerships Committee	Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing	HHS – No. of committee meetings complete and to ensure actions are implemented and monitored	Annual (year on year) Ongoing	Outcome Measure: NSQHS Standard and Monitoring Tool As per CQHHS Audit Schedule
5.2. Establish partner meetings with Aboriginal and Torres Strait Islander health services	Senior Project Officer Community Engagement	HHS – No. of partner meetings complete and to ensure actions are implemented and monitored	Annual (year on year) Ongoing	Outcome Measure: NSQHS Standard and Monitoring Tool As per CQHHS Audit Schedule
5.3. Enhance networks with schools; vocational education/training organisations and universities	Learning and Development Advisor, First Nations	HHS – No. of the number of individuals enrolling in, advancing through, and participation with schools, vocational education, universities, and other training organisations	Annual (year on year) Ongoing	Outcome Measure: Program Participation Metrics
5.4. Endorse all research projects pertaining to First Nations peoples/communities in CQ	Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing	HHS and Research Partners – No. of research projects involvement in ethical standards and identify intellectual property (IP) requirement for First Nations research cohorts and apply for grant research for First Nations peoples	Annual (year on year) Ongoing	Outcome Measure: Program Participation Metrics to evaluate the impact of these contributions on healthcare decision-making, policy formulation, and implementation As per CQHHS Ethical Guidelines on Research
5.5. Participate in all partner forums relevant to the health and wellbeing of First Nations communities	Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing	HHS – No. of partner forums to participations including joint committees/meetings and regional meetings	Annual (year on year) Ongoing	Outcome Measure: NSQHS Standard and Monitoring Tool As per CQHHS Audit Schedule
5.6. Investigate opportunities for shared resources with partner organisations	Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing	HHS – Collect and analyse relevant information on each community's main health outcomes prior to and following the implementation of individual health equity plans	Annual (year on year) Ongoing	Outcome Measure: Resources



Our Responsibility



Governance and accountability

The Aboriginal and Torres Strait Islander health equity is a whole of organisation commitment and a strategic priority for the CQHHS. The CQHHS has a shared responsibility to work collaboratively with the community and the prescribed stakeholders to achieves its core purpose, function, and objectives to improve health equity outcomes of Aboriginal and Torres Strait Islander people outlined in the Health Equity Strategy (2022 - 2025). The CQHHS has established the Health Equity Partnership Committee as part of the CQHHS Clinical Governance Framework to assist the monitoring and oversight of health equity.

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 CQHH 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 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 in line with organisational reporting requirements *(Service Level Agreement, Quality and Safety, Scored Care Reporting and Government and Board committee as per CQHHS National Standards (second edition) Roles and Responsibilities, Committee Leads and Executive Sponsor 2022).*

Appendix 1: Health Equity Strategies – common key performance measures

FIRST NATIONS HEALTH EQUITY STRATEGY (HES) KEY PERFORMANCE MEASURES (KPM'S)

Overarching key performance measures: « Improving health and wellbeing outcomes	« Decreased potentially avoidable deaths. « Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non- Aboriginal and Torres Strait Islander mothers with healthy birthweights. « Sustain a decreased rate and count of First Nations suicide deaths.
Specific key performance measures tied to prescribed requirements in the Hospital and Health Boards Regulation 2012, Section J (a): « Actively eliminate racial discrimination and institutional racism « Increase access to healthcare services « Influencing the social, cultural, and economic determinants of health « Delivering sustainable, culturally safe, and responsive healthcare services, and « Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor, and review services.	« Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time. « Elective surgery—increased proportion of First Nations patients treated within clinically recommended time. « Specialist outpatient—decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment. « Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit. « Increased proportion of First Nations people completing Advance Care planning. « Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population. « Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey). **Rural and remote HHSs only:** « Integrated care pathways—increased proportion of care plans in place for First Nations patients with co-morbidities.

Appendix 2: CQHHS - Tailored Specific Key Performance Measures (KPM's)

CQHHS HEALTH EQUITY IMPLEMENTATION PLAN – TAILORED SPECIFIC KEY PERFORMANCE MEASURES (KPM'S)

COMMUNITY VOICES

What do we want to achieve?

1.0 Purpose: To work with our community and consumer groups to ensure their Voices are used to enhance our health care services aligned to key actions.

- « **Frequency:** 6 Monthly and ongoing
- « **Type of Measure:** Outcome Measure
- « **Data:** Qualitative and Quantitative
- « **Data Sources:** Internal and Electronic Survey
- « **Outcomes Framework Care Domain:** Planned Care and Other

1.1. Pre- and Post-Implementation Surveys: Provide quantifiable information on how community perceptions and experiences have changed. Direct insight into the personal experiences of individuals in healthcare settings regarding racism, communication, and respect.

Audits of Health Equity: by analysing healthcare outcomes across various racial and ethnic groups. To assess the progress made in reducing racial discrimination and enhancing health equity.

1.2. Participation Metrics: Monitor the quantity, diversity, and activity levels of community members recruited to serve on committees, focus groups, health forums, and recruitment panels. Examine the representation of diverse racial and ethnic groups to ensure inclusivity. A successful recruitment campaign should result in a diverse and active participation that reflects the community's demographic composition.

Feedback and Evaluation Surveys: To measure the engagement's efficacy, the communication's quality, and the perceived impact on healthcare service enhancement. Provide insightful information on whether the recruitment campaign is meeting its objectives and what can be done to enhance it.

1.3. Skill and Knowledge Assessments: Conduct pre - and post-engagement assessments to measure the increase in community members' knowledge, skills, and competencies necessary for active participation in committees, focus groups, health forums, and recruitment panels. This can assist in quantifying the success of efforts to develop capacity.

Activity and Contribution Tracking: Observe the quantity and calibre of contributions made by community members to the groups and committees. Evaluate the impact of these contributions on healthcare decision-making, policy formulation, and implementation. This method can help determine if the increased capacity has resulted in meaningful participation and positive outcomes.

1.4. Cultural Competency Assessments: Assess the increase in cultural competency among healthcare personnel and administrators as a consequence of their engagement with elders. This can be measured using questionnaires, assessments, or observations that assess comprehension and respectful engagement with diverse cultural practises and knowledge. An increase in cultural competency can result in more inclusive and equitable healthcare services over time.

Community Feedback and Satisfaction Surveys: Obtain input from the community and consumer groups regarding their perception of the cultural redesign and recovery programmes. Assess the levels of satisfaction, the perception of cultural respect, and the perceived impact on racial discrimination in healthcare settings. This feedback can provide qualitative insights into the efficacy and acceptability of the elders-led initiatives.

1.5. Community Health Outcome Metrics: Collect and analyse data on each community's main health outcomes prior to and following the implementation of individual health equity plans. This can include metrics such as access to treatment, patient satisfaction, and racial and ethnic disparities in health. Comparing these metrics over time can assist in quantifying the impact of the locally tailored solutions.

Community Engagement and Feedback: Following the implementation of the localised plans, solicit feedback from community members and consumer groups regarding their experiences with the healthcare system. Determine the level of engagement, satisfaction, and the perception of inclusiveness and respect in the healthcare setting. This qualitative information can provide invaluable insights into the efficacy and acceptability of the localised solutions.

Appendix 2: CQHHS - Tailored Specific Key Performance Measures (KPM's)

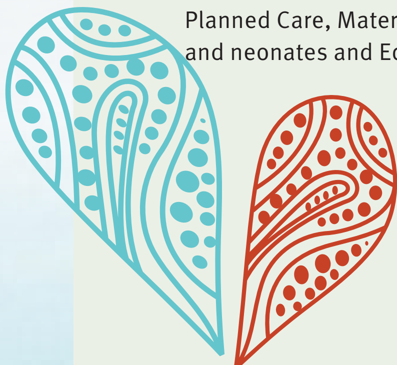
CQHHS HEALTH EQUITY IMPLEMENTATION PLAN – TAILORED SPECIFIC KEY PERFORMANCE MEASURES (KPM'S)

REDESIGN ACCESS

What do we want to achieve?

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

- **Frequency:** 6 Monthly and ongoing
- **Type of Measure:** Outcome Measure
- **Data:** Qualitative and Quantitative
- **Data Sources:** Internal BADS and Electronic Survey
- **Outcomes Framework Care Domain**: Trauma, Illness and Planned Care, Maternity, and neonates and Equitable



2.1. Utilisation Rates of Healthcare Services: Determine the change in the utilisation rates of healthcare services, particularly among the community's diverse cultural groups. An increase in utilisation rates may indicate enhanced access to healthcare services that are culturally safe and sensitive.

Patient Satisfaction and Experience Surveys: Conduct surveys to assess patient satisfaction and experiences with alternative virtual care models, with a focus on cultural safety and responsiveness. Collect feedback on how the incorporation of cultural health options has affected their healthcare experience and whether they feel more understood and respected.

2.2. Utilisation and Accessibility Metrics: Track the number of Patient Travel Subsidy Scheme applications and approvals before and after policy enhancements. Additionally, use application processing time as a measure of accessibility. An increase in authorised applications and a decrease in processing time could be indicative of improved access to the programme, thereby contributing to enhanced healthcare access.

Patient Feedback and Experience Surveys: Conduct surveys among patients who utilise the PTSS to comprehend their experiences and the degree to which the enhanced scheme meets their health needs. Determine the level of satisfaction with the programme, the simplicity of the application process, and whether the subsidy substantially reduces travel costs associated with accessing healthcare services.

2.3. Transport Utilisation Metrics: Measure the utilisation rates of the provided transport options, including the number of people utilising the services, the frequency of use, and any changes in healthcare access patterns. Monitoring the utilisation rates over time can provide quantitative information on whether the revaluated modes of transportation are effectively meeting the requirements of the community.

Community Feedback Surveys: Conduct surveys within the communities to collect feedback on the suitability, convenience, and efficacy of the provided transport options. Determine from community members whether the localised transport solutions have increased the accessibility and cultural acceptability of healthcare services.

2.4. Access and Participation Metrics: Monitor the number of children and families who accessed child development services before and after the new model of care was implemented. Determine participation percentages in various offered programmes and services. Access and participation rates that have increased would imply a positive impact.

Child Development Outcome Assessment: Conduct periodic evaluations to determine the cognitive, social, emotional, and physical outcomes of child development. Comparing these outcomes over time can assist in determining the efficacy of the early childhood model of care in enhancing child development.

2.5. Service Utilisation Metrics: Measure the utilisation rates of the 24/7 liaison service by tracking the number of calls or contacts made to the service, the types of issues addressed, and the resolution rate. High utilisation rates and effective resolution of inquiries or issues may indicate successful implementation and positive impact on healthcare access.

Patient Satisfaction and Experience Surveys: Conduct surveys among individuals who utilise the liaison service to gauge satisfaction levels and the perceived impact on their healthcare experience. Collect feedback on the responsiveness, effectiveness, and cultural safety of the service, which can provide qualitative insights into its impact on improving healthcare access.

Appendix 2: CQHHS - Tailored Specific Key Performance Measures (KPM's)

CQHHS HEALTH EQUITY IMPLEMENTATION PLAN – TAILORED SPECIFIC KEY PERFORMANCE MEASURES (KPM'S)

2.6. Utilisation Rates of Virtual Care Services: Observe the utilisation rates of virtual care services before and after the community education initiative. A rise in utilisation rates may indicate the efficacy of an education campaign and the community's acceptance of virtual care options.

Community Feedback and Surveys: Conduct surveys and capture community members' feedback regarding their awareness, comprehension, and utilisation of virtual care options. Assess their contentment with the use of virtual care for early access to healthcare services, as well as any perceived benefits or obstacles. This feedback can provide qualitative insights regarding the efficacy and acceptability of virtual care options.

2.7. Participation Metrics on Capital & Infrastructure Investment: Monitor the quantity, diversity, and activity levels of community members recruited to serve on committees, focus groups, presentation on infrastructure projects. Examine the representation of diverse racial and ethnic groups to ensure inclusivity. A successful engagement process campaign should result in a diverse and active participation that reflects the community's demographic composition as part of co-design in the level of participation in capital and infrastructure projects development

ENHANCE WORKFORCE

What do we want to achieve?

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

- « **Frequency:** 6 Monthly and ongoing
- « **Type of Measure:** Outcome Measure
- « **Data:** Qualitative and Quantitative
- « **Data Sources:** Internal BADS/PREMS Patient Feedback and Electronic Survey
- « **Outcomes Framework Care Domain:** Trauma and Illness, Planned Care, and Other

3.1. Program Participation and Retention Metrics: Track the number of individuals enrolling in, advancing through, and completing the 'Deadly Start' programme. Monitoring participant progression and retention rates can provide insight into the program's effectiveness and appeal of the program.

3.2. Recruitment and Retention Metrics: Track the number of First Nations candidates recruited from the talent pool and their retention rates over time. Higher recruitment and retention rates may indicate that the talent pool has been successful in attracting and retaining First Nations talent.

Career Progression Metrics: Track promotions, skill development, and attainment of leadership positions to monitor the career progression of individuals recruited from the talent pool. This can assist in determining the long-term impact of the talent pool initiative on the career advancement and leadership growth of First Nations individuals within the healthcare service.

3.3. Leadership Position Occupancy Metrics: Determine the number of First Nations employees assuming leadership roles before and after the implementation of this initiative. Compare the categories and levels of leadership positions held over time in order to assess the initiative's effectiveness.

Leadership Effectiveness Evaluations: Conduct evaluations to determine the efficacy and impact of the leadership of First Nations employees. This can include feedback from co-workers, subordinates, and other stakeholders, as well as performance metrics for their respective departments or teams.

3.4. Equity Metrics in Professional Development: Measure the participation rates of First Nations personnel in professional development programmes prior to and following the advocacy initiatives. Additionally, monitor the success rates, certifications or qualifications obtained, and the resources allocated for professional development across the workforce's various divisions.

Policy Impact Assessments: Evaluate the changes to policies pertaining to workforce and professional development prior to and after advocacy. Assess the provisions for inclusivity and equity in these policies and measure the measurable effects of these changes on First Nations staff, such as promotions, skill development, and opportunities for leadership.

3.5. Incident Reporting and Resolution Metrics: Track the number of racist incidents reported before and after the implementation of the new policy and procedure. Additionally, monitor the resolution rates and the levels of contentment of parties involved in the resolution process. A reduction in incidents and an increase in resolution rates could be indicative of a positive impact.

3.6. Staff Awareness and Perception Surveys: Conduct surveys to evaluate staff awareness of the new policy and procedure, as well as their perceptions of the inclusiveness and safety of the workplace. Assessing the change in awareness and perceptions over time can shed light on the policy and procedure's effectiveness in addressing prejudice in the workplace.

Appendix 2: CQHHS - Tailored Specific Key Performance Measures (KPM's)

CQHHS HEALTH EQUITY IMPLEMENTATION PLAN – TAILORED SPECIFIC KEY PERFORMANCE MEASURES (KPM'S)

CULTURE CHANGE

What do we want to achieve?

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

- **Frequency:** 6 Monthly and ongoing
- **Type of Measure:** Outcome Measure
- **Data:** Qualitative and Quantitative
- **Data Sources:** Internal Audit Assessment/ Feedback and Electronic Survey
- **Outcomes Framework Care Domain:** Trauma and Illness, Planned Care, Sustainable and Other

4.1. Equity Metrics in Health Equity Champions: Measure the participation rates of First Nations personnel in professional development programmes prior to and following the advocacy initiatives. Additionally, monitor the success rates, certifications or qualifications obtained, and the resources allocated for professional development across the workforce's various divisions

Leadership Effectiveness Evaluations: Conduct evaluations to determine the efficacy and impact of the First Nations employees participate in champions programs. This can include feedback from co-workers, subordinates, and other stakeholders, as well as performance metrics for their respective departments or teams.

4.2. Policy Impact Assessments: Evaluate the changes to policies pertaining to workforce and professional development prior to and after advocacy. Assess the provisions for inclusivity and equity in these policies and measure the measurable effects of these changes on key policies and development in relation to cultural safety

4.3. Incident Reporting and Resolution Metrics: Track the number of racist incidents reported before and after the implementation of the new policy and procedure. Additionally, monitor the resolution rates and the levels of contentment of parties involved in the resolution process. A reduction in incidents and an increase in resolution rates could be indicative of a positive impact

4.4. Community Feedback and Surveys: Conduct surveys and capture community members' feedback regarding their awareness, comprehension, and utilisation of virtual care options. Assess their contentment with the use of virtual care for early access to healthcare services, as well as any perceived benefits or obstacles. This feedback can provide qualitative insights regarding the efficacy and acceptability of virtual care options.

4.5. Participation Metrics on Capital & Infrastructure Investment: Monitor the quantity, diversity, and activity levels of community members recruited to serve on committees, focus groups, presentation on infrastructure projects. Examine the representation of diverse racial and ethnic groups to ensure inclusivity. A successful engagement process campaign should result in a diverse and active participation that reflects the community's demographic composition as part of co-design in the level of participation in capital and infrastructure projects

4.6. Cultural Competency Assessments: Assess the increase in cultural competency among healthcare personnel and administrators as a consequence of their engagement with elders. This can be measured using questionnaires, assessments, or observations that assess comprehension and respectful engagement with diverse cultural practises and knowledge. An increase in cultural competency can result in more inclusive and equitable healthcare services over time.

4.7. Utilisation and Accessibility Metrics: Conduct evaluations to determine the efficacy of healthcare services inclusive to cultural safe area and identify any gap in services that needs support in co-design any areas needs further develop of cultural safe place within the health care service. This can include feedback from co-workers, subordinates, and other stakeholders, as well as performance metrics for their respective departments or teams.

Appendix 2: CQHHS - Tailored Specific Key Performance Measures (KPM's)

CQHHS HEALTH EQUITY IMPLEMENTATION PLAN – TAILORED SPECIFIC KEY PERFORMANCE MEASURES (KPM'S)

PARTNERSHIPS

What do we want to achieve?

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

- « **Frequency:** 6 Monthly and ongoing
- « **Type of Measure:** Outcome Measure
- « **Data:** Qualitative and Quantitative
- « **Data Sources:** Internal Feedback and Electronic Survey
- « **Outcomes Framework Care Domain:** Trauma and Illness and Planned Care

5.1. Leadership Committee Metrics: Determine the number of First Nations employees assuming leadership roles before and after involvement in Governance committee. Compare the categories and levels of leadership positions held over time in order to assess the initiative's effectiveness. This process is conduct through internal committee evaluation process in accordance with the CQHHS governance committee responsibility requirement.

Leadership Effectiveness Evaluations: Conduct evaluations to determine the efficacy and impact of the leadership of First Nations employees. This can include feedback from co-workers, subordinates, and other stakeholders, as well as performance metrics for their respective departments or teams.

5.2. Participation Metrics: Monitor and review the number of community partners meetings with key stakeholders. A successful partnership meeting should result in a diverse and active participation that reflects the community's demographic composition.

5.3. Program Participation Metrics: Track the number of individuals enrolling in, advancing through, and participation with schools, vocational education, universities, and other training organisations. Monitoring participant progression and retention rates can provide insight into the program's effectiveness and appeal of the program.

5.4. Activity and Contribution Research: Observe the quantity and calibre of contributions made through research in relation to partnering with research in specific research projects including involvement in ethical communities and identify intellectual property (IP) requirement for First Nations research cohorts and apply for grant research for First Nations peoples. Evaluate the impact of these contributions on healthcare decision-making, policy formulation, and implementation. This method can help determine if the increased capacity has resulted in meaningful participation and positive outcomes in research development.

5.5. Forum Participation Metrics: Track the number of individuals enrolling in, advancing through, and participation with relevant workshops, seminars and forums relating to First Nations health and wellbeing activities. Monitoring participant progression and retention rates can provide insight into the program's effectiveness and appeal of the program.

5.6. Resources Outcome Metrics: Collect and analyse relevant information on each community's main health outcomes prior to and following the implementation of individual health equity plans. This can include metrics such as access to treatment, patient satisfaction, and racial and ethnic disparities in health. Comparing these metrics over time can assist in quantifying the impact of the locally tailored solutions.

Source: Fact sheet: First Nations Health Equity Strategies

Appendix 3: Aboriginal and Torres Strait Islander Cultural Capability Guiding Principles

CULTURAL CAPABILITY FRAMEWORK – FOUR GUIDING PRINCIPLES

The framework has four guiding principles for Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework. The principles provide an overarching guidance to Queensland Health to systematically lift the organisation's cultural capability and to deliver culturally responsive health services to Aboriginal and Torres Strait Islander peoples across Queensland. Below is a summary of each principle that provide CQHHS with the foundation and guidance to deliver a sustainable culturally responsive healthcare system with First Nations peoples.

6. **THE CULTURAL RESPECT AND RECOGNITION PRINCIPL**E refers to the knowledge, skills, behaviours, and systems required to incorporate cultural respect and recognition into Queensland Health's core business. This includes service delivery and patient care, policy, planning, infrastructure, management, quality improvement, education and training, funding, service delivery and individual patient care.	7. **THE RELATIONSHIPS AND PARTNERSHIPS PRINCIPLE** refers to the knowledge, skills, behaviours and systems required to establish relationships and build effective long-term partnerships with other agencies and with Aboriginal and Torres Strait Islander communities and individuals, so that Aboriginal and Torres Strait Islander people can manage and improve their health status through leadership, policy, planning, quality improvement, education and training, funding, service delivery and individual patient care.
8. **THE COMMUNICATION PRINCIPLE** refers to the knowledge, skills, behaviours, and systems required to communicate with Aboriginal and Torres Strait Islander people effectively and sensitively through applying culturally sensitive communication and a supportive communication climate in policy, planning, management, education and training, quality improvement, service delivery and individual patient care.	9. **THE CAPACITY BUILDING PRINCIPLE** refers to the knowledge, skills, behaviours, and systems required to build the capability of the health system so that it provides and fosters culturally responsive services to Aboriginal and Torres Strait Islander people through leadership, policy, planning, infrastructure, information systems, quality improvement, human resource management, education and training, funding, and service delivery.

Source: Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033