

First Nations Health Equity 2023–2025

IMPLEMENTATION PLAN





For further information about this document please contact the First Nations Health Equity Team.

South West Hospital and Health Service

44-46 Bungil Street, Roma, 4455

SWHHS-health-equity@health.qld.gov.au

An electronic version of this document is available at
www.southwest.health.qld.gov.au

© South West Hospital and Health Service 2023

Content from this document should be attributed as: The State of Queensland (South West Hospital and Health Service) South West First Nations Health Equity Implementation Plan 2023-2025



This document is licensed under a Creative Commons Attribution 4.0 Australia licence.
To view a copy of this licence, visit creativecommons.org/licenses/by/4.0/au

Glossary of terms

ACCHO	Aboriginal Community Controlled Health Organisation
AHW	Aboriginal Health Worker
ATSILAC	Aboriginal and Torres Strait Islander Leadership Advisory Committee
CACH	Cunnamulla Aboriginal Corporation for Health
CAN	Community Advisory Network
CWAATSICH	Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health
HHS	Hospital and Health Service
HSCE	Health Service Chief Executive
ILO	Indigenous Liaison Officer
FTE	Full Time Employee
Goondir	Goondir Health Services
GP	General Practitioner
KPA	Key Priority Area
LANA	Local Area Needs Assessment
<i>Our Way – Together</i>	South West HHS's First Nations Health Equity Strategy, 2022–2025
PHN	Primary Health Network
PREMs	Patient Reported Experience Measures
PTSS	Patient Travel Subsidy Scheme
SWHHS	South West Hospital and Health Service
WQPHN	Western Queensland Primary Health Network

CC BY Licence Summary Statement

In essence, you are free to copy, communicate and adapt the work, as long as you attribute the work to the State of Queensland (South West Hospital and Health Service). To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>

Disclaimer

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contribution: Artwork in this document was created by Alara Geebung (Cameron), Bidjara artist.

ACKNOWLEDGEMENT OF COUNTRY



We pay respect to the First Nations people of the land on which all our services are located – their spirits, their ancestors, and their Elders, past and present – for their resilience, determination, cultural knowledge and wisdom.

We recognise it takes the strength and courage of current and future generations, both First Nations and Non-Indigenous people, to work together for equality, recognition and holistic health advancement for First Nations people.

We reflect on the past and give hope for the future. We genuinely aspire to represent, advocate for and promote the needs of all First Nations people of South West Queensland.

We commit to walk together on our shared journey to health equity and create healthy communities in South West Queensland. South West Hospital and Health Service deeply respects and recognises the 18 traditional and cultural custodians of the lands on which we work. We recognise that First Nations people within their respective communities each have their own unique languages, beliefs, cultural practices, traditions and diversity.

This document includes a range of collective terms to reference and reflect the unique identity of First Nations people. The primary term used is First Nations people.

The lands and waters within the South West Hospital and Health Service region encompass the following 18 Traditional Owner groups.

Location/Facility	Traditional Owners
Augathella	BIDJARA (bid-jara)
Bollon	KOOMA (coo-ma)
Charleville	BIDJARA (bid-jara)
Cunnamulla	KUNJA (koun-yah) with other interests
Dirranbandi	YUWAALARAAY/EUAHLAYI PEOPLE (you-wal-a-ray/you-al-e-i)
Eromanga	BOONTHAMURRA (boon-tha-murra)
Injune	KONGABULA (kong-ga-bull-a)
Mitchell	GUNGGARI (gon-gari)
Morven	BIDJARA (bid-jara)
Mungindi	KAMILAROI (car-milla-roy)
Quilpie	MARDIGAN (mar-d-gan)
Roma	MANDANDANJI (mand-an-dand-gee)
St George	KOOMA (kamilroi, mandandanji, bigambul, gungarri interests)
Surat	MANDANDANJI (mand-an-dand-gee)
Thargomindah	KULLILLA (cool-lee-lar)
Wallumbilla	MANDANDANJI (mand-an-dand-gee)
Waroona	BIDJARA (bid-jara)
Westhaven	MANDANDANJI (mand-an-dand-gee)

CONTENTS



Acknowledgement of Country	3
<i>Our Way – Together: the South West First Nations Health Equity Strategy 2022-2025</i>	6
Key principles	7
Working together will see us achieve	8
Progress to date	
September 2022 to June 2023	8
Steps we have taken	9
Our shared priorities – co-design opportunities to progress health equity deliverables	10
Key Priority Areas	11
Key Priority Area 1 – Actively eliminate racial discrimination and institutional racism	12
Key Priority Area 2 – Increase access to better health services	16
Key Priority Area 3 – Influence the social, cultural and economic determinants of health	20
Key Priority Area 4 – Deliver sustainable, culturally safe and responsive healthcare services	24
Key Priority Area 5 – Work with First Nations people to design, deliver, monitor and review health services	28
Key Priority Area 6 – Develop a culturally safe, skilled and valued First Nations workforce	32
Making change happen –	
Governance and accountability	36
Our commitments to the community –	
Monitoring and evaluation	37
APPENDIX 1 – Proposed South West HHS First Nations Health Outcomes Scorecard	38

OUR WAY – TOGETHER

First Nations Health Equity Strategy 2022-2025

Our Way – Together sets out the first three-year cycle of proposed actions outlining specific performance measures and reporting requirements that South West Hospital and Health Service (HHS) and its partners will work towards to achieve Health Equity for First Nations people living in the South West HHS footprint.

Six key priority areas focus on long-term changes that will address historic structural and systemic inequities to enable the true delivery of culturally safe and accessible healthcare for First Nations people and communities.

This supporting Implementation Plan has been developed in partnership with internal and external partners including South West HHS staff, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, the Western Queensland Primary Health Network, Queensland Aboriginal and Islander Health Council, Health and Wellbeing Queensland and also First Nations people living across the South West.

This Implementation Plan, which includes 38 commitments alongside realistic timelines for delivery, will lead South West HHS officers to drive change.

However, what's most important to closing the gap in health outcomes is a collective effort across the entire health system, workforce and primary healthcare sector – and everyone has a part to play.

Standing shoulder to shoulder with our partners and communities, we are committed to continuing our journey to achieve Health Equity, *Our Way – Together*.



KEY PRINCIPLES

Progression of our Implementation Plan demonstrates South West HHS's commitment to work with our key partners towards achieving health equity and actively eliminating racial discrimination and institutional racism.

Informed by our consultation activity, South West Hospital and Health Service recognises:

1. First Nations people of South West Queensland are made up of many distinct and traditional owner groups, each with their own unique traditions, languages, culture and knowledge.
2. The need to close the gap between health outcomes and life expectancy for First Nations people and Non-Indigenous Australians by 2031.
3. The importance of working collectively with First Nations people living across the South West, Aboriginal Community Controlled Health partners (CACH, CWAATSICH and Goondir), the Western Queensland Primary Health Network (WQPHN), Health and Wellbeing Queensland, and other key and respected partners to systematically address health-related and wider social determinants that have historically impacted First Nations people and the broader South West community.
4. Compassionate, person-centred, continuity of care that respects holistic need is a right for everybody.
5. The necessity of being proactive in developing a comprehensive and long-term plan of action that is targeted to need, evidence-based in approach, and capable of addressing existing inequity within the spirit of reconciliation.
6. The need to continually measure, monitor and report on our joint efforts in accordance with clearly defined targets to ensure we are progressively achieving our shared ambitions, and to support further advocacy for the people and communities we all serve.
7. The importance of developing a forward pipeline that grows and nurtures our entire First Nations workforce and leaders of tomorrow.
8. The fundamental importance of enhancing our cultural capabilities to help close the gap, acknowledge past trauma and its continuing legacy, and further promote opportunities to embed First Nations people in leadership, governance and workforce positions. This will ensure we can provide safe, visible and culturally responsive care for our people.
9. That there is no place for racism or discriminatory behaviour of any kind within South West HHS.



WORKING **TOGETHER** WILL SEE US ACHIEVE...

Healthy mob,
healthy system

Integrated care,
every day in
every way

Partnerships
& innovation

Equity &
respect

PROGRESS TO DATE

4 key steps taken between
September 2022 and June 2023

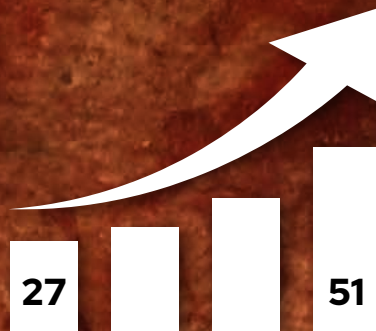
Since publishing *Our Way – Together* in September 2022, we've continued our engagement activities with local communities, our staff, and with partners across the South West to inform the development of this Implementation Plan.

STEPS WE HAVE TAKEN (as at 30 June 2023)

1 Developed Terms of Reference, approved by the South West Hospital and Health Board in February 2023, to ensure seamless planning and service delivery for First Nations people.



2 Continued to strengthen and grow our First Nations workforce, which has nearly doubled from 27 FTE in 2017 to 51 in 2023 – but we still have a way to go to ensure a workforce that represents the communities we serve.



3 Provided culturally safe environments with new welcome signs at Charleville Hospital (pictured) and other locations.



4 Enhanced our partnerships by hosting a Roundtable of key ACCHO representatives, held January 2023





OUR SHARED PRIORITIES

Co-design opportunities to progress health equity deliverables

Informed by our health equity discussions, South West HHS has identified a wide range of priorities that reflect the legislative requirements for all Queensland Hospital and Health Services.

Key Priority Areas

1. Actively eliminate racial discrimination and institutional racism
2. Increase access to better health services
3. Influence the social, cultural and economic determinants of health
4. Deliver sustainable, culturally safe and responsive healthcare services
5. Work with First Nations people to design, deliver, monitor and review health services
6. Develop a culturally safe, skilled and valued First Nations workforce.

Following publication of *Our Way – Together*, we discussed the following enabling elements of our key deliverables with our prescribed implementation stakeholders and collectively decided the most important focus areas for our Implementation Plan. In addition to the key deliverables outlined above, we have included additional supporting deliverables to progress health equity in the South West. These will be addressed by 30 June 2025.

In total, South West HHS aims to progress a total of 38 commitments on behalf of our communities, our staff, and with the support and collaboration of our valued partners.

Pictured: Aunty Barbara Olsen (Wallace), respected community Elder

KEY PRIORITY AREAS Overview

Key Priority Area (KPA)	Priority key deliverables to be achieved by 30 June 2025*	Other important areas ACCHOs want to see addressed
KPA 1 – Actively eliminate racial discrimination and institutional racism Total commitments 7	<ul style="list-style-type: none"> Establish a South West First Nations Health Equity Committee [KPA 1.1] Ensure all staff and patients know how to report experiences of racial discrimination and institutional racism [KPA 1.4] Embed cultural safety and cultural capability programs co-designed with First Nations people [KPA 1.5] 	Review current procedures to ensure an escalation pathway for the reporting of racial discrimination and institutional racism [KPA 1.2]
KPA 2 – Increase access to better health services Total commitments 7	<ul style="list-style-type: none"> Develop and implement integrated models of care in consultation with First Nations people [KPA 2.1] Audit and review existing patient travel and accommodation model [KPA 2.2] Enhance facilities to demonstrate culturally safe and welcoming environments [KPA 2.4] Use Local Area Needs Assessment (LANA) data to inform health priorities for First Nations people [KPA 2.6] 	Pre-plan transport and accommodation and record patients care plans [KPA 2.3]
KPA 3 – Influence the social, cultural and economic determinants of health Total commitments 7	<ul style="list-style-type: none"> Identify clinical areas that need a coordinated approach to support culturally safe services [KPA 3.1] Review how information is shared between providers [KPA 3.2] Collaborate with partners to develop and deliver health promotion and prevention programs [KPA 3.4] 	Ensure proposed solutions embed social and emotional wellbeing [KPA 3.5]
KPA 4 – Deliver sustainable, culturally safe and responsive healthcare services Total commitments 7	<ul style="list-style-type: none"> Establish a First Nations Peak Advisory Committee [KPA 4.1] Review existing cultural capability program [KPA 4.2] Provide First Nations consumers with information about their rights and feedback mechanisms [KPA 4.4] 	Identify and quarantine dedicated Aboriginal and Torres Strait Islander resources and funding [KPA 4.5]
KPA 5 – Work with First Nations people to design, deliver, monitor and review health services Total commitments 6	<ul style="list-style-type: none"> Establish a First Nations Stakeholder Committee [KPA 5.1] Strengthen existing partnerships with First Nations health providers [KPA 5.2] Review memoranda of understanding between South West HHS and our First Nations partners [KPA 5.3] Co-design a First Nations engagement framework [KPA 5.5] 	Ensure accountability across First Nations deliverables, performance measures and outcomes [KPA 5.6]
KPA 6 – Develop a culturally safe, skilled and valued First Nations workforce Total commitments 6	<ul style="list-style-type: none"> Establish a governance structure to oversee strategic direction of First Nations health agenda [KPA 6.1] Develop South West HHS First Nations Workforce Strategy, including a career and development pathway [KPA 6.3] Develop an organisational structure to allow South West Indigenous Liaison Officers (ILOs) and Aboriginal Health Workers (AHWs) and Aboriginal Community Controlled Health Organisation ACCHO staff to work across organisations [KPA 6.6] 	Grow our entire First Nations workforce [KPA 6.5]

This Implementation Plan includes additional deliverables as outlined in South West HHS's First Nations Health Equity Strategy, *Our Way – Together*.

By introducing these changes, we will build a solid foundation for continuous improvements based on transparent data and reporting that will recognise achievements, address challenges and harness opportunities for service co-design.



KEY PRIORITY AREA 1: Actively eliminate racial discrimination and institutional racism

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>1.1 Establish a South West HHS First Nations Health Equity Committee that includes First Nations voices to provide cultural leadership, advocacy, oversight and review of the First Nations Health Equity Strategy.</p>	<p>Working with our partners, South West HHS will establish:</p> <ol style="list-style-type: none"> 1. a First Nations Health Equity Committee – reporting to South West Hospital and Health Board to provide strategic oversight of the First Nations Health Equity Strategy. 	<ul style="list-style-type: none"> ➔ During the consultation for <i>Our Way – Together</i>, we received a clear message for the need to establish a dedicated governance pathway to the South West Hospital and Health Board, in partnership with First Nations people and organisations, to support ongoing design, delivery, monitoring and review of healthcare services. ➔ Two other governance committees, also to be established, will inform the work of the overarching Health Equity Committee, which will also be supported by the South West HHS Aboriginal and Torres Strait Islander Leadership Advisory Committee (ATSILAC) – our staff advisory body that supports provision of culturally appropriate healthcare. ➔ The Health Equity Committee will meet at least every three months. Membership will include South West Hospital and Health Board members, Executives and other senior staff and representatives of South West Aboriginal and Torres Strait Islander Health Services. The position of Chair will be agreed between members. 	<ul style="list-style-type: none"> • Invitations and/or expressions of interest will be issued for each committee. • It is expected that each Committee will be established by December 2023. • A summary of discussions will be made publicly available following each meeting.
<p>1.2 Review current procedures and ensure processes, including an escalation pathway, are in place for the reporting of racial discrimination and institutional racism.</p>	<p>Working with the First Nations Health Equity Committee, South West HHS will:</p> <ol style="list-style-type: none"> 1. prepare a new policy, owned by the Board, that makes clear there is no place for racist comments or treating First Nations people unfairly due to their race anywhere within South West HHS 2. ensure South West HHS’s template for procedures is updated to include a section stating zero tolerance for racial discrimination and/or institutional racism 3. review South West HHS internal procedures to ensure appropriate updates are made to reflect the new policy and/or new template 4. every entrance to South West HHS’s facilities and offices will also have a clear statement of intent. We will also make reporting racial discrimination and institutional racism easier for our patients, clients and staff. 	<ul style="list-style-type: none"> ➔ We received a clear message during the consultation process for <i>Our Way – Together</i> for the need to stamp out racism. Therefore, we need to enforce strong processes, and establish a clearly defined system for reporting racial discrimination and institutional racism, with complaints to receive a prompt and appropriate response. 	<ul style="list-style-type: none"> • The South West HHS Elimination of Racial Discrimination and Institutional Racism Policy will be approved by the Board by June 2024. • This new policy and supporting communications will be developed by June 2024.
<p>1.3 Review and strengthen mechanisms for addressing complaints of racial discrimination.</p>	<p>Informed by the new South West HHS Elimination of Racial Discrimination and Institutional Racism Policy, South West HHS’s internal system for addressing complaints of racial discrimination will be strengthened by:</p> <ol style="list-style-type: none"> 1. working with ATSILAC and the First Nations Stakeholder Advisory Committee to develop a clearly defined and easy-to-use system for reporting racial discrimination and institutional racism, and to ensure any complaints receive a prompt and appropriate response 2. promoting and widely publishing communications (for example, posters in our facilities) to encourage feedback from our patients, their families and from our staff where incidents of racism or discrimination are encountered or observed 3. undertaking annual independent audits to measure and monitor institutional racism. The scope and nature of this work will be further developed with the First Nations Health Equity Committee 4. ensuring any findings and recommendations from complaints and/or audits are shared with communities and staff to ensure continuous service improvements. 	<ul style="list-style-type: none"> ➔ There is no place for racism or discriminatory behaviour of any kind within South West HHS. 	<ul style="list-style-type: none"> • ATSILAC and First Nations Stakeholder Advisory Committee (once established) will support the review of the complaints management process by September 2024 to include support from ILOs to resolve any concerns at the front line, staff education and awareness, and a communications strategy that will be tested by input from local communities. • The scope, timing and nature of independent audits to measure and monitor institutional racism will be further developed by the First Nations Health Equity Committee and the South West Hospital and Health Board.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>1.1 Establish a South West HHS First Nations Health Equity Committee that includes First Nations voices to provide cultural leadership, advocacy, oversight and review of the First Nations Health Equity Strategy.</p>	<ul style="list-style-type: none"> ✓ This new Committee will foster innovation and collaboration, and encourage a free-flow of information between the health service and all health equity partners. ✓ Progress against Implementation Plans and KPIs will be reported every three months. ✓ South West HHS will also review the Health Equity Strategy and Implementation Plan annually to update and adapt as targets are met and activities are embedded into core components of business. 	<p>KPA1.1.1: Establish First Nations Health Equity Committee by December 2023.</p> <p>KPA 1.1.2: Quarterly progress reporting against First Nations Health Equity Implementation Plan. This will include an annual summary of progress by 30 June each year.</p>	<p>Health Service Chief Executive, supported by the Executive Director Governance, Strategy and Performance, Executive Director Aboriginal and Torres Strait Islander Health and Engagement and the South West Hospital and Health Board Governance Officer.</p>	<ul style="list-style-type: none"> • Following establishment, evidence of quarterly communiques of meetings, and items discussed, published on the South West HHS public website.
<p>1.2 Review current procedures and ensure processes, including an escalation pathway, are in place for the reporting of racial discrimination and institutional racism.</p>	<ul style="list-style-type: none"> ✓ Co-designed with the Health Equity Committee, a South West HHS Elimination of Racial Discrimination and Institutional Racism Policy will be approved by the Board. ✓ Supported by the First Nations Stakeholder Advisory Committee, posters and other information will also be made available to support people submit complaints. 	<p>KPA 1.2.1: Co-designed South West HHS Elimination of Racial Discrimination and Institutional Racism Policy approved by the Board by June 2024.</p> <p>KPA 1.2.2: Supporting communications to be clearly visible at selected South West HHS facilities by June 2024.</p> <p>KPA 1.2.3: All existing South West HHS procedures to be updated over a three-year review cycle to include a zero tolerance to racism statement.</p> <p>KPA 1.2.4: Complaints data to include instances of racism and/or institutionalised racism – these are to be reported monthly and quarterly in the South West HHS Consumer Feedback Report, effective March 2024.</p>	<p>South West Hospital and Health Board, supported by HSCE, the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, Executive Director, Medical Services and Clinical Governance and Quality Manager.</p>	<ul style="list-style-type: none"> • Publication of Racial Discrimination and Institutional Racism Policy • All existing South West HHS procedures updated with statement of zero tolerance for racist comments and/or discrimination.
<p>1.3 Review and strengthen mechanisms for addressing complaints of racial discrimination.</p>	<p>Review of current system/process/work practice for:</p> <ul style="list-style-type: none"> ✓ ensuring First Nations people understand their rights and know how to make complaints regarding racial discrimination ✓ involving ILOs in the handling, escalation and early resolution of alleged incidents of racial discrimination at point of service ✓ training all staff regarding the handling and early resolution of complaints related to racial discrimination ✓ ensuring the cultural appropriateness of complaint response letters in relation to incidents of racial discrimination. 	<p>KPA 1.3.1: Supported by ATSLAC and the First Nations Stakeholder Advisory Committee, improve the complaints management process in relation to racial discrimination by September 2024.</p> <p>KPA 1.3.2: Developed by the First Nations Health Equity Committee and the South West Hospital and Health Board, an independent audit schedule will commence by June 2025.</p> <p>KPA 1.3.3: 90% of any complaints regarding incidents of racial discrimination and/or institutional racism are resolved within 14 days and 100% within 35 days.</p> <p>KPA 1.3.4: Demonstrated reduction of total complaints received by South West HHS assessed as including incidents of racial discrimination and/or institutional racism.</p>	<p>Executive Director Aboriginal and Torres Strait Islander Health and Engagement, supported by the Quality and Safety Manager, ATSLAC and the First Nations Stakeholder Advisory Committee.</p>	<ul style="list-style-type: none"> • South West HHS complaints management data.

What we will deliver during 2023–2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>1.4 Ensure all staff and patients know how to report experiences of racial discrimination and institutional racism.</p>	<p>Informed by the new South West HHS Elimination of Racial Discrimination and Institutional Racism Policy:</p> <ol style="list-style-type: none"> 1. the current South West HHS complaints management system will be expanded and widely publicised to ensure patients and staff are supported when experiencing or observing any incidents of racial discrimination and institutional racism 2. opportunities to introduce Unconscious Bias and Racial Equity training will be sourced, potentially as an online training module, to supplement existing cultural capability training and to support staff to develop a wider understanding and awareness of impacts 3. South West HHS’s existing Cultural Capability Program will be reviewed and updated by no later than December 2024. This review will consider input from the First Nations Health Equity Committee, ATSilac and other Health Equity partners. It will also include wider deliverables such as the new Elimination of Racial Discrimination and Institutional Racism Policy, and the Unconscious Bias and Racial Equity Training module. The review and update will also contribute to a further baseline of uptake for the future. 	<ul style="list-style-type: none"> ➔ There is no place for racism or discriminatory behaviour of any kind within South West HHS. First Nations people who access our services need to feel culturally safe in the knowledge our staff are non judgemental and will do all they can to treat the people we serve in a fair and supportive manner. ➔ Where these standards and expectations are not met, First Nations people need to be heard, supported, and satisfied that appropriate actions are taken. ➔ Demonstration of positive actions in response to complaints received will reinforce this policy and ensure appropriate services which meet the needs of the people and communities we serve. 	<ul style="list-style-type: none"> • Ahead of establishing a new complaints process by June 2024, all reported incidents of racial and/or institutional discrimination will continue to be treated with the upmost concern and as a priority. Additional information will be provided to raise awareness of the existing internal complaints policy, the Australian Charter of Healthcare Rights and other supporting information. • By no later than June 2025, all South West HHS staff will have completed a training module in Unconscious Bias and Racial Equity. The development of this module will be informed by best practice and form part of the review of the existing Cultural Capability Program. Staff will complete the training module annually. • Consideration of 'Courageous Conversations' training to empower and support our staff will also be further investigated.
<p>1.5 Embed cultural safety and cultural capability programs that are co-designed with First Nations people.</p>	<p>In partnership with the First Nations Health Equity Committee and ATSilac:</p> <ol style="list-style-type: none"> 1. the existing content and frequency of South West HHS’s Cultural Capability Program delivery will be reviewed to ensure best fit with the need to develop a ‘core’ framework consistent with <i>Our Way – Together</i> and First Nations Health Equity legislation, with information applicable to local communities 2. given the HHS covers over 319,000 square kilometres, we will consider the best way to provide the required training. This may involve a mix of online review and face-to-face participation 3. until such time as the current Cultural Practice Program is updated, every effort will be made by South West HHS staff to ensure ongoing compliance with their existing personal requirement to complete training 4. South West HHS will seek opportunities to encourage local engagement activities between South West HHS facilities, representatives of local communities and First Nations service providers, and established Community Advisory Networks (CAN). 	<ul style="list-style-type: none"> ➔ We received a clear message during the consultation process for <i>Our Way – Together</i> of the need to review the existing Cultural Capability Program training. Specifically the training needs to align with local communities more closely in order to support connection. Greater use of technology can also support uptake of training, although it remains important that vital elements of in-person participation are maintained. ➔ At least annually, local Elders and representatives of First Nations communities, external service providers and CANs will be invited to meet with local staff to share insights on services provided to First Nations people. ➔ In addition, upon appointment, key local South West HHS facility staff (e.g. Directors of Nursing, Directors of Medical Services, GPs and Executive CAN sponsors etc) will ideally be provided with the opportunity to meet with local Elders and other community representatives. ➔ Incoming Executive Directors will also have an opportunity to meet with the First Nations Health Equity Committee members. 	<ul style="list-style-type: none"> • South West HHS’s existing Cultural Capability Program will be reviewed and updated by no later than December 2024. This review will consider input from the First Nations Health Equity Committee, ATSilac and other Health Equity partners. It will also include wider deliverables such as the new Elimination of Racial Discrimination and Institutional Racism Policy, and the Unconscious Bias and Racial Equity Training module. The review and update will also contribute to a further baseline of uptake for the future. • 'Facility yarns' with local Elders and wider partners will commence effective January 2024 and occur at least annually. • Personal introductions between senior staff and representatives of their local community will be arranged upon appointment, ideally within two months of commencement. Introductions between incoming Executive Directors and First Nations Health Equity Committee partners will be scheduled for the first available Committee meeting following appointment. Executive Directors who also attend Community Advisory Network (CAN) meetings will also be encouraged to meet with local First Nations representatives upon appointment and also participate in future 'facility yarns'.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>1.4 Ensure all staff and patients know how to report experiences of racial discrimination and institutional racism.</p>	<ul style="list-style-type: none"> ✓ Lessons learnt from any reported incidents will be widely circulated across South West HHS to ensure these do not reoccur. ✓ Findings will also inform any key trends and/or other areas of review, for instance through the intended annual independent audit. 	<p>KPA 1.4.1: Implementation of new South West HHS complaints management process effective June 2024.</p> <p>KPA 1.4.2: Quarterly reporting on complaints received and any subsequent actions undertaken.</p> <p>KPA 1.4.3: Following introduction – at least 85% of staff have maintained participation in Unconscious Bias and Racial Equity training module by the end of year 1 (30 June), with a further annual increase year-on-year.</p> <p>KPA 1.4.4: Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (PREMs survey).</p>	<p>HSCE, supported by local Directors of Nursing/Facility Managers and Practice Managers, the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, Executive Director Governance, Strategy and Performance and First Nations Peak Advisory Committee.</p>	<ul style="list-style-type: none"> • South West HHS complaints management process updated. • South West HHS complaints/PREMs or equivalent data. • South West HHS Learning On Line mandatory training data. • Introduction of Unconscious Bias and Racial Equity training. • Progression of Courageous Conversations training.
<p>1.5 Embed cultural safety and cultural capability programs that are co-designed with First Nations people.</p>	<ul style="list-style-type: none"> ✓ South West communities will benefit from local staff trained in cultural safety and guidance around appropriate language, practice and communication – specific to the communities they serve – that fully supports the provision of quality services to First Nations clients and patients. ✓ Greater engagement and interaction between facilities and local communities. 	<p>KPA 1.5.1: Supported by First Nations Health Equity Committee, ATSLAC and other partners, review and update South West HHS Cultural Capability Program by December 2024.</p> <p>KPA1.5.2: Local facility engagement meetings to be hosted at least annually from January 2024.</p> <p>KPA 1.5.3: Personal introductions between key local staff and communities held and reported quarterly as required.</p> <p>KPA 1.5.4: At least 85% of staff have maintained participation in South West HHS Cultural Capability training. Effective June 2024, this is to include 100% of all Board and senior staff positions (defined as A08 or equivalent and above, and where access to face-to-face components allow).</p>	<p>Executive Director Aboriginal and Torres Strait Islander Health and Engagement, supported by ATSLAC, local Directors of Nursing/Facility Managers and Practice Managers, First Nations Health Equity Committee and South West Learning and Development Team.</p>	<ul style="list-style-type: none"> • Review and launch of updated Cultural Practice Program. • Local facility reporting of community engagement meetings. • South West HHS Learning On Line mandatory training data.

KEY PRIORITY AREA 2: Increase access to better health services

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>2.1 Develop and implement integrated models of care in consultation with First Nations people, and broker partnerships that provide opportunities to access care closer to home.</p>	<p>South West HHS will:</p> <ol style="list-style-type: none"> 1. identify and facilitate opportunities for more specialists to visit communities, minimising the need to travel away for healthcare 2. ensure evaluations of existing and future initiatives are efficient and effective, enabling the sharing of best practice 3. strengthen and regularly review service level agreements and memoranda of understanding, ensuring South West HHS remains fully accountable 4. revise and develop Models of Care and Service Delivery to establish clear pathways for First Nations people presenting to South West HHS facilities. <p>This work will be supported by the First Nations Stakeholder Advisory Committee, the lived experiences of patients, LANA data, and the South West HHS Primary Care Alliance.</p>	<p>During the consultation process for <i>Our Way – Together</i>, we received a clear message about the need to work in greater partnership with ACCHOs, GP services and allied health services, to deliver better coordinated care.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete this endeavour – year-on-year improvements should be expected. • Building on wider improvements generated by this Health Equity Implementation Plan, through our Board governance structure and informed by the needs of the people we serve, South West HHS will continue to seek sustainable models of care that support access in a clinical and culturally safe manner that meets the needs of local communities.
<p>2.2 Audit and review the existing patient travel and accommodation model, and find ways to improve the service through better coordination between Nukal Murra Alliance and South West HHS.</p>	<p>Supported by the First Nations Stakeholder Advisory Committee, ILOs and patients' experiences, South West HHS will:</p> <ol style="list-style-type: none"> 1. review existing internal patient travel subsidy scheme (PTSS) arrangements, which will also be informed by a statewide review of PTSS 2. discuss opportunities for improvement with Nukal Murra Alliance partners, and people who regularly travel for services 3. provide bi-annual progress reports on PTSS travel data, key challenges and improvements achieved within the reporting period 4. where possible, minimise the need to travel away for healthcare by having more specialists visiting communities 5. prepare a feedback form to capture patient experiences, with results to be shared with the host facility and to inform bi-annual PTSS reporting. 	<p>During the consultation for <i>Our Way – Together</i>, we received a clear message that we need to build on existing partnerships and evaluate the way we provide travel and accommodation to better support people and provide more joined up services between GPs, ACCHO partners and our facilities.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – year-on-year improvements should be expected. • Informed by Nukal Murra Alliance input, patient feedback and internal/statewide reviews of travel subsidy arrangements, annual reporting will identify key areas of action to be progressed.
<p>2.3 Pre-plan for transport and accommodation, and record each in-patient's care plan prior to them leaving community for hospital appointments in urban areas.</p>	<p>Where patients need to travel for scheduled treatment (either to another South West HHS facility or elsewhere), South West HHS will:</p> <ol style="list-style-type: none"> 1. develop a personalised plan prior to each trip that reflects the patient's needs and is shared in advance with the host care provider 2. ensure any required travel and accommodation requirements are booked in a timely manner, and that the patient is informed of all travel arrangements before they depart, and understands the requirements to support travel subsidy claims whilst away 3. identify a named ILO at the destination location, ensuring continuity and a point of contact whilst away from home 4. ensure patients check-in with their lead care provider on return to discuss their treatment/experience and next steps in their care journey. <p>This will also provide opportunities to answer any questions or concerns, and to also assist with any travel subsidy claims, if needed.</p>	<p>During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to build on existing partnerships to ensure South West patients are better supported when receiving care away from home.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – year-on-year improvements should be expected.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>2.1 Develop and implement integrated models of care in consultation with First Nations people, and broker partnerships that provide opportunities to access care closer to home.</p>	<ul style="list-style-type: none"> ✓ Better partnerships with community-controlled services, and stronger collaboration across support programs (including housing, child safety, legal), that respect and accommodate each other's strengths and weaknesses, and work towards co-designing goals that are place-based and meet community needs. ✓ The outcome of these achievements will be reflected in our quarterly and annual progress reports and supporting outcomes data. 	<p>KPA 2.1: Schedule of memoranda of understanding with partners established by June 2024 to ensure currency and review prior to expiry.</p> <p>KPA 2.2: Annual key achievements against memoranda of understanding reported via the First Nations Health Equity Committee to the Board effective June each year.</p>	<p>HSCE, supported by the Executive Director Primary and Community Care and Contracts and Procurement Manager.</p>	<ul style="list-style-type: none"> • Total number of applicable contracts in place effective as at June each year. • Of applicable contracts, number of expired contracts as at June each year.
<p>2.2 Audit and review the existing patient travel and accommodation model, and find ways to improve the service through better coordination between Nukal Murra Alliance and South West HHS.</p>	<ul style="list-style-type: none"> ✓ Better travel/accommodation arrangements and support that meet the needs and cultural requirements of First Nations people, including timely subsidy payments upon submission of required paperwork. 	<p>KPA 2.2.1: First Nations Health Equity Committee to be advised of proposed changes to internal PTSS arrangements, timeframes and intended benefits by June 2024.</p> <p>KPA 2.2.2: Bi-annual PTSS reporting to commence effective June 2025 to demonstrate uplifts in PTSS services.</p> <p>KPA 2.2.3: 100% of PTSS Form C documentation received to be processed within 30 days following receipt of all necessary paperwork.</p>	<p>Executive Director Primary and Community Care, supported by the Nukal Murra Alliance, Executive Director Nursing & Midwifery Services, Corporate Support Unit, Project Lead Office of the Executive Director of Nursing and Midwifery Services and facility Nurse Navigators/ service administration teams.</p>	<ul style="list-style-type: none"> • South West Hospital and Health Board, supported by HSCE, the Executive Director Aboriginal and Torres Strait Islander Health and Engagement and Executive Director, Governance, Strategy and Performance.
<p>2.3 Pre-plan for transport and accommodation, and record each in-patient's care plan prior to them leaving community for hospital appointments in urban areas.</p>	<ul style="list-style-type: none"> ✓ Better support the needs and cultural requirements for First Nations residents, especially when they are away from home. 	<p>KPA 2.3.1: Demonstrated improvement in patients undertaking travel reporting positive experiences/outcomes.</p>	<p>Executive Director Primary and Community Care, supported by the Nukal Murra Alliance, Executive Director Nursing & Midwifery Services, Corporate Support Unit and facility Nurse Navigators/service administration teams.</p>	<ul style="list-style-type: none"> • Executive Director Aboriginal and Torres Strait Islander Health and Engagement, supported by the Quality and Safety Manager, ATSilac and the First Nations Stakeholder Advisory Committee.

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>2.4 Enhance South West HHS facilities to demonstrate culturally safe and welcoming environments for First Nation families and community members.</p>	<p>Supported by the First Nations Stakeholder Advisory Committee, South West HHS will:</p> <ol style="list-style-type: none"> 1. undertake an annual Cultural Capability Audit, to be reported publicly via the First Nations Health Equity Committee and Board, that includes actions required to address audit findings 2. invite local Elders and representatives of First Nations communities, external service providers and CANs to meet with local staff to share insights on services provided to First Nations people 3. connect more with community groups to integrate and celebrate the diversity and achievements of our workforce and communities 4. develop booklets for communities that list available services at each local facility, providing key contacts and other supporting information, including what to expect as a patient or visitor. <p>The aim is for South West HHS to achieve a more informed, equitable and culturally capable health service.</p>	<p>➔ In addition to ensuring our staff are appropriately trained and supported in a culturally appropriate manner, a clear message was expressed in consultation for <i>Our Way – Together</i> of the need for culturally safe environments for people to feel welcome and comfortable when they enter South West HHS facilities.</p>	<ul style="list-style-type: none"> • A baseline Cultural Audit has been undertaken, to inform further areas of focus. Subsequent audits and forward action plan will then be completed by 30 June each year. • 'Facility yarns' with local Elders and wider stakeholders will commence effective January 2024 and occur at least annually. High level summary of meetings will be reported quarterly. • Building on information currently available on the South West HHS website, local 'facility booklets' will be progressively developed and made available as printed copies and also published online. These will be updated annually.
<p>2.5 Strengthen the system that automatically identifies a First Nations in-patient at first point of entry so culturally appropriate care is enacted.</p>	<p>South West HHS will put in place appropriate and easy to understand messaging for staff and consumers, by:</p> <ol style="list-style-type: none"> 1. developing a supporting procedure and public/staff communications to ensure everybody is comfortable in respectfully seeking confirmation of a person's First Nations status in any applicable context 2. ensure that a person's First Nations status prompts timely and appropriate supports, such as access to an ILO, culturally appropriate information and other supporting arrangements 3. improve the current system to ensure all staff involved in the patient's healthcare, from their point of entry (clinicians, ILOs etc.) have access to the same information. 	<p>➔ As part of our commitment to ensuring more culturally safe and welcoming environments for First Nations people, we want to ensure everyone is comfortable in asking, and disclosing, First Nations status.</p> <p>➔ Accurate data, to inform further service improvements, relies on having the best possible understanding of the people we care for.</p>	<ul style="list-style-type: none"> • By December 2023, we will prepare a procedure to identify patients' First Nations status. This procedure will be informed by staff input and include supporting posters and other information regarding the benefits of asking, and advising status.
<p>2.6 Use Local Area Needs Assessment (LANA) data to inform health priorities for First Nations people.</p>	<p>Informed by the South West HHS Local Area Needs Assessment (LANA), and any further updates in line with Queensland Health requirements, South West HHS will:</p> <ol style="list-style-type: none"> 1. ensure identified health priorities within the LANA also reflect the specific needs of First Nations people and communities 2. use the LANA to advocate for future service, workforce and funding requirements that address historic health inequalities and outcomes. 	<p>➔ A health needs assessment (LANA) is informed by data analysis, service profiling and supporting consultation to inform specific health needs of a local population.</p> <p>➔ The further progression of LANA, supported by improved data collections, will demonstrate improvements in outcomes and inform future priorities, workforce and other resource requirements.</p>	<ul style="list-style-type: none"> • The first South West HHS LANA was completed in December 2022 to identify initial areas for action and to serve as a baseline for future years. • Further LANA updates will be completed in line with Department of Health requirements.
<p>2.7 Strengthen the focus on promotion, prevention and public health services for First Nations people.</p>	<p>In consultation with ACCHOs, Western Queensland PHN, Health and Wellbeing Queensland, local government, our HOPE and Healthy Communities teams, with other key partners, South West HHS will:</p> <ol style="list-style-type: none"> 1. regularly engage with communities to seek guidance on issues that matter to them, and to learn how we can work collectively to address these issues and improve awareness of available services 2. build on our LANA to improve our internal data, and encourage the sharing of data, to identify service outcomes and priority areas. 	<p>➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the willingness for First Nations people to be more aware of what they can do for their health – to prevent health issues arising and to adopt better preventative health measures that are planned and provided in a culturally appropriate way.</p> <p>➔ In addition to local community health promotion activities, there are a range of primary care-led health assessment opportunities that enable people to seek help and advice wherever they access their GP services. With access to this information, hospital and other community services will be able to provide better services that meet personal needs.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete this endeavour – however year-on-year improvements should be expected. • Building on wider improvements generated by this Health Equity Implementation Plan, through our Board governance structure and informed by the needs of the people we serve, South West HHS will continue to seek sustainable models of care that support access in a clinical and culturally safe manner that meets the needs of local communities.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>2.4 Enhance South West HHS facilities to demonstrate culturally safe and welcoming environments for First Nation families and community members.</p>	<p>✓ More culturally safe and welcoming environments for First Nations people, families and community members.</p>	<p>KPA 2.4.1: Annual (financial year) Cultural Capability Audit completed effective June 2024 and repeated annually thereafter. KPA 2.4.2: Local 'facility yarns' to be hosted at least annually from January 2024. KPA 2.4.3: Facility service booklets completed and made publicly available across all South West HHS sites by June 2024.</p>	<p>HSCE, supported by local Directors of Nursing/Facility Managers and Practice Managers, the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, First Nations Stakeholder Advisory Committee and South West HHS Communications and Engagement Officer.</p>	<ul style="list-style-type: none"> • South West HHS complaints management process updated. • South West HHS complaints/PREMS or equivalent data. • South West HHS Learning On Line mandatory training data. • Introduction of Unconscious Bias and Racial Equity training. • Progression of Courageous Conversations training.
<p>2.5 Strengthen the system that automatically identifies a First Nations in-patient at first point of entry so culturally appropriate care is enacted.</p>	<p>✓ South West communities will benefit from local staff trained in cultural safety and guidance around appropriate language, practice and communication that fully supports the provision of quality services to First Nations clients and patients. ✓ Greater engagement and interaction between facilities and local communities.</p>	<p>KPA 2.5.1: New Indigenous Status Procedure and supporting communications to be prepared by December 2023, and routinely maintained in accordance with review schedule, consumer feedback and wider best practice. KPA 2.5.2: All incoming staff encouraged to complete myHR diversity data – including Indigenous status – upon commencement. KPA 2.5.3: Year on year improvements in South West HHS diversity and inclusion data.</p>	<p>Executive Director Nursing and Midwifery Services, supported by the Quality and Safety Manager, facility administration/reception staff and clinical coders, ATSLAC and the Executive Director People and Culture.</p>	<ul style="list-style-type: none"> • Publication of Indigenous Status Procedure and supporting communications. • Evidenced increase in people identifying as Aboriginal and/or Torres Strait Islander people presenting to facilities/accessing services. • South West HHS diversity and inclusion data.
<p>2.6 Use Local Area Needs Assessment (LANA) data to inform health priorities for First Nations people.</p>	<p>✓ Actions within this Health Equity Implementation Plan will support progression of our LANA objectives, which in turn will be reflected by positive improvements in data.</p>	<p>KPA 2.6.1: Demonstrated alignment between First Nations Health Equity Strategy service improvements and South West HHS LANA.</p>	<p>Executive Director, Governance, Strategy and Performance.</p>	<ul style="list-style-type: none"> • Maintenance of LANA documentation, in accordance with statewide requirements, including analysis of baseline data and any required steps to address data which does not indicate improvement.
<p>2.7 Strengthen the focus on promotion, prevention and public health services for First Nations people.</p>	<p>✓ As evidenced through actions within this Health Equity Implementation Plan, South West HHS will work in partnership with Aboriginal Community Controlled Health Organisations, GP services and wider partners, including Health and Wellbeing Queensland, to ensure better coordinated care for First Nations people and communities.</p>	<p>KPA 2.7.1: Demonstrated evidence of local health promotion activities. KPA 2.7.2: Year on year increase in MBS 715 Aboriginal and Torres Strait Islander health assessments, and other supportive primary care measures, across all providers. KPA 2.7.3: Year on year decrease in First Nations potentially preventable hospitalisations and low birth weight.</p>	<p>HSCE, supported by the Executive Director Primary and Community Care, Executive Director Allied Health and the South West Primary Care Alliance.</p>	<ul style="list-style-type: none"> • Record of South West HHS community engagement/health promotion activities. • South West HHS Service Agreement KPIs, including potentially preventable hospitalisations and low birth weight. • Uptake of MBS 715 and other primary care data.

KEY PRIORITY AREA 3: Influence the social, cultural and economic determinants of health

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>3.1 Identify clinical areas that require a coordinated approach to support culturally safe and sustainable services for First Nations people.</p>	<p>Informed by LANA data and findings, and through the establishment of the First Nations Stakeholder Advisory Committee, South West HHS will:</p> <ol style="list-style-type: none"> 1. seek to build on partnerships and collaboration with our partners, based on mutually agreed priorities 2. where wider partnerships are established, ensure realistic objectives and responsibilities are set, including evaluation and benefit realisation that demonstrate key achievements 3. further advocate for future service, workforce and funding requirements that address historic health inequalities and outcomes. 	<ul style="list-style-type: none"> ➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to build better partnerships with community-controlled services, and stronger collaboration across health and also wider support programs (such as housing, child safety, legal). ➔ Further promotion of continuity of care between providers, including information sharing to support clinical decision making – and to provide consistent care and advice to patients we all serve – is vital to ensure people who receive services across different organisations have a seamless experience that focuses on their needs and requirements. ➔ As key partners across a diverse and geographically vast area, we all need to advocate together on behalf of local communities in support of improved outcomes. 	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – however year-on-year improvements should be expected. • The closer we work with communities and with our partners, the better our collective bonds will be to identify, support and adapt the delivery of fit-for-purpose care services.
<p>3.2 Review how information is shared between primary healthcare providers and South West HHS and, where needed, improve the transfer of information prioritising patients' health and wellbeing.</p>	<p>Informed by applicable legislation regarding the sharing of data between organisations, South West HHS will:</p> <ol style="list-style-type: none"> 1. review existing data sharing arrangements, including existing barriers which prevent sharing of data regarding a patient's journey between providers (where patient consent is given to this arrangement) 2. scope, develop and progress partnership arrangements that enable secure and effective data collection in support of the patient journey. This initial agreement will be in place by June 2025 and will also include development of a simple to understand consent agreement. 	<ul style="list-style-type: none"> ➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to build better partnerships with community-controlled services, and stronger collaboration across health and also wider support programs (such as housing, child safety, legal). ➔ Further promotion of continuity of care between providers, including information sharing to support clinical decision making – and to provide consistent care and advice to patients we all serve – is vital to ensure people who receive services across different organisations have a seamless experience that focuses on their needs and requirements. ➔ As key partners across a diverse and geographically vast area, we all need to advocate together on behalf of local communities in support of improved outcomes. 	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – however year-on-year improvements should be expected. • The closer we work with communities and with our partners, the better our collective bonds will be to identify, support and adapt the delivery of fit-for-purpose care services.
<p>3.3 Nurture partnerships with services closer to home that can effectively solve issues around the social determinants of health.</p>	<p>Through existing programs and future opportunities, South West HHS will work with our partners to:</p> <ol style="list-style-type: none"> 1. maximise opportunities to progress existing, and develop new, models of care that support people to remain cared for and independent closer to home in a clinically and culturally safe and sustainable way 2. ensure evaluation is undertaken that includes analysis of clearly defined key performance outcomes. Identified service improvements/lessons learnt will also be shared to support progression of ongoing projects and/or future business development. 	<ul style="list-style-type: none"> ➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to build better partnerships with community-controlled services, and stronger collaboration across health and also wider support programs (such as housing, child safety, legal services). ➔ Further promotion of continuity of care between providers, including information sharing to support clinical decision making – and to provide consistent care and advice to patients we all serve – is vital to ensure people who receive services across different organisations have a seamless experience that focuses on their needs and requirements. ➔ As key partners across a diverse and geographically vast area, we all need to advocate together on behalf of local communities in support of improved outcomes. 	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – however year-on-year improvements should be expected. • The closer we work with communities and with our partners, the better our collective bonds will be to identify, support and adapt the delivery of fit-for-purpose care services.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>3.1 Identify clinical areas that require a coordinated approach to support culturally safe and sustainable services for First Nations people.</p>	<ul style="list-style-type: none"> ✓ Key areas to be targeted through collaborative approaches that will improve wider social, cultural and economic determinants, which will also influence health outcomes. 	<p>KPA 3.1.1: Evidenced engagement with First Nations Stakeholder Advisory Committee when preparing scheduled LANA updates to inform a wider perspective of social determinants of health and partnership opportunities.</p>	<p>HSCE, supported by the First Nations Stakeholder Advisory Committee, Executive Director Primary and Community Care, the Chief Information Officer and the South West Primary Care Alliance.</p>	<ul style="list-style-type: none"> • Progressive update of South West HHS LANA
<p>3.2 Review how information is shared between primary healthcare providers and South West HHS and, where needed, improve the transfer of information prioritising patients' health and wellbeing.</p>	<ul style="list-style-type: none"> ✓ Better data and knowledge sharing will support more seamless care for the people we care for, as well as stronger collaboration between partners. ✓ Better planning and joint working between partners – which build on each other's strengths – will also result in co-designed goals that are place-based and meet community needs. 	<p>KPA 3.2.1: Development of an information sharing agreement between South West HHS and identified partners to facilitate the easier provision of information, by June 2025.</p> <p>A further timeline to then be developed in accordance with data provision and other requirements.</p>	<p>HSCE, supported by the First Nations Stakeholder Advisory Committee, Executive Director Primary and Community Care, the Chief Information Officer and the South West Primary Care Alliance.</p>	<ul style="list-style-type: none"> • Development of information sharing agreement and timeline for implementation.
<p>3.3 Nurture partnerships with services closer to home that can effectively solve issues around the social determinants of health.</p>	<ul style="list-style-type: none"> ✓ Better data and knowledge sharing will support more seamless healthcare as well as stronger collaboration between partners. ✓ Better planning and joint working between partners – which builds on each other's strengths – will also result in co-designed goals that are place-based and meet community needs. 	<p>KPA 3.3.1: Year on year progression of models of care which address wider social determinates of health, and demonstrated improvements in First Nations health outcomes.</p>	<p>HSCE, supported by the First Nations Stakeholder Advisory Committee, Executive Director Primary and Community Care, the Chief Information Officer and the South West Primary Care Alliance.</p>	<ul style="list-style-type: none"> • Evidenced models of care, and supporting data.

KPA 3.4-3.5

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>3.4 Collaborate with partners to develop and deliver health promotion and prevention programs that target the needs of First Nations people.</p>	<p>Through working closely with Aboriginal Community Controlled Health Organisations, Western Queensland PHN, local government, Health and Wellbeing Queensland and our HOPE and Healthy Communities Teams, other key partners and through enhanced communication South West HHS will:</p> <ol style="list-style-type: none"> 1. support communities to take part in tailored health programs that encourage people to eat well, be more active and make healthier lifestyle choices 2. identify and support collaboration and partnerships between primary health providers, including GPs and Aboriginal health services to develop improved preventative health measures which are planned and provided in a culturally appropriate way 3. encourage eligible First Nations people and communities to access available GP Management Plan and other publicly available community based treatment and supports, either within South West HHS GP services or from other providers 4. create Communities of Practice to share experience and knowledge between partners. 	<p>→ As shown by our collective response to COVID-19, working together with a shared ambition can further improve the availability and uptake of services.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – however year-on-year improvements should be expected. • The closer we work with communities and with our partners, the better our collective bonds will be to identify, support and adapt the delivery of fit-for-purpose care services.
<p>3.5 Ensure proposed solutions embed social and emotional wellbeing models of care that are co-designed with relevant stakeholders.</p>	<p>Supported by the First Nations Stakeholder Advisory Committee, through lived experiences of our patients, LANA and other key strategic drivers such as the work of the South West HHS Primary Care Alliance, South West HHS will:</p> <ol style="list-style-type: none"> 1. seek further opportunities to develop and introduce holistic models of care that support people throughout their health journey 2. evaluate and analyse benefits. Share service improvements/lessons learned to support ongoing projects and/or future business development. 	<p>→ Creating a healthcare system that meets the cultural, social and health needs of First Nations people can only be achieved through a shared vision and strategic action.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – however year-on-year improvements should be expected. • The closer we work with communities and with our partners, the better our collective bonds will be to identify, support and adapt the delivery of fit-for-purpose care services.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>3.4 Collaborate with our partners to develop and deliver health promotion and prevention programs that target the needs of First Nations people.</p>	<ul style="list-style-type: none"> ✓ Better data and knowledge sharing will support more seamless healthcare as well as stronger collaboration between partners. ✓ Better planning and joint working between partners – which builds on each other’s strengths – will also result in co-designed goals that are place-based and meet community needs. 	<p>KPA 3.4.1: Year on year improvements in health outcomes for First Nations people, as demonstrated in Key Performance Indicator data within annual South West HHS Service Agreement.</p>	<p>HSCE, supported by the First Nations Stakeholder Advisory Committee, Executive Director Primary and Community Care, the Chief Information Officer and the South West Primary Care Alliance.</p>	<ul style="list-style-type: none"> • Progression of South West HHS Service Agreement performance measures.
<p>3.5 Ensure proposed solutions embed social and emotional wellbeing models of care that are co-designed with relevant stakeholders.</p>	<ul style="list-style-type: none"> ✓ Holistic services, that fully consider the wider social and health contexts of First Nations people, and the cultural needs of communities we serve. 	<p>KPA 3.5.1: Evidence of year-on-year progression of existing programs (i.e. Cardiac Services, HOPE, Healthy Outback Kids etc) and introduction of additional targeted services which also address wider social determinants of health.</p>	<p>HSCE, supported by the First Nations Stakeholder Advisory Committee, Executive Director Primary and Community Care, the Chief Information Officer and the South West Primary Care Alliance.</p>	<ul style="list-style-type: none"> • Evidenced models of care, and supporting data.

Our Health Equity Implementation Plan outlines our commitment to identifying and responding to the health needs of Aboriginal and Torres Strait Islander people.



KEY PRIORITY AREA 4: Deliver sustainable, culturally safe and responsive healthcare services

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>4.1 Establish a First Nations Peak Advisory Committee that will monitor and review the Health Equity Strategy through an operational (day-to-day) service-delivery lens.</p>	<p>Developed in partnership with our stakeholders, South West HHS will:</p> <ol style="list-style-type: none"> 1. establish a First Nations Peak Advisory Committee reporting to the HSCE to support the strategic oversight and delivery of services. The Peak Advisory Committee will meet at least every two months. Membership will include senior clinicians, nurse navigators, Indigenous liaison officers and allied health executives, as well as practice managers and allied health workers from South West's Aboriginal Community Controlled Health Organisations sector. It will be chaired by the Executive Director Aboriginal and Torres Strait Islander Health and Engagement. 	<p>➔ Reporting up to the Board through the First Nations Health Equity Committee, the Peak Advisory Committee will advise and assist the HSCE at a service delivery and service planning level. Alongside the other two Health Equity committees, First Nations health will be further embedded in existing governance structures and clinical committees across South West HHS services.</p> <p>The work of this Committee will be informed by the work of two further committees to be established, and will also be supplemented by the South West HHS ATSilac – our staff advisory body that supports provision of culturally appropriate health care.</p>	<ul style="list-style-type: none"> • Invitations and/or expressions of interest to be issued by October 2023 to enable the Committee to be established by December 2023. • Following establishment, a summary of discussions will be made publicly available following each meeting.
<p>4.2 Review South West HHS's existing cultural capability program to ensure it aligns with the Health Equity Strategy.</p>	<p>In partnership with the First Nations Health Equity Committee and ATSilac:</p> <ol style="list-style-type: none"> 1. the existing South West HHS Cultural Capability Program will be reviewed to ensure best fit with the need to develop a 'core' framework consistent with <i>Our Way – Together</i>, First Nations Health Equity legislation and other information applicable to the Traditional Owners of the local communities served by South West HHS staff 2. we will also ensure that the South West HHS Workplace Orientation and Induction modules build on linkages to <i>Our Way – Together</i>, the importance of maintaining cultural capability training and encouraging continued personal and professional development and cultural awareness. 	<p>➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to review the existing Cultural Capability Training Program to ensure it is current and better aligned with South West communities.</p>	<ul style="list-style-type: none"> • The review and update of the current Cultural Capability Program will be completed by no later than December 2024. This work will be informed with input from the First Nations Health Equity Committee, ATSilac and wider partners. The review and update will also inform a baseline for uptake in the future.
<p>4.3 Review funding allocations for existing and proposed programs, processes and tools for First Nations people to ensure these reflect genuine value.</p>	<p>In partnership with the First Nations Health Equity Committee and South West Queensland Primary Care Alliance members, South West HHS will:</p> <ol style="list-style-type: none"> 1. share progress reports against key health promotion programs and activities 2. ensure evaluation is undertaken that includes analysis of key performance outcomes and benefit realisation across key initiatives that seek improvements in First Nations health and outcomes 3. share identified service improvements to support progression of ongoing projects and/or future business development. 	<p>➔ Building on LANA and through our local partnerships, opportunities to evidence and pursue funding and other incentivised programs will allow us to further address identified local needs.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete this endeavour – progress reports will be shared on a regular basis across the timescale of this Implementation Plan in order to drive continuous improvement.
<p>4.4 Provide First Nations consumers with information about their rights and feedback mechanisms that enable them to report their experiences of healthcare in South West HHS.</p>	<p>In partnership with the First Nations Stakeholder Advisory Committee, building on a new South West HHS Elimination of Racial Discrimination and Institutional Racism Policy and through a strengthened complaints process, South West HHS will:</p> <ol style="list-style-type: none"> 1. support wider promotion and awareness of South West HHS First Nations Health Equity strategies and goals including consumer feedback 2. promote and widely publish communications (for example, through posters in our facilities) to encourage feedback from our patients, their families and from our staff where incidents of racism or discrimination are encountered or observed 3. continue to raise awareness of the Australian Charter of Healthcare Rights to make sure that, wherever and whenever care is provided, it is of high quality and is safe. 	<p>➔ Genuine partnership between patients, consumers and providers ensures everyone understands their rights, what to do if these are not being respected, and supports a safe and high-quality health system.</p> <p>➔ These improvements will ensure more culturally safe and welcoming environments for First Nation people, families and community members.</p>	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete this endeavour – year-on-year improvements should be expected through the progression of this Implementation Plan. • At least annually, local Elders and representatives of First Nations communities, external service providers and CANs will be invited to meet with local staff to share insights on services provided to First Nations people.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
4.1 Establish a First Nations Peak Advisory Committee that will monitor and review the Health Equity Strategy through an operational (day-to-day) service-delivery lens.	<ul style="list-style-type: none"> ✓ The First Nations Peak Advisory Committee, and continued work of ATSilAC, will foster innovation and collaboration, and encourage a free-flow of information between the health service and all health equity stakeholders. ✓ Progress against this Implementation Plan will be reported every three months. ✓ South West HHS will also review the Health Equity Strategy and Implementation Plan annually to update and adapt as targets are met and activities are embedded as core components of business. 	KPA 4.1.1: Establish First Nations Peak Advisory Committee by December 2023.	Executive Director Aboriginal and Torres Strait Islander Health and Engagement supported by the Board Governance Officer.	<ul style="list-style-type: none"> • Following establishment of respective Committees, evidence of quarterly communiques of meetings, and items discussed, published on the South West HHS public website.
4.2 Review South West HHS's existing cultural capability program to ensure it aligns with the Health Equity Strategy.	<ul style="list-style-type: none"> ✓ With closer alignment to the intent and deliverables of <i>Our Way – Together</i> and this supporting Implementation Plan, South West communities will benefit from local staff trained in cultural safety and guidance around appropriate language, practice and communication – specific to the communities they serve – that fully supports the provision of quality service to First Nations clients and patients. 	KPA 4.2.1: Supported by First Nations Health Equity Committee, ATSilAC and other partners, review and update South West HHS Cultural Capability Program by no later than December 2024. KPA 4.2.2: At least 85% of staff have maintained participation in South West HHS Cultural Capability training. Effective June 2024, this is to include 100% of all Board and senior staff positions (defined as A08 or equivalent and above, and where access to face-to-face components allow).	Executive Director Aboriginal and Torres Strait Islander Health and Engagement, supported by ATSilAC, First Nations Health Equity Committee, and South West Learning and Development Team.	<ul style="list-style-type: none"> • Review and launch of updated Cultural Practice Program. • Update of Health Equity considerations within local onboarding and orientation. • South West HHS Learning On Line mandatory training data.
4.3 Review funding allocations for existing and proposed programs, processes and tools for First Nation people to ensure these reflect genuine value.	<ul style="list-style-type: none"> ✓ Funding allocations for existing and proposed programs will be closely monitored to ensure best value and intended outcome – to drive continuous improvement and share best practice. 	KPA 4.3.1: Bi-annual finance reporting to be presented to First Nations Health Equity Committee, commencing financial year 2024/2025.	HSCE, supported by the Executive Director Finance, Infrastructure and Corporate Services and informed by applicable program funding allocations.	<ul style="list-style-type: none"> • South West HHS program reporting. • Annual progress reporting of the South West Queensland Primary Care Alliance.
4.4 Provide First Nations consumers with information about their rights and feedback mechanisms that enable them to report their experiences of healthcare in South West HHS.	<ul style="list-style-type: none"> ✓ South West HHS communications and wider supporting information will continue to raise awareness of individual rights and feedback mechanisms to enable everyone to provide feedback on their healthcare experiences, and support continued service improvements. 	KPA 4.4.1: Local 'facility yarns' to be hosted at least annually from January 2024. KPA 4.4.2: Proportion of Aboriginal and Torres Strait Islander people undertaking PREMS (or equivalent) survey indicating awareness of rights and feedback mechanisms that enable them to report their experiences of healthcare in South West HHS.	HSCE, supported by local Directors of Nursing/Facility Managers and Practice Managers, the Executive Director Governance, Strategy and Performance and Executive Director Aboriginal and Torres Strait Islander Health and Engagement.	<ul style="list-style-type: none"> • Evidenced increase in supporting communications that raise awareness of rights and feedback mechanisms.

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>4.5 Identify and quarantine dedicated Aboriginal and Torres Strait Islander resources and funding to prevent reallocation to other areas.</p>	<p>South West HHS will continue to:</p> <ol style="list-style-type: none"> ensure resources allocated for specific purposes are managed according to any required conditions of funding. This may include: <ul style="list-style-type: none"> achieving key performance indicators/targets financial reporting advising of any steps to be initiated where performance is below expectations work closely with our partners to reduce duplication of effort, so optimal care is delivered in the most appropriate setting by the most appropriate provider where incentive payments are generated due to specific First Nations service provision, South West HHS will ensure these funds are appropriately reinvested to support and benefit further service provision for First Nations people and communities. 	<p>➔ Within a limited resource environment, it is vital that every dollar allocated for First Nations health and wellbeing improvements is efficiently and effectively accounted for.</p> <p>Where South West HHS receives dedicated funding from the Department of Health, or other sources, this often includes specific requirements to account for expenditure, share key achievements and/or participate in quarterly performance meetings. For transparency, summaries prepared in support of these touchpoints will be shared with the First Nations Health Equity Committee to demonstrate progression.</p> <p>Through the South West Queensland Primary Care Alliance, South West HHS and its partners are committed to supporting the best use of finite resources, including pooled funding, to achieve agreed health outcomes for our communities.</p>	<ul style="list-style-type: none"> To demonstrate commitment towards true and genuine health equity, South West HHS will continue to work in an open and transparent manner, including delivering programs and initiatives within available resources in a cost effective manner that maximises benefits for First Nations people and communities.
<p>4.6 Increase the number and frequency of staff completing cultural capability training.</p>	<p>Building on measures to revise and uplift existing Cultural Capability training, and recognising the need to participate in a face-to-face capacity in order to gain maximum benefit, South West HHS will ensure:</p> <ol style="list-style-type: none"> at least 85% of staff maintain participation in South West HHS Cultural Capability training. Effective June 2024, this is to include 100% of all Board and senior staff positions (defined as A08 or equivalent and above, and where access to face-to-face components allow) it will become a condition of employment, or for existing staff when transferring to a new role within the organisation whose mandatory training status has lapsed, to ensure that Cultural Capability training is completed within three months of commencement (where face-to-face scheduling allows). 	<p>➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to review the existing Cultural Capability Training Program to ensure it is current and better aligned with South West communities.</p> <p>➔ In addition to ensuring our existing staff fulfill their personal mandatory training obligations, we need to ensure our incoming staff – and those on short-term placement – are also supported and made aware of key local cultural awareness considerations.</p>	<ul style="list-style-type: none"> Local 'facility yarns' with local Elders and wider stakeholders will commence effective January 2024 and occur at least annually. Personal introductions between senior staff and representatives of their local community will be scheduled upon appointment, ideally within two months of commencement. Introductions between incoming Executive Directors and First Nations Health Equity Committee partners will be scheduled for the first available Committee meeting following appointment. Executive Directors are also encouraged to meet with local First Nations representatives upon appointment and then participate in future facility yarns.
<p>4.7 Ensure cultural capability programs are easy to access for all staff.</p>	<p>Building on measures to revise and uplift existing Cultural Capability training:</p> <ol style="list-style-type: none"> South West HHS will consider the best way to provide the required training given our region covers over 319,000 square kilometres. This may potentially involve a blend of online review and face-to-face participation we will also identify opportunities to further encourage local engagement activities between South West HHS facilities, representatives of local communities, First Nations service providers and CANs in order to strengthen local ties we will progressively develop community handbooks that provide an overview of South West HHS First Nations Health Equity expectations, supplemented with an introduction to local Traditional Owners. This will support agency and locum staff on arrival (who are also encouraged to attend face-to-face training and participate in any scheduled 'facility yarns' where this coincides with their placements). 	<p>➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to review the existing Cultural Capability Training Program to ensure it is current and better aligned with South West communities.</p> <p>➔ In addition to ensuring our existing staff fulfill their personal mandatory training obligations, we need to ensure our incoming staff – and those on short term placement – are also supported and made aware of key local cultural awareness considerations.</p>	<ul style="list-style-type: none"> On a progressive basis community handbooks will be developed for incoming staff. Publications will be developed and kept under review in partnership with local Traditional Owners with all facilities completed by no later than June 2024.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>4.5 Identify and quarantine dedicated Aboriginal and Torres Strait Islander resources and funding to prevent reallocation to other areas.</p>	<ul style="list-style-type: none"> ✓ To demonstrate commitment towards true and genuine health equity, South West HHS will continue to work in an open and transparent manner, including delivering programs and initiatives within available resources in a cost effective manner that maximises benefits for First Nations people and communities. 	<p>KPA 4.5.1: Demonstrated allocation and delivery of Aboriginal and Torres Strait Islander resources and funding towards dedicated programs and initiatives.</p>	<p>HSCE, supported by the Executive Director Finance, Infrastructure and Corporate Services and informed by applicable program funding allocations.</p>	<ul style="list-style-type: none"> • South West HHS program reporting.
<p>4.6 Increase the number and frequency of staff completing cultural capability training.</p>	<ul style="list-style-type: none"> ✓ South West communities will benefit from local staff trained in cultural safety and guidance around appropriate language, practice and communication – specific to the communities they serve – that fully supports the provision of quality service to First Nations clients and patients. ✓ Greater use of technology may also support uptake of training, although it remains important that elements of in-person participation and connection are maintained. ✓ At least annually, local Elders and representatives of First Nations communities, external service providers and CANs will be invited to meet with local staff to share insights on services provided to First Nations people. ✓ In addition, upon appointment, key local South West HHS facility staff (e.g. Directors of Nursing, Directors of Medical Services, GPs, Service Directors and Executive CAN sponsors etc) will be provided with the opportunity to meet with local Elders and other representatives. For incoming Executive Director positions, these staff will meet with the First Nations Health Equity Committee members. 	<p>KPA 4.6.1: At least 85% of staff have maintained participation in South West HHS Cultural Capability training. Effective June 2024, this is to include 100% of all Board and senior staff positions (defined as A08 or equivalent and above, and where access to face-to-face components allow).</p> <p>KPA 4.6.2: Number of South West HHS staff who have yet to complete Cultural Capability training within three months of commencement minimised.</p>	<p>Executive Director Aboriginal and Torres Strait Islander Health and Engagement, supported by ATSilac, local Directors of Nursing/ Facility Managers and Practice Managers, Directors of Medical Services, Service Directors, First Nations Health Equity Committee and South West Learning and Development Team.</p>	<ul style="list-style-type: none"> • Updated employment commencement letters. • South West HHS Learning On Line mandatory training data.
<p>4.7 Ensure cultural capability programs are easy to access for all staff.</p>	<ul style="list-style-type: none"> ✓ South West communities will benefit from local staff trained in cultural safety and guidance around appropriate language, practice and communication – specific to the communities they serve – that fully supports the provision of quality service to First Nations clients and patients. ✓ Greater use of technology may also support uptake of training, although it remains important that elements of in-person participation and connection are maintained. ✓ At least annually, local Elders and representatives of First Nations communities, external service providers and CANs will be invited to meet with local staff to share insights on services provided to First Nations people. ✓ In addition, upon appointment, key local South West HHS facility staff (e.g. Directors of Nursing, Directors of Medical Services, GPs and Executive CAN sponsors etc) to meet with local Elders and other representatives. For incoming Executive Director positions, these staff will meet with the First Nations Health Equity Committee members. 	<p>KPA 4.7.1: Local 'facility yarns' meetings to be hosted at least annually from June 2024.</p> <p>KPA 4.7.2: Personal introductions between key local staff and communities held and reported quarterly as required.</p> <p>KPA 4.7.3: Community handbook template endorsed by First Nations Health Equity Committee to enable commencement of local adaptation by March 2024.</p> <p>KPA 4.7.4: Informed by local engagement, Community Handbooks completed by no later than June 2024.</p>	<p>Executive Director Aboriginal and Torres Strait Islander Health and Engagement, supported by ATSilac, local Directors of Nursing/ Facility Managers and Practice Managers, Directors of Medical Services, Service Directors, First Nations Health Equity Committee and South West Learning and Development Team.</p>	<ul style="list-style-type: none"> • First Nations Health Equity Committee endorsed Community Handbook template. • Local facility reporting of community engagement meetings. • South West HHS Learning On Line mandatory training data.

KEY PRIORITY AREA 5: Work with First Nations people to design, deliver, monitor and review health services

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>5.1 Establish a First Nations Stakeholder Advisory Committee within South West HHS that provides feedback from the ground up on the First Nations health agenda from both a workforce, community and organisational perspective.</p>	<p>Developed in partnership with our stakeholders, South West HHS will establish:</p> <ol style="list-style-type: none"> 1. a First Nations Stakeholder Advisory Committee reporting to the HSCE and providing a voice for First Nations community and consumers. <p>Membership of this Committee will comprise First Nations regional stakeholders and other key stakeholders.</p> <p>The work of this Committee will be informed by the work of two further committees to be established, and will also continue to be supplemented by the South West HHS ATSLAC, our staff advisory body that supports provision of culturally appropriate health care.</p>	<p>➔ Reporting up to the Board through the First Nations Health Equity Committee, the Stakeholder Advisory Committee will help coordinate community engagement and consumer feedback strategies. It will also provide insights and advice about how our health service is meeting the needs of its First Nations consumers.</p>	<ul style="list-style-type: none"> • Invitations and/or expressions of interest to be issued by October 2023 to enable the Committee to be established by December 2023. • Upon establishment, summaries of discussions will be made publicly available following each meeting.
<p>5.2 Strengthen existing partnerships with First Nations health providers and service agreements to ensure they meet the needs of our communities.</p>	<p>Through the work of our First Nations governance structure, the South West Queensland Primary Care Alliance and our wider partner networks, South West HHS will:</p> <ol style="list-style-type: none"> 1. continue to proactively seek new, and strengthen existing, arrangements with our valued partners in the continued pursuit of better health outcomes for all 2. establish quarterly catch up meetings between the HSCE and Chief Executives of Aboriginal Community Controlled Health Organisations (ACCHO) 3. through annual and other regular reporting, inform the public about key achievements, challenges and steps being taken to address barriers in an open manner. 	<p>➔ Transparent reporting, and clear lines of accountability and responsibility are crucial to the successful delivery of partnership working with ACCHO partners, GP and allied health services to achieve coordinated care and improved health outcomes.</p>	<ul style="list-style-type: none"> • Following each round of meetings, the HSCE will present a high-level summary of any key themes and/or challenges and achievements discussed to the First Nations Health Equity Committee (once established) and the South West Hospital and Health Board. • Available memoranda of understanding and other key documents will be progressively aligned to a consistent date of expiry, in order to support development of consistent documentation across all parties. • Other annual reporting will be issued in accordance with legislative and other requirements as detailed within this Implementation Plan.
<p>5.3 Review memoranda of understanding between South West HHS and our First Nations health partners to ensure accountability and achievement of outcomes for both organisations.</p>	<p>South West HHS will work with our First Nations health partners to:</p> <ol style="list-style-type: none"> 1. maintain a consistent suite of service agreements, memoranda of understanding and other documents that clearly detail key roles, responsibilities and accountability for the delivery of services that meet the needs of First Nations people and any targeted services we jointly provide. <p>These documents will also inform regular discussions between both parties, and support closer working and accountability.</p> <p>Subject to agreement with our partners, these documents will be made publicly available, with progress to be reported annually through the First Nations Health Equity Committee and the Board. Following endorsement, a summary of progress will be published.</p>	<p>➔ Transparent reporting, and clear lines of accountability and responsibility are crucial to the successful delivery of partnership working with ACCHO partners, GP and allied health services to achieve coordinated care and improved health outcomes.</p>	<ul style="list-style-type: none"> • Following each round of meetings, the HSCE will present a high-level summary of any key themes and/or challenges and achievements discussed to the First Nations Health Equity Committee (once established) and the South West Hospital and Health Board. • Available memoranda of understanding and other key documents will be progressively aligned to a consistent date of expiry, in order to support development of consistent documentation across all parties. • Other annual reporting will be issued in accordance with legislative and other requirements as detailed within this Implementation Plan.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>5.1 Establish a First Nations Stakeholder Advisory Committee within South West HHS that provides feedback from the ground up on the First Nations health agenda from both a workforce, community and organisational perspective.</p>	<ul style="list-style-type: none"> ✓ The First Nations Stakeholder Advisory Committee, and continued work of ATSLAC, will foster innovation and collaboration, and encourage a free-flow of information between the health service and all health equity stakeholders. ✓ Progress against Implementation Plans and KPAs will be reported every three months. ✓ South West HHS will also review the Health Equity Strategy and Implementation Plan annually to update and adapt as targets are met and activities are embedded as core components of business. 	<p>KPA 5.1.1: Establish First Nations Stakeholder Advisory Committee by December 2023.</p>	<p>HSCE, supported by the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, Executive Director Governance, Strategy and Performance, the Board Governance Officer and respective Committee Chairs.</p>	<ul style="list-style-type: none"> • Following establishment of respective Committees, evidence of quarterly communiques of meetings, and items discussed, published on the South West HHS public website.
<p>5.2 Strengthen existing partnerships with First Nations health providers and service agreements to ensure they meet the needs of our communities.</p>	<ul style="list-style-type: none"> ✓ Closer, more regular and open collaboration in support of more strategic engagement, relationships and accountability between South West HHS and our partners. 	<p>KPA 5.2.1: Quarterly schedule of HSCE meetings established and summary of outcomes reported.</p>	<p>HSCE, supported by the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, Executive Director Governance, Strategy and Performance, the Board Governance Officer and respective Committee Chairs.</p>	<ul style="list-style-type: none"> • Establishment of quarterly meetings. • Schedule of formal and high-level progress reporting.
<p>5.3 Review Memoranda of understanding between South West HHS and our First Nations health partners to ensure accountability and achievement of outcomes for both organisations.</p>	<ul style="list-style-type: none"> ✓ Closer, more regular and open collaboration in support of more strategic engagement, relationships and accountability between South West HHS and our partners. 	<p>KPA 5.3.1: Schedule of memoranda of understanding established and maintained.</p>	<p>HSCE, supported by the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, Executive Director Governance, Strategy and Performance, the Board Governance Officer and respective Committee Chairs.</p>	<ul style="list-style-type: none"> • Evidenced models of care, and supporting data.

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>5.4 Review Terms of Reference for all South West committees to ensure appropriate First Nations representation.</p>	<p>South West HHS will review its internal Committee structure to:</p> <ol style="list-style-type: none"> 1. review Terms of Reference of all South West HHS committees to ensure appropriate First Nations representation 2. further embed First Nations health considerations in existing governance structures and clinical committees across South West HHS services 3. ensure nominated First Nations representatives are appropriately supported in their role as Committee members 4. continue to include Aboriginal and Torres Strait Islander Health and Cultural Safety as a key considerations in all briefing papers to inform the work of committees. 	<p>➔ In addition to promoting greater representation across our workforce, it is also important to ensure that First Nations people and staff know that they are actively encouraged, supported and valued as equal partners across the range of South West HHS committees and other engagement opportunities.</p>	<ul style="list-style-type: none"> • As part of the annual review of South West HHS committees, and ongoing, business as usual.
<p>5.5 Co-design a First Nations engagement framework for all consultation and engagement work in South West HHS.</p>	<p>Supported by the First Nations Stakeholder Advisory Committee, South West HHS will:</p> <ol style="list-style-type: none"> 1. co-design a new engagement framework for all consultation activity in a culturally appropriate manner, informed by best practice 2. encourage and support First Nations people to consider applying for membership to local CAN positions and/or other statutory positions. 	<p>➔ South West HHS wants to build on its bonds with communities and our partners to ensure better and more culturally appropriate engagement and consultation activities. We recognise the benefits of voices, perspectives and insights within our communities.</p>	<ul style="list-style-type: none"> • Supported by the First Nations Stakeholder Advisory Committee, ATSLAC and our community partners, and building on consultation activities which have supported South West HHS's approach to Health Equity Strategy development, a new supporting framework to ensure First Nations people and communities are routinely consulted and engaged in all aspects of South West HHS's objectives will be developed. • This work will be initiated following appointment of the First Nations Stakeholder Advisory Committee and will be completed by 30 June 2024. • Through its networks and Committee contacts, South West HHS will also raise awareness of available opportunities to participate in a range of available positions, such as CANs and other available positions.
<p>5.6 Ensure accountability across First Nations deliverables, performance measures and outcomes.</p>	<p>South West HHS will review its internal governance structures and reporting to:</p> <ol style="list-style-type: none"> 1. continue to deliver its legislative performance requirements with regards First Nations health outcomes, including regular reporting to the Queensland Department of Health 2. work with our partners to develop a wider scorecard of data which will demonstrate collective commitment to, and delivery of, year-on-year improvements in First Nations health outcomes. 	<p>➔ Closing the gap in health status between First Nations people and non-Indigenous people is a long-term and challenging process. Transparent reporting demonstrates South West HHS's commitment and accountability for collective delivery of improvements that will be reflected in key data.</p>	<ul style="list-style-type: none"> • Commencing 1 July 2023, routine public reporting such as South West HHS Quality of Care reports, Annual Report, and future development of strategies, LANA updates and other documents will include information to serve as a baseline to support future improvements in First Nations Health Equity progression. <p>In addition to regular progress reporting, an annual progress report against this Implementation Plan will also be prepared for the consideration of the First Nations Health Equity Committee. The annual progress report will be published by no later than September 2024 and annually thereafter.</p> <p>Informed by key performance indicators developed by Queensland Health, an initial scorecard of data will be prepared for First Nations Health Equity consideration on a bi-annual basis.</p>

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>5.4 Review Terms of Reference for all South West committees to ensure appropriate First Nations representation.</p>	<p>✓ Increased engagement opportunities and enhanced participation of First Nations people and staff in committees will support greater connectivity with local communities in support of continuous quality improvement and will also benefit from wider cultural perspectives.</p>	<p>KPA 5.4.1: Annual review of Committee Terms of Reference to include evaluation of First Nations representation and alignment with First Nations Health Equity Strategy delivery.</p>	<p>HSCE, supported by the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, the Board Governance and CAN Officer and respective Committee Chairs.</p>	<ul style="list-style-type: none"> • Publication of annual First Nations Health Equity progress report and data scorecard, supplemented by other progress reporting in accordance with this Implementation Plan and other routine/legislative reporting.
<p>5.5 Co-design a First Nations engagement framework for all consultation and engagement work in South West HHS.</p>	<p>✓ More culturally appropriate engagement opportunities will support greater inclusion and participation of First Nations people and staff – resulting in greater connectivity and more holistic service models that address local requirements.</p>	<p>KPA 5.5.1: Co-designed First Nations engagement framework for all consultation and engagement work in South West HHS published by 30 June 2024.</p>	<p>HSCE, supported by the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, Executive Director Governance, Strategy and Performance, the Board Governance Officer and respective Committee Chairs.</p>	<ul style="list-style-type: none"> • Publication of co-designed First Nations Engagement Framework. • Internal CAN membership numbers.
<p>5.6 Ensure accountability across First Nations deliverables, performance measures and outcomes.</p>	<p>✓ South West HHS and our valued partners are committed to Close the Gap and achieve First Nations health equity and health parity by 2031.</p> <p>✓ Transparent, open, reporting – which recognises key achievements and focusses on continuing barriers and challenges – is vital to support ongoing design, delivery, monitoring and review of our healthcare services, ensuring these reflect and meet the needs of First Nations people and communities.</p>	<p>KPA 5.6.1: First Nations Health Equity progress report to be published by September 2024.</p> <p>KPA 5.6.2: First Nations Health Equity scorecard to be published bi-annually with data captured from January 2024.</p>	<p>HSCE, supported by the Executive Director Aboriginal and Torres Strait Islander Health and Engagement, Executive Director Governance, Strategy and Performance, the Board Governance Officer, Strategy Officer and respective Committee Chairs.</p>	<ul style="list-style-type: none"> • Publication of annual First Nations Health Equity progress report and data scorecard, supplemented by other progress reporting in accordance with this Implementation Plan and other routine/legislative reporting.

KEY PRIORITY AREA 6: Develop a culturally safe, skilled and valued First Nations workforce

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>6.1 Establish a governance structure within South West HHS that aligns with the South West HH Board. Its function will oversee the strategic direction of South West HHS First Nations health agenda from both a workforce, community and organisational perspective.</p>	<p>Developed in partnership with our stakeholders, South West HHS will establish a new governance structure with the following committees:</p> <ol style="list-style-type: none"> 1. First Nations Health Equity Committee – reporting to South West Hospital and Health Board and providing strategic oversight of the First Nations Health Equity Strategy 2. First Nations Peak Advisory Committee – reporting to the HSCE and supporting strategy implementation, service delivery and service planning 3. First Nations Stakeholder Advisory Committee – reporting to the HSCE and providing a voice for First Nations community and consumers. <p>The work of these committees will continue to be supplemented by the South West HHS ATSILAC, our staff advisory body that supports provision of culturally appropriate health care.</p>	<ul style="list-style-type: none"> ➔ The Health Equity Committee will: improve collaborative relationships across sectors to improve continuity of care; undertake joint problem-solving and sharing of resources; share information and insights to deliver healthcare at the right time, in the right place; and monitor outcomes against key performance indicators. ➔ The Peak Advisory Committee will assist the HSCE by supporting strategy implementation at a service delivery and planning level, reporting to the Board through the First Nations Health Equity Committee. ➔ The Stakeholder Advisory Committee will help coordinate community engagement and consumer feedback strategies. It will also provide insights and advice about how our health service is meeting the needs of its First Nations consumers. 	<ul style="list-style-type: none"> • Invitations and/or expressions of interest will be issued for each committee. • It is expected that each Committee will be established by December 2023. • Following establishment, summaries of discussions will be made publicly available following each meeting.
<p>6.2 Strengthen cultural capabilities positions, ensuring appropriate numbers of skilled workers, and identify areas for improvement.</p>	<p>To strengthen our existing Cultural Practice program delivery, we will:</p> <ol style="list-style-type: none"> 1. review needs and seek opportunities to increase the capacity of our Cultural Capability Team and the services they provide. This will include establishing wider partnership agreements with local stakeholder groups to promote closer collaboration and connection 2. continue to support and promote the work of the ATSILAC. 	<ul style="list-style-type: none"> ➔ During the consultation for <i>Our Way – Together</i>, we received a clear message about the need to review the frequency and content of South West HHS's Cultural Competency Program. ➔ Improvement may include further support and resourcing, and the potential to collaborate with wider partners to support our teams across South West communities. 	<ul style="list-style-type: none"> • Informed by initial input from ATSILAC and other staff, an initial review of South West HHS's cultural capability function will be completed by December 2024. • Input from the South West Peak Advisory Committee and Stakeholders Advisory Committee will inform recommendations for First Nations Health Equity Committee and Board consideration and progression.
<p>6.3 Develop and implement a South West HHS First Nations Workforce Strategy, which includes a career and development pathway.</p>	<p>Informed by a forthcoming South West HHS Workforce Strategy 2023-2026, incorporating a strategy for First Nations recruitment, retention and development South West HHS will:</p> <ol style="list-style-type: none"> 1. design and implement responsive workforce models that optimise scope of practice, capacity and workforce quality to deliver care to our communities with a particular focus on First Nations communities, supporting our existing workforce and creating a pathway for future leaders 2. utilise Village Connect, and insights from the South West HHS First Nations Health Equity Committee, to co-design and support a staff wellbeing program that builds connection to culture, and acknowledges important cultural practice and protocols for the benefit of all staff 3. through 'Grow our Own' and other pathways, including the establishment of identified positions where appropriate to do so, progressively increase our First Nations workforce across all workstreams and grades, and establish a pipeline for career progression and succession across the organisation 4. where credentialing and business practices allow, develop and initiate potential pilot opportunities through the South West Queensland Primary Care Alliance to enable staff to work across organisations in order to provide seamless patient journeys. 	<ul style="list-style-type: none"> ➔ Crucial to the successful delivery of coordinated care and improved health outcomes are strong partnerships with ACCHO partners, and GP and allied health services, along with transparent reporting, and clear lines of accountability and responsibility. 	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours. Year on year improvements should be expected as we attract, support, retain and progress our current and future workforce and – alongside our partners – seek further opportunities to collaborate and provide the very best in service for patients and clients.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>6.1 Establish a governance structure that aligns with the South West HH Board to oversee the strategic direction of the First Nations health agenda from both a workforce, community and organisational perspective.</p>	<ul style="list-style-type: none"> ✓ Our new committees will foster innovation and collaboration, and encourage a free-flow of information between the health service and all health equity stakeholders. ✓ Progress against Implementation Plans and KPAs will be reported every three months. ✓ South West HHS will also review the Health Equity Strategy and Implementation Plan annually to update and adapt as targets are met and activities are embedded as core components of business. 	<p>KPA 6.1.1: Establish First Nations Health Equity Committee by December 2023.</p> <p>KPA 6.1.2: Establish First Nations Peak Advisory Committee by December 2023.</p> <p>KPA 6.1.3: Establish First Nations Stakeholder Advisory Committee by December 2023.</p> <p>KPA 6.1.4: Quarterly progress reporting against First Nations Health Equity Implementation Plan, commencing December 2023. This will also inform the annual summary of progress as at 30 June each year.</p>	<p>HSCE, supported by the Executive Director Governance, Strategy and Performance, Executive Director Aboriginal and Torres Strait Islander Health and Engagement and Board Governance and CAN Officer.</p>	<ul style="list-style-type: none"> • Following establishment of respective Committees, evidence of quarterly communiques of meetings, and items discussed, published on the South West HHS public website.
<p>6.2 Strengthen cultural capabilities positions, ensuring appropriate numbers of skilled workers, and identify areas for improvement.</p>	<ul style="list-style-type: none"> ✓ An appropriately resourced and contemporary Cultural Capability Program to support all staff to be culturally competent. 	<p>KPA 6.2.1: Preliminary review of South West HHS Cultural Capability Program completed by December 2024.</p>	<p>HSCE, supported by ATSIILAC, the Executive Director Aboriginal and Torres Strait Islander Health and Engagement and Executive Director People and Culture.</p>	<ul style="list-style-type: none"> • Progression of initial review and development of further recommendations, to inform future milestones and deliverables.
<p>6.3 Develop and implement a South West HHS First Nations Workforce Strategy, which includes a career and development pathway.</p>	<ul style="list-style-type: none"> ✓ A culturally safe, skilled and valued First Nations workforce that reflects the communities we serve, including pathways to grow our own and develop the workforce for the future. ✓ An expanded and sustainable pathway of proud First Nations staff across all professions and disciplines, with a clear sense of purpose and direction for career advancement. ✓ Current staff will also be provided with opportunities for further support and career progression that match their aspirations. 	<p>KPA 6.3.1: Progression of South West HHS Workforce Strategy 2023-2026 commitments relating to First Nations colleagues.</p> <p>KPA 6.3.2: Progressive improvements in First Nations workforce satisfaction outcomes (Working for Queensland reporting and/or other applicable internal surveys).</p> <p>KPA 6.3.3: Year on year increase of First Nations recruitment and retention data.</p>	<p>HSCE, supported by ATSIILAC, the Executive Director Aboriginal and Torres Strait Islander Health and Engagement and Executive Director People and Culture.</p>	<ul style="list-style-type: none"> • Progression of workforce commitments within South West HHS Workforce Strategy 2023-2026. • Staff satisfaction data. • Staff recruitment and retention data.

What we will deliver during 2023-2025

Strategy	What we will deliver for the community	Why are we doing this?	When will this be completed?
<p>6.4 Ensure Aboriginal and Torres Strait Islander health workers have appropriate qualifications in line with South West HHS's Health Workforce Strategy.</p>	<p>Developed in partnership with our stakeholders, South West HHS will establish a new governance structure with the following committees:</p> <ol style="list-style-type: none"> 1. First Nations Health Equity Committee – reporting to South West Hospital and Health Board and providing strategic oversight of the First Nations Health Equity Strategy 2. First Nations Peak Advisory Committee – reporting to the HSCE and supporting strategy implementation, service delivery and service planning 3. First Nations Stakeholder Advisory Committee – reporting to the HSCE and providing a voice for First Nations community and consumers. <p>These committees will ensure all First Nations staff have appropriate qualifications and are supported to pursue career pathways and professional development.</p>	<p>During the consultation process for <i>Our Way – Together</i>, we received a clear message about the need to have a visible First Nations workforce in hospitals.</p> <ul style="list-style-type: none"> ➔ This includes investing in the careers of our existing and future First Nations health workers, providing supportive pathways to careers as nurses, midwives, doctors and allied health clinicians. We also want to provide and support First Nations people wishing to work in operational, administrative and other supporting roles across the organisation. ➔ With greater visibility and engagement of mainstream health professionals within multidisciplinary teams, our ILOs and AHWs will be key partners in the health journey of every First Nations patient. ➔ There may also be opportunities for our teams to work collaboratively with partners across organisations in order to further enhance their scopes of practice and promote seamless patient care. 	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – year-on-year improvements should be expected as we attract, support, retain and progress our current and future workforce and – alongside our partners – seek further opportunities to innovatively collaborate and provide the very best in service for our patients and clients.
<p>6.5 Grow our entire First Nations workforce – administration, operational and clinical.</p>	<p>Developed in partnership with our stakeholders, South West HHS will establish a new governance structure with the following committees:</p> <ol style="list-style-type: none"> 1. First Nations Health Equity Committee – reporting to South West Hospital and Health Board and providing strategic oversight of the First Nations Health Equity Strategy 2. First Nations Peak Advisory Committee – reporting to the HSCE and supporting strategy implementation, service delivery and service planning 3. First Nations Stakeholder Advisory Committee – reporting to the HSCE and providing a voice for First Nations community and consumers. <p>These committees will ensure all First Nations staff have appropriate qualifications and are supported to pursue career pathways and professional development.</p>	<p>During the consultation process for <i>Our Way – Together</i>, we received a clear message about the need to have a visible First Nations workforce in hospitals.</p> <ul style="list-style-type: none"> ➔ This includes investing in the careers of our existing and future First Nations health workers, providing supportive pathways to careers as nurses, midwives, doctors and allied health clinicians. We also want to provide and support First Nations people wishing to work in operational, administrative and other supporting roles across the organisation. ➔ With greater visibility and engagement of mainstream health professionals within multidisciplinary teams, our ILO and AHW will be key partners in the health journey of every First Nations patient. ➔ There may also be opportunities for our teams to work collaboratively with partners across organisations in order to further enhance their scopes of practice and promote seamless patient care. 	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – year-on-year improvements should be expected as we attract, support, retain and progress our current and future workforce and – alongside our partners – seek further opportunities to innovatively collaborate and provide the very best in service for our patients and clients.
<p>6.6 Develop an organisational structure for all ILO and AHW positions within South West HHS and our local Aboriginal community-controlled health organisations to enable workers to work across organisations, sharing expertise and learning from each other.</p>	<p>Developed in partnership with our stakeholders, South West HHS will establish a new governance structure with the following committees:</p> <ol style="list-style-type: none"> 1. First Nations Health Equity Committee – reporting to South West Hospital and Health Board and providing strategic oversight of the First Nations Health Equity Strategy 2. First Nations Peak Advisory Committee – reporting to the HSCE and supporting strategy implementation, service delivery and service planning 3. First Nations Stakeholder Advisory Committee – reporting to the HSCE and providing a voice for First Nations community and consumers. <p>These committees will ensure all First Nations staff have appropriate qualifications and are supported to pursue career pathways and professional development.</p>	<p>During the consultation process for <i>Our Way – Together</i>, we received a clear message about the need to have a visible First Nations workforce in hospitals.</p> <ul style="list-style-type: none"> ➔ This includes investing in the careers of our existing and future First Nations health workers, providing supportive pathways to careers as nurses, midwives, doctors and allied health clinicians. We also want to provide and support First Nations people wishing to work in operational, administrative and other supporting roles across the organisation. ➔ With greater visibility and engagement of mainstream health professionals within multidisciplinary teams, our ILO and AHW will be key partners in the health journey of every First Nations patient. ➔ There may also be opportunities for our teams to work collaboratively with partners across organisations in order to further enhance their scopes of practice and promote seamless patient care. 	<ul style="list-style-type: none"> • There is no 'end date' on the horizon to complete these endeavours – year-on-year improvements should be expected as we attract, support, retain and progress our current and future workforce and – alongside our partners – seek further opportunities to innovatively collaborate and provide the very best in service for our patients and clients.

Measuring progress

Strategy	What will we achieve?	Key performance measures	South West HHS will lead this work through:	Supporting data to evidence progress
<p>6.4 Ensure Aboriginal and Torres Strait Islander health workers have appropriate qualifications in line with South West HHS's Health Workforce Strategy.</p>	<ul style="list-style-type: none"> ✓ A culturally safe, skilled and valued First Nations workforce that reflects the communities we serve, including pathways to grow our own and develop the workforce for the future. ✓ An expanded and sustainable pathway of proud First Nations staff across all professions and disciplines, with a clear sense of purpose and direction for career advancement. ✓ Current staff will also be provided with opportunities for further support and career progression that match their aspirations. 	<p>KPA 6.4.1: Year on year increase of appropriately credentialled First Nations staff and evidence of uptake in career advancement/progression opportunities for existing staff.</p> <p>KPA 6.4.2: At least 85% of First Nations staff maintain their personal #myPathway on annual basis, ensuring regular opportunities for supported career development and review discussions.</p>	<p>Executive Director People and Culture, supported by staff line managers.</p>	<ul style="list-style-type: none"> • Progression of South West HHS Workforce Implementation Strategy 2023-2026 commitments. • Numbers of appropriately credentialled First Nations health professionals. • Examples of training pathways and support. • Internal mandatory training data.
<p>6.5 Grow our entire First Nations workforce – administration, operational and clinical.</p>	<ul style="list-style-type: none"> ✓ A culturally safe, skilled and valued First Nations workforce that reflects the communities we serve, including pathways to grow our own and develop the workforce for the future. ✓ An expanded and sustainable pathway of proud First Nations staff across all professions and disciplines, with a clear sense of purpose and direction for career advancement. ✓ Current staff will also be provided with opportunities for further support and career progression that match their aspirations. 	<p>KPA 6.5.1: Year on year increase of First Nations headcount that demonstrates progressive uplift in a sustainable manner towards a South West HHS workforce that comprises at least 13% of First Nations people.</p>	<p>HSCE and the Executive Director Primary and Community Care – supported by professional clinical leads, the South West Queensland Primary Care Alliance, Health and Wellbeing Queensland, and ACCHO partners.</p>	<ul style="list-style-type: none"> • Staff headcount data, including by professional stream.
<p>6.6 Develop an organisational structure for all ILO and AHW positions within South West HHS and local Aboriginal community-controlled health organisations to enable workers to work across organisations, sharing expertise and learning from each other.</p>	<ul style="list-style-type: none"> ✓ A culturally safe, skilled and valued First Nations workforce that reflects the communities we serve, including pathways to grow our own and develop the workforce for the future. ✓ An expanded and sustainable pathway of proud First Nations staff across all professions and disciplines, with a clear sense of purpose and direction for career advancement. ✓ Current staff will also be provided with opportunities for further support and career progression that match their aspirations. 	<p>KPA 6.6.1: Evidenced progression of pilot initiatives to support a pathway for South West HHS and ACCHO staff to work across boundaries in order to support seamless patient journeys and support staff development.</p>	<p>HSCE and the Executive Director Primary and Community Care – supported by professional clinical leads, the South West Queensland Primary Care Alliance and ACCHO partners.</p>	<ul style="list-style-type: none"> • Progression of scoping to inform pilot initiatives in selected locations/patient categories.



MAKING CHANGE HAPPEN

Governance and accountability

The South West Hospital and Health Board, through the Health Service Chief Executive and other staff, is accountable for the leadership, implementation and delivery of the Implementation Plan.

As detailed in *Our Way – Together*, through an overarching governance structure and by working with our partners, we are committed to ongoing design, delivery, monitoring and review of our healthcare services.

Our three Health Equity committees, to be established by December 2023, are responsible for the effective governance of the First Nations Health Equity Strategy commitments and Implementation Plan deliverables. Committees will also monitor the co-implementation and co-review of the plan, ensuring visibility, assurance and performance of health equity activities within agreed timeframes.

Our Health Equity Implementation Plan outlines our commitment to identifying and responding to the health needs of Aboriginal and Torres Strait Islander people.





OUR COMMITMENTS TO THE COMMUNITY

Monitoring and evaluation

Advancement of the First Nations Health Equity Strategy and supporting Implementation Plan will be progressed in accordance with the health equity legislative requirements in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulations 2012*.

Although we anticipate the health system across the South West will further evolve in the coming years, we are also realistic that our plans may not be achieved by significantly increasing the size of our existing facilities, workforce or available funding. Best use of available resources, partnerships and opportunities in a sustainable manner will be essential.

Key to realising these ambitions is the need for transparent and meaningful data that demonstrates continuous quality improvements. As we begin this journey, we recognise our data capture both within and across partner organisations needs improving.

This inaugural Implementation Plan therefore includes a realistic combination of statewide and tailored South West-specific measures upon which we will build strong foundations for further improvements. Over time, these will transform our services and grow improved First Nations health and other positive outcomes along the path to deeper reconciliation.

APPENDIX 1

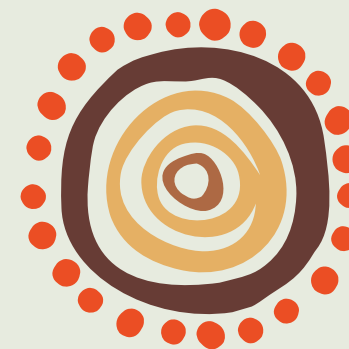
Proposed South West HHS First Nations Health Outcomes Scorecard

South West HHS will work with our partners, and through our new governance structure, to develop a scorecard of data that demonstrates collective commitment to, and delivery of, year-on-year improvements in First Nations health outcomes.

A draft scorecard, to be informed by available data as at 30 June 2023¹, will comprise the following statewide Key Performance Measures, plus other additional measures as may be determined by the South West HHS First Nations Health Equity Committee upon its establishment.

Key Performance Measure	South West HHS anticipated target (against 30 June 2023 baseline)	South West data 1 July 2022 – 30 June 2023	Indicative South West data For 2022–2023
→ Decreased potentially avoidable deaths	A year-on-year reduction in potentially avoidable deaths to 30 June 2025	To be determined – data set to be identified	
→ Increased proportion of babies born to First Nations mothers and non-First Nations mothers with healthy birthweights	A year-on-year reduction in total First Nations low birthweights (of less than 2500g) to 30 June 2025	Four low weight births, from a total of 85 First Nations births	There have been two low weight births from a total of 37 in the period 1 June 2022 to 31 December 2022
→ Decreased rate and count of First Nations suicide deaths	A year-on-year reduction in First Nations suicide deaths to 30 June 2025	To be determined – data set to be identified	
→ Increased proportion of First Nations adult patients on the general care dental waitlist for less than the clinically recommended time	A year-on-year improvement in the provision of adult First Nations dental treatments	There were no First Nations people waiting more than two years for treatment as at 30 June 2022	There were no First Nations people waiting more than two years for treatment as at 30 June 2023
→ Elective surgery: Increased proportion of First Nations patients treated within clinically recommended time	A year-on-year improvement in the total numbers of First Nations people receiving elective surgeries within clinically recommended waiting times	100% of all Category 1 (within 30 days) patients received treatment (target: 98%) 96% of Category 2 (within 90 days) and 85% of Category 3 patients (365 days) received their treatment in time (both target: 95%) There was 1 ready-for-surgery long-wait First Nations patient (Category 3) as at 1 July 2022	100% of all Category 1 patients received treatment as at 31 May 2023 97% of Category 2 and 96% of Category 3 patients received their treatment as at 31 May 2023 There were nil ready-for-surgery long-wait First Nations patients as at 1 June 2023
→ Specialist outpatient: Decrease proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment	A year-on-year improvement in the total numbers of First Nations people receiving their initial specialist outpatient appointment within clinically recommended waiting times	To be determined – data set to be identified	

¹ Due to the nature of collection and reporting, available data as at 30 June 2023 may not be fully available until the expected establishment of the South West HHS First Nations Health Equity Committee. At that point, and where required data remains unavailable, the most up-to-date data available at the time will inform the initial baseline.



Key Performance Measure	South West HHS anticipated target (against 30 June 2023 baseline)	South West data 1 July 2022 – 30 June 2023	Indicative South West data For 2022–2023
→ 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	A year-on-year improvement in the number of First Nations people receiving face-to-face community follow-up with 1-7 days of discharge from an acute mental health inpatient unit	To be determined – data set to be identified, noting there are currently no acute inpatient mental health beds within South West HHS	
→ Increased proportion of First Nations people completing Advance Care planning	A year-on-year increase in the total numbers of First Nations people supported to complete Advance Care Plan documentation	To be determined – data set to be identified, noting there are currently no acute inpatient mental health beds within South West HHS	
→ Annual (year-on-year) increase in First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to First Nations population	An increase of First Nations people employed by South West HHS	As at 26 June 2022, there were 46 South West HHS full time equivalent staff who identified as First Nations – this was 5% of the workforce	At 25 June 2023, there were 51 South West HHS full time equivalent staff who identified as First Nations – this was 6% of the workforce
→ Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMs survey)	A year-on-year increase, informed by available PREMs data of First Nations people reporting cultural and spiritual needs being met.	To be determined – data set to be identified	
→ Integrated care pathways: increased proportion of care plans in place for First Nations patients with co-morbidities	A year-on-year increase of care plans, recorded by South West HHS, for First Nations patients with co-morbidities	To be determined – data set to be identified	

Plus further South West HHS specific key performance measures – to be determined through a co-design process with First Nations Health Equity Committee

At the time of publishing this Implementation Plan, required data to inform the intended baseline is not available. Furthermore, the intended set of performance measures remains subject to confirmation of the South West Hospital and Health Board, informed by recommendations of the South West First Nations Health Equity Committee which is anticipated to be established by December 2023.

South West HHS therefore intends to publish its first scorecard, and further reports against wider implementation plan progression, throughout the life of this document at the following location: www.southwest.health.qld.gov.au/about-us/publications-and-reporting/health-equity-strategy



southwest.health.qld.gov.au

