



# Aboriginal and Torres Strait Islander Health Equity

2025-2028 Strategy  
Implementation Plan



**Queensland**  
Government



## Cover Artwork

**Artist: Tahalani Hunter**

The artwork is a traditional representation of elements that determine the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The many tracks represent access to healthcare, connection to services and community networking, and the variable needs or life paths of the individuals within our communities. The artwork acknowledges the responsibility of recognising the relationship between the holistic and cultural aspects and their impacts on the health outcomes of our people.

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Aboriginal people and Torres Strait Islanders are advised that this document may contain reference to or images of people who have passed.

***Cairns and Hinterland Hospital and Health Service Aboriginal and Torres Strait Islander Health Equity 2025-2028 Strategy Implementation Plan.***

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An electronic version of this document is available at [www.cairns-hinterland.health.qld.gov.au](http://www.cairns-hinterland.health.qld.gov.au)

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# A Dedication

The 2025-2028 Health Equity Strategy Implementation Plan is dedicated to the Cairns and Hinterland Hospital and Health Service (CHHHS) Aboriginal and Torres Strait Islander workforce.

We recognise their strength, capability, commitment and passion to deliver culturally responsive and quality care for our patients. Our Aboriginal and Torres Strait Islander workforce carry with them generations of knowledge, healing practices, and a deep understanding of community and Country.

Their skills and capabilities are enhanced by rich cultural knowledge and diverse lived experiences. Every contribution made by Aboriginal and Torres Strait Islander staff is grounded in culture, resilience and connection and helps shape a stronger more inclusive future for patients and staff. We are privileged to have a growing Aboriginal and Torres Strait Islander workforce that we recognise and learn from their cultural insights and wisdom.



*Cairns and Hinterland HHS staff at NAIDOC celebrations*

*Opening of Jugarrbaajing  
– the Mental Health  
Inpatient Service  
building*



## Acknowledgement

The Cairns and Hinterland Hospital and Health Service (CHHS) acknowledges Aboriginal Peoples and Torres Strait Islanders as this country's First Nations Peoples. We recognise Aboriginal and Torres Strait Islander Peoples as traditional owners and cultural custodians of the lands, winds, and waters we all share. We pay our respect to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions, and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

We deeply respect the rich, diverse, and enduring cultures of First Nations Peoples as one of the longest surviving cultures in the world. We recognise the importance of First Nations Peoples' leadership in all matters that affect the vitality of Aboriginal and Torres Strait Islander, communities, and their hierarchical and societal constructs.

We commit to doing all that we can to honour the voices of Aboriginal and Torres Strait Islander Peoples and the activities contained in this Strategy Implementation Plan, to continue to build the trust and confidence of First Nations Peoples in the healthcare system and welcome the opportunity to authentically and meaningfully partner with other providers to deliver the best possible care.



◀ *Opening of the maternity mural at Cairns Hospital's Maternity Service. L-R: Midwifery and Nursing Director Mary McGuinness, Cairns based First Nations artist Jedess Hudson, Chief First Nations Health Officer Haylene Grogan and Executive Director Aboriginal and Torres Strait Islander Health Simone Lukies.*

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# Glossary

**HHS** – Hospital and Health Service

**ACCHOs** – Aboriginal and Torres Strait Islander Community Controlled Health Organisations

**NGOs** – Non-Government Organisations

**PTSS** – Patient Travel Subsidy Scheme

**GP** – General Practitioner

**QH** – Queensland Health

**AMS** – Aboriginal Medical Service

**PBC** – Prescribed Body Corporate

**TO** – Traditional Owner



# Message from the Board Chair and Chief Executive

We are pleased to present the Cairns and Hinterland Hospital and Health Service **2025-2028 Health Equity Strategy**, affirming our unwavering commitment to achieving health equity for Aboriginal and Torres Strait Islander peoples.

We recognise the unique histories, cultures, strengths, and enduring connection to Country of Aboriginal and Torres Strait Islander peoples, and we acknowledge the ongoing impacts of systemic inequities, and social determinants on health and wellbeing. They can be overcome through deliberate, sustained, and respectful action.

Guided by Aboriginal and Torres Strait Islander leadership and communities, we will work in partnership to create culturally safe, respectful, and responsive services; address systemic barriers; and strengthen community-led solutions.

## **We commit to:**

- Walking alongside, listening to and partnering with Aboriginal and Torres Strait Islander peoples to ensure their voices, perspectives, and leadership guide our decisions.
- Embedding cultural responsiveness in our policies, practices, and environments, ensuring our services are free from racism and discrimination.
- Prioritising equity in health outcomes by addressing structural barriers and investing in strengths-based, community-led solutions.
- Building and supporting a strong Aboriginal and Torres Strait Islander workforce across all levels of our organisation.
- Measuring, reporting, and being accountable for progress towards achieving health equity so every Aboriginal and Torres Strait Islander person has the same opportunity for a long and healthy life.

Health equity is not simply a goal, it is a shared responsibility. We are pleased with the progress we have made as a Health Service since the launch of our first Health Equity Strategy in 2022, we have deepened our partnerships with local community-controlled health organisations, worked to eliminate racism, and strengthened career pipelines to grow a workforce that reflects the communities we serve. We measure our success not only in data, but in the lived experiences of Aboriginal and Torres Strait Islander peoples.

Together, we will listen, learn, and act, challenging inequities, breaking down barriers, and building a future where cultural strength is the foundation of health and wellbeing.

Our commitment is not just in words, but in action today, tomorrow, and for generations to come.

**Chris Boland**  
Board Chair

**Leena Singh**  
Chief Executive

*Board Chair Chris Boland  
and Chief Executive  
Leena Singh*



# Statement of commitment

## We recognise. We pledge. We guarantee.

Cairns and Hinterland Hospital and Health Service continues to be committed to advancing health equity by ensuring culturally safe, respectful, and accessible healthcare services. This commitment includes listening deeply to Aboriginal and Torres Strait Islander voices, valuing community-led solutions, and working in genuine partnership to close the gap in health outcomes.

We strive for a health system that upholds the principles of self-determination, cultural strength, and justice. Through sustained action, accountability, and continuous learning, we aim to honour the strength, knowledge, and resilience of Aboriginal and Torres Strait Islander peoples and support healthier futures for generations to come.

The *2025-2028 Health Equity Strategy Implementation Plan* emphasises that through genuine partnerships, accountability and innovation, the health service will continue to consolidate a healthcare system where all Aboriginal and Torres Strait Islander peoples feel safe, respected, and empowered to access the healthcare they need.

We acknowledge the deep and enduring connection of Aboriginal and Torres Strait Islander peoples to Country, culture, and community. We recognise the impact of colonisation, intergenerational trauma, and systemic inequities on the health and wellbeing of First Nations peoples.

Moving forward, embedding culturally and clinically safe care plans in service delivery is critical to contributing to improvements in health and social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. A responsibility of all employees of the health service, ensures that all elements of healthcare work within a holistic healthcare model encompassing the social and cultural determinants of health, while applying a strengths-based approach that incorporates the protective factors of connection to culture, family, kinship and Country to meet the needs of Aboriginal and Torres Strait Islander peoples.

The strategy emphasises the priorities of the organisation as co-designed solutions, community-led decision-making, strengthening the Aboriginal and Torres Strait Islander workforce capability, removing systemic barriers to care and accountability as key drivers for meaningful long-lasting change that will sustain the health equity journey for future generations.



# Achieving Health Equity: *the journey so far*

Cairns and Hinterland Hospital and Health Service has taken significant steps to drive systemic change and improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander patients, families, carers and staff in our region.

## **With our Health Equity Strategy 2022-2025 guiding us, together we have:**

- Courageous Conversation Beyond Diversity workshops facilitated regularly for Health Service staff.
- Designed and implemented the CHHHS Health Equity dashboard to monitor Aboriginal and Torres Strait Islander patients' progress against the performance measures.
- Implemented early career pathway opportunities including school-based trainees, cadetships, and graduate supports.
- Aboriginal and Torres Strait Islander workforce considerations are mandatory for all business cases and service planning documents.
- Increased our Aboriginal and/or Torres Strait Islander workforce from 3.0% to 3.9% (at time of publishing).
- Inaugural Aboriginal and Torres Strait Islander workforce awards.
- Developed the first Aboriginal and Torres Strait Islander Health Workforce strategic sub plan to increase recruitment, retention, education, and leadership opportunities for Aboriginal and Torres Strait Islander Health Workforce staff.
- Pilot programs temporarily funded are now embedded in service provision across the Health Service:
  - Renal Chronic Kidney Disease Telehealth
  - Diabetes Outreach in Cairns and Hinterland Hospital and Health Service (CHHHS) and Torres and Cape Hospital and Health Service (TCHHS)
  - Indigenous Youth Alcohol and Other Drugs Service
  - Mental Health Complex Care Coordination
- Cultural Safety sessions regularly provided to new medical interns and new graduate nurses. These sessions are in addition to the Cultural Capability Program training.
- Implemented the Community Liaison Service in partnership with Aboriginal and Torres Strait Islander Community Controlled Health Organisations.

## *Aboriginal and Torres Strait Islander Workforce Awards*



**Courageous Conversation Beyond Diversity Workshop**



# Key Priority Outcome Area 1:



## Improving health and wellbeing outcomes

In consideration of improving health and wellbeing outcomes, the main discussion points with the prescribed stakeholders focussed on the coordination of care and partnerships with Primary Care Providers to attain the targets.

Themes that emerged from the voices of community:

**Transport**  
Wait times for rural, **long way** for a 5-minute appointment

**Travelling services** /outreach services in community

**Cultural considerations** (Mens business and Womens business)

**Patient safety** at the forefront

**Safe place** inside the hospital - discharge waiting space

Improved **cancer care** prevention, education, access to treatments, supports for patients, families and carers

Health promotions and more community engagement

**Community directory** of services in community

**Health literacy**  
What does the diagnosis / treatment / medication mean?

Information around **applying** for a QLD Health job

**Increase** Aboriginal and Torres Strait Islander workforce

Collaborate with **community** in respect to workforce

**First Nations Advisory group** for mental health

**Family focused supports** for first 5 years (Mum, Dads and bubs)

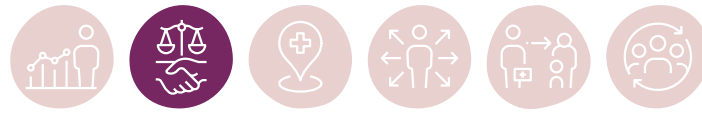
Services working **collaboration** (HHS, ACCHOs, NGOs etc)

Focus:	Seamless patient journey	Health promotion and prevention	Mental health and wellbeing
<b>How will we create change?</b>	Establish mechanisms to facilitate holistic and responsive care planning across the health sector.	Collaborative health promotion and prevention activities and campaigns.	Culturally capable, evidence-based models of care that provide responsive care coordination and therapeutic interventions. Education and awareness of early intervention models for suicide prevention.
<b>What will the community see?</b>	Increased support to access health services. Increased support for patients to return to care in community.	Increased promotional and prevention activities. Increased opportunities to engage with the health service.	Consumers' mental health and wellbeing care provided in community. Co-designed resources and education on services available.
<b>Key Performance Measures</b>	<ul style="list-style-type: none"> <li>» Aboriginal and Torres Strait Islander Health Workforce positions established as part of the acute inpatient model of care for the provision of culturally and clinically safe care.</li> <li>» Successful expansion of the community liaison service to include GP practices.</li> </ul>	<ul style="list-style-type: none"> <li>» Development of co-designed resources and campaigns that promote hospital and health services and prevention activities.</li> <li>» Increased participation of health service in community events.</li> </ul>	<ul style="list-style-type: none"> <li>» Development of co-designed culturally capable models of care developed in partnership with consumers with lived experience for inpatient and community Mental Health and Alcohol and other Drugs services.</li> <li>» Development of co-designed resources of early intervention models for suicide prevention.</li> </ul>



Aboriginal and Torres Strait Islander Hospital Liaison Officers

## Key Priority Outcome Area 2:



### Actively eliminating racial discrimination and institutional racism within the service

In consideration of eliminating racial discrimination and institutional racism, the predominant discussion points raised by the prescribed stakeholders was the need for an increase in cultural safety and cultural capacity.

#### Themes that emerged from the voices of community:

Encourage consumers to provide **feedback** and help them through the process

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Yarning Circles for **feedback**

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Role for an **A&TSI complaints officer** to take complaints and follow up

#### Cultural Governance

Ensure **Indigenous support** at all times

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Support patients to have **access to traditional diet and medicines in hospital** – make it a safe space for patients to ask

More social media **messages** on eliminating institutional racism

**Cultural mentors** of Elders/mentor program for non-First Nations workforce

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Community immersion for team building

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More community engagement with Elders

**Education on reporting racism** and discrimination in the HHS for all staff

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Discrimination and **racism** need more **education** around ways to deal with it and handle safely with **respect**

Training/opportunities for staff + teams to **learn** about systemic racism + reflect + commit to changes

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More **cultural training** for doctors and nurses

Cultural safety **debriefing spaces** for staff

**More First Nations staff**



Focus:	Adopt a zero-tolerance culture	Actively address institutional racism	Strengthen anti-racism and cultural diversity training practices
<b>How will we create change?</b>	Empower champions within the health service to call out racism and support change.	Create a culturally safe and responsive complaints process to support patients, families, carers and staff reporting racism and discrimination.	Ongoing anti-racism, unconscious bias and equity training for all health service staff that is evaluated for effectiveness.  Offer additional education sessions to the workforce that encourage truth telling (lunch box sessions, Elders talks, Traditional Owners education).
<b>What will the community see?</b>	Aboriginal and Torres Strait Islander consumers, staff and stakeholders do not experience racism.	Access to increased options for culturally safe feedback processes.	Culture is valued and central to patient care and staff wellbeing throughout the health service.
<b>Key Performance Measures</b>	<ul style="list-style-type: none"> <li>» Develop and implement a reflection tool for staff.</li> <li>» Develop and implement policy on racism and discrimination to support managers in addressing complaints.</li> <li>» Establish a health service network of champions.</li> </ul>	<ul style="list-style-type: none"> <li>» Development and successful implementation of the reporting process.</li> <li>» Number and proportion of complaints from Aboriginal and Torres Strait Islander patients, families, carers and staff relating to racism or culturally unsafe care (initial increase followed by decrease).</li> <li>» Improved patient satisfaction with the complaints process (via follow-up survey or patient reported experience measures).</li> </ul>	<ul style="list-style-type: none"> <li>» Evaluation of training programs are reported quarterly.</li> <li>» Development of local contextualised health service cultural education program.</li> </ul>



*Courageous Conversation Beyond Diversity Workshop*

# Key Priority Outcome Area 3:



## Increasing access to healthcare services

In consideration of the barriers to accessing healthcare, the main barriers identified by the prescribed stakeholders is the lack of transport, either public or private, for accessing care, difficulty navigating the hospital system and the distance to services.

Themes that emerged from the voices of community:

“ 

**More outreach services**  
and ensure appropriate community communication about services visiting

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ACHHO services **collaborating** together to improve better health outcomes within community

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**Ambassador roles** in hospitals and community clinics. Student opportunities?

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**Central website** of all our services that mob can find e.g. PHC, other services in Cairns, videos of health services added to this website

**Health promotions** for community people and have First Nations staff delivering it 

 Better support for **rural telehealth**

**Transport (regional approach)** 

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**PTSS education** 

Improving **health literacy** to meet / translate into First Nations language

← Better **signage**

**Mobile** health and medical services – **prevention and early intervention** services

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**Flexible** appointment times

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**Home visits** and flexible healthcare



 **A HUB** to access hospital services to:

- i) Connect to appointment areas
- ii) One on one care at beginning of appointment or surgery and at end of procedure,
- iii) seeing the same face

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More **community spaces** in health facilities to reduce patient isolation “

**Focus:**

Transport

Patient-centred services

Care closer to home

**How will we create change?**

Collaborate with key community transport services to identify opportunities for a patient transport solution.

Implement the hospital assist service within hospitals of Cairns and Hinterland HHS to support Aboriginal and Torres Strait Islander patients, families and carers.

Improve flexibility and availability of specialist outpatient and community health appointments.

**What will the community see?**

Patients, families and carers are able to access care in a timely manner.

Improved access to coordination of care services within hospitals of Cairns and Hinterland HHS.

Flexible appointment options including telehealth and outreach clinics.

**Key Performance Measures**

- » Complete mapping of existing patient transport services within the health service.
- » Explore increasing partnerships with transport providers, with a focus on the regional and remote communities.

- » Successful implementation of the hospital assist service within Cairns Hospital.
- » Evaluation of hospital assist service.
- » Expansion of hospital assist service across the health service.

- » Increased collaboration with primary health care centres to support multi-speciality clinic appointments.
- » Explore pathways for telehealth, after-hours services, and welcoming entry points that reflects how families prefer to engage with care.



◀ CHHS Aboriginal and Torres Strait Islander Community Consultation Committee

## Key Priority Outcome Area 4:




### Influencing the social, cultural, and economic determinants of health

Prescribed stakeholders identified multiple social, cultural, and economic determinants of health affecting Aboriginal and Torres Strait Islander peoples. Increased representation within the workforce and traditional healing practices were frequently discussed throughout the consultation sessions.


#### Themes that emerged from the voices of community:

“ Access to affordable health **food** in remote communities 

Attending the monthly community agency networking 

 Practice **cultural healing** in Hospital, Prison, Communities

 **Directory** of First Nations suppliers

 **Collaboration cross-departmental** (inter-agency) responses i.e. Health/Housing, Health/Education

Male First Nations staff 

**Partnerships** are co-delivered and funded programs between **Government department** i.e. Health, Housing, Transport, Education

 Connecting of **Agencies** and Health Services of Placement of Staff and strengthening the workforce

**Collaboration** with **Local Councils**, particularly and advocate for funding towards health-promoting projects and programs


**Employment pathways** ie. Employment expos

 Host a **regional summit** to hear feedback from workers in the areas

 Advocacy + petition local and state government to make **policy change** to benefit/improve socials determinants

Start going to **schools, TAFE** etc showcasing the jobs in CHHS

New projects / programs include **identified positions** including Indigenous health workers / practitioners

Have the **young people** who are employed with QLD Health to talk about their experiences working in health to schools / young people 

**Focus:** Aboriginal and Torres Strait Islander workforce

Cultural practices in care

**How will we create change?**

Increased awareness of career pathway opportunities to improve Aboriginal and Torres Strait Islander workforce recruitment.

Establish First Nations workforce supports.

Develop cultural practices in care program.

Explore opportunities to implement patient comfort packs to support patients who have travelled away from community for care.

**What will the community see?**

Greater representation of Aboriginal and/or Torres Strait Islander staff across health careers.

Cultural practices are included in the patient journey when requested.

Improved patient journey.

**Key Performance Measures**

- » Develop a campaign and communication strategy to increase early career program participation.
- » Develop First Nations workforce support mechanisms.
- » Include First Nations workforce support in the health service wellbeing framework.

- » Implementation of cultural practices in care program.
- » Implement and monitor patient comfort packs across health service.



*Deadly Start Trainee Graduates (2024)*

# Key Priority Outcome Area 5:



## Delivering sustainable, culturally safe, and responsive healthcare services

Prescribed stakeholders discussed the need to see an increase in Aboriginal and Torres Strait Islander workforce in patient care, increased cultural capability through education and awareness of information across the health service.

Themes that emerged from the voices of community:



**Culturally safe and responsive support** for First Nations workforce

Education on **clinical yarning** to make it meaningful

**Rotational** health positions between CHHHS and ACCHOs – skill sharing and placements

**Remove barriers** to returning to country for end-of-life care

Clinical and community yarning circle | Cultural supervision



Recruitment and retention **incentives** for skills, cultural knowledge and language

Increase cultural awareness in non-Indigenous staff **more than a one-off**

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**Monthly cultural safety education** sessions to capture more staff from all disciplines

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Incorporate cultural capability with everyone's **professional development plan**

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Cultural practice training **relevant** to the facility/location

Employee pathway plans

Bush tucker days

**Virtual Reality** for cultural education "the **day a life** of a First Nations Person"

Cultural gardens and healing spaces



**Focus:** Aboriginal and Torres Strait Islander led models of care

Cultural education      Communications

**How will we create change?**

Strengthen HHS models of care to be culturally and clinically safe.

Aboriginal and Torres Strait Islander workforce are a key part of the multi-disciplinary care team.

Models of care and treatment plans are patient centred.

Expand Cairns and Hinterland HHS Cultural education program.

Co-design a tiered cultural education program.

Explore cultural immersion programs for staff orientation.

Explore communication mechanisms to improve access to Health Service information for consumers and partners.

Development of Health Equity activity toolkit for hospital and health service areas.

**What will the community see?**

Culturally capable and clinically safe care that meets the holistic health needs of Aboriginal and Torres Strait Islander peoples.

Improved cultural capability across the organisation.

Increased access to Health Equity information and progress.

**Key Performance Measures**

- » Aboriginal and Torres Strait Islander Health Workforce positions established as part of the acute inpatient model of care for the provision of culturally and clinically safe care.
- » Improved patient satisfaction with the complaints process (via follow-up survey or patient reported experience measures).

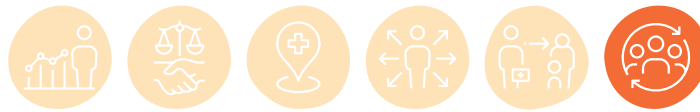
- » Develop co-designed tiered cultural education program including ongoing cultural competency audits.
- » Implement and monitor tiered cultural education program.
- » Develop cultural immersion programs to be implemented within health service orientation.

- » Develop and implement communication strategies to increase access to health service information.
- » Implementation of health equity resources for hospital and health service areas.



◀ **First Nations Cancer Wellness Service team**  
**L-R: Administration Officer Holly Smith, Clinical Nurse Shayle Curcuroto and Clinical Nurse Consultant Jay Haldane**

# Key Priority Outcome Area 6:



## Working with Aboriginal and Torres Strait Islander peoples, communities, and organisations to design, deliver, monitor and review health services

Prescribed stakeholders discussed the importance of collaboration in the design, delivery options, monitoring and review of health services to ensure services meet the needs of the community.

Themes that emerged from the voices of community:

**Use recommendations** from local needs assessments and action strategy

Incorporation of **community** and **ACCHOs** in service planning

Engaging/options with **GP and QH**

Regular meetings or **collaborations** with **organisations, communities** to keep up-to-date with what's happening so we all on the same page

**Tailor response/feedback forms** to different communities/areas make it more interesting for people to do them

Local Native Title PBC, TO engagement, **local people**

Culturally appropriate **connections**

Critical **reviews** of services and programs – ascertaining what works and what doesn't and making changes accordingly

Valued-based evaluation – the **experience** of the patient and **their journey**

Marry the **lived experience** narrative with the stats or it may contradict. Let Indigenous peoples guide the negotiations/discussions

**Informed** decision making

Review **gaps** in services **community by community**

Monthly **educational** groups with CHHS staff regarding **AMS** activities

Weekly **cultural activities**

Consideration of two way thinking where **western** practices meet with **traditional** practices to improve outcomes

**Focus:** Community yarning

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**How will we create change?**

Establish community yarning program to:

- Nurture community relationships
  - Create a safe space for community to raise concerns
  - Collect feedback on health services and community needs
  - Increase health literacy
- 

**What will the community see?**

Consistent opportunities to be involved through community yarning.

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**Key Performance Measures**

- » Development of community yarning framework.
- » Establish community yarning program session.
- » Evaluate and report on community yarning program session.
- » Expand community yarning program across the health service.



◀ Health Equity Plan engagement



# Governance

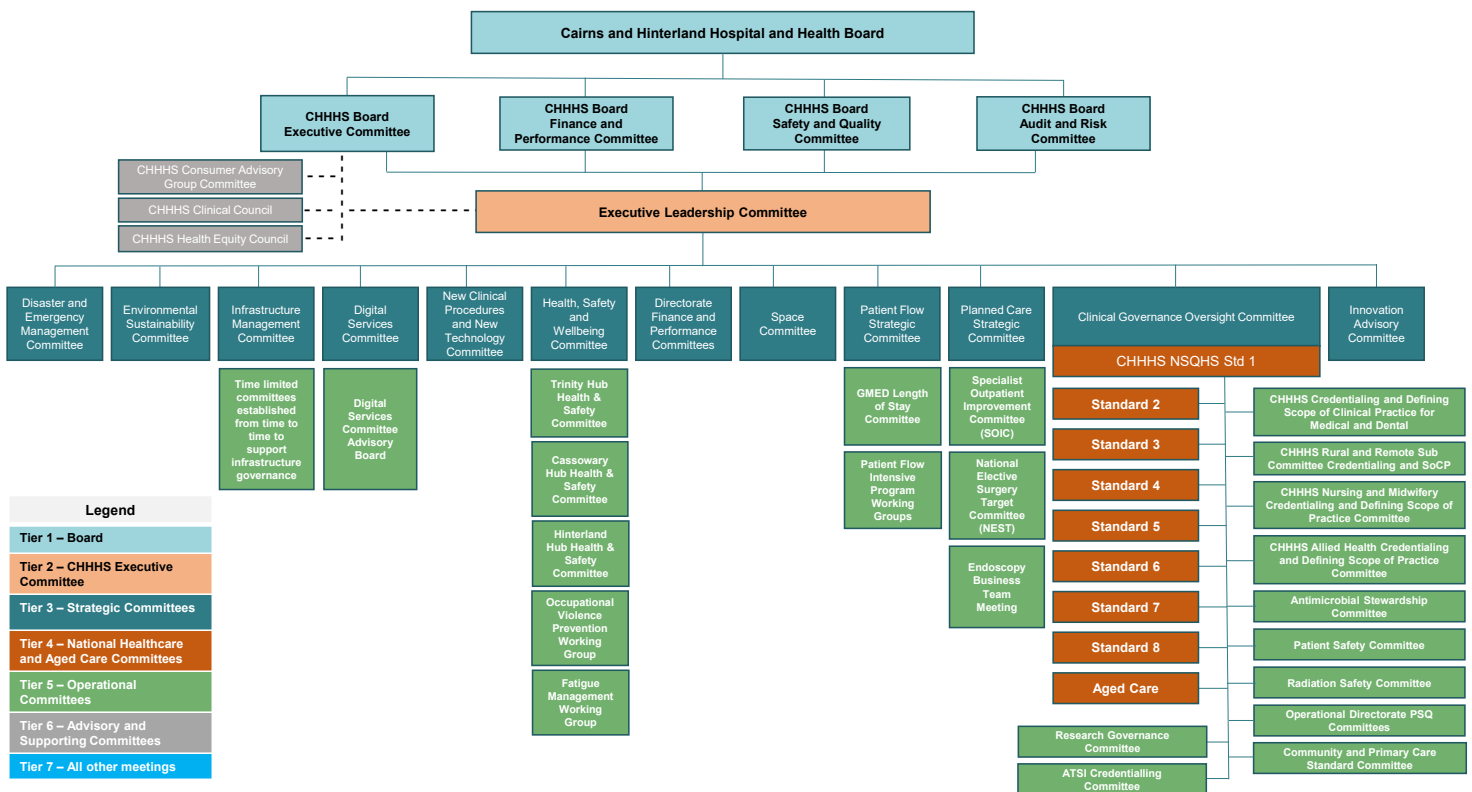
There is a commitment from the Cairns and Hinterland HHS Board and Executives to keep the health equity conversation at the forefront including ongoing staff training, internal and external communication, utilising authentic co-design principles for engagement with community and partner organisations, recruitment and retention activities and leadership meetings.

The Cairns and Hinterland HHS Board and Health Service Chief Executive are accountable for the effective leadership, implementation and compliance of the Health Equity Strategy as defined in the regulation.

## The established CHHHS Health Equity Council (Tier 6) will be responsible for ensuring:

- co-design, co-implementation, and co-review of the Implementation Plan, and;
- visibility, assurance, and performance of health equity activities are maintained within agreed timelines.

## CHHHS Committee Structure



# Implementation, accountability, monitoring and evaluation

## Implementation

Cairns and Hinterland HHS will build on the implementation, monitoring and reporting processes used in the 2022-2025 strategy for the 2025-2028 Health Equity Strategy Implementation Plan.

Implementation will be monitored in accordance with the health equity legislative requirements in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2023*, combined with reporting of specific activities against key performance measures and milestones.

## Accountability

To support implementation, Cairns and Hinterland HHS will combine Executive accountability with a health service Aboriginal and Torres Strait Islander lead. Each key priority outcome area will have an Executive sponsor who will be responsible for leading delivery at the highest level.

Each Executive sponsor will be partnered with a dedicated Aboriginal and Torres Strait Islander lead, who will provide strategic advice and cultural knowledge to ensure that community priorities are central to decision-making throughout implementation.

Responsible officers will be allocated by the Executive sponsor to implement specific actions, reporting regularly to the Executive sponsor.

Role	Responsibility
<b>Executive Sponsor</b>	Facilitate the implementation of health equity initiatives and provide regular reporting analysis on activities being undertaken and targets being met.
<b>Aboriginal and Torres Strait Islander Lead</b>	Selected from the Aboriginal and Torres Strait Islander health equity team, the lead will be partnered with the Executive sponsor to ensure Aboriginal and Torres Strait Islander voices are central to decision making.
<b>Responsible officer</b>	Lead implementation of health equity actions and report progress to the Executive sponsor.

## Monitoring and evaluation

To assist with facilitating streamlined reporting that aligns with other Cairns and Hinterland HHS reporting mechanisms, the health equity reporting structure will focus on monitoring progress more effectively.

Report	Responsible	Process
<b>Progress report (quarterly)</b>	<b>Responsible officer</b> <b>Executive sponsor</b>	Quarterly progress reports highlighting implementation action status: <ul style="list-style-type: none"> <li>• Completed</li> <li>• On track</li> <li>• Minor issues</li> <li>• Major issues</li> <li>• Not started</li> </ul>
<b>Annual (12 month)</b>	<b>Aboriginal and Torres Strait Islander health leadership team</b>	Measure key performance indicators and progress reports providing analysis on the effect of implementation activities.



Health Equity Plan engagement ▶

# Continued monitoring from 2022-2025 strategy

The following key performance measures will continue to be monitored monthly by the health service:



## Improving Health and Wellbeing Outcomes

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Proportion of overnight acute and mental health inpatients discharged by 10am

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Face-to-face community follow-up within 1-7 days of discharge from an acute mental health unit

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Proportion of mental health and alcohol and other drugs service episodes with a documented care plan

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Number of seclusion events per 1,000 acute accrued admitted patient days in specialised mental health services

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Rate of absent without approval from acute inpatient care per 1,000 acute involuntary accrued patient days

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Missed opportunities to treat – specialist outpatient appointments

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The percentage of oral health activity (WOOS) which are preventative

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Increased numbers of Bicillin treatment

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Decreased number of patients overdue for an echocardiogram

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Reduction of congenital syphilis in First Nations babies in North Queensland

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Reduction in the prevalence of syphilis, chlamydia, and gonorrhoea in First Nations peoples in North Queensland

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Increased proportion of Aboriginal and Torres Strait Islander babies born with healthy birthweights

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KPOA1



## Actively eliminating racial discrimination an institutional racism within the service

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Reporting of Racial discrimination

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KPOA2



## Increasing access to healthcare services

Hospital Separations recorded as discharged from hospital against medical advice (DAMA)

Potentially Preventable Hospitalisations (PPH) – First Nations People: Diabetes Complications

Potentially Preventable Hospitalisations (PPH) – First Nations People: Rheumatic Heart Disease

Potentially Preventable Hospitalisations (PPH) (non-diabetes complications)

Elective Surgery: % of category 1 patients who are treated within the clinically recommended time

Elective Surgery: % of category 2 and 3 patients who are treated within the clinically recommended time

Number of ready for care elective surgery patients waiting longer than the clinically recommended time Category (1,2, or 3)

Gastrointestinal endoscopy: % of category 4 patients treated in time

Gastrointestinal endoscopy ready for care patients waiting longer than clinically recommended time RFC Category (4, 5 and 6)

Emergency length of stay: Patients with Emergency Department length of stay times greater than 24 hours

Emergency Department Wait Time by Triage Category: 1

Emergency Department Wait Time by Triage Category: 2

Emergency Department Wait Time by Triage Category: 3

Emergency Department Wait Time by Triage Category: 4

Emergency Department Wait Time by Triage Category: 5

Hospital Access Target: % of Emergency stays within 4 Hours – Not Admitted Patients

Hospital Access Target: % of Emergency Stays within 4 Hours Admitted Patients

Specialist Outpatients: % of Category 1 patients who receive their initial specialist outpatient appointment within the clinically recommended time

Specialist Outpatients: % of Category 2 & 3 patients who receive their initial specialist outpatient appointment within the clinically recommended time

Specialist Outpatients: Number of RFC patients waiting longer than the clinically recommended time for their initial appt

The number of non-admitted service events that are delivered via video conference technology

Access to Oral Health Services (adults)

KPOA3



## Delivering sustainable, culturally safe and responsive healthcare services

Aboriginal and Torres Strait Islander peoples' representation in the health workforce

To increase opportunities for people to participate in Advance Care Planning with the aim of facilitating choices about their future health care including care at the end of life

KPOA5



**Queensland**  
Government