Our way-together

Health Equity at every stage

First Nations Health Equity Implementation Plan 2025-2028

Queensland Government

South West HHS First Nations Health Equity Implementation Plan 2025/26-2027/28.
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For further information about this document please contact the First Nations Health Equity Team.

South West Hospital and Health Service

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CONTENTS

ACKNOWLEDGEMENT OF COUNTRY

South West HHS pays respect to the First Nations people of the lands on which all our services are located – for their resilience, determination, cultural knowledge and wisdom.

Approximately 16% of South West residents identify as First Nations people across the region we serve. 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 as we genuinely aspire to represent, advocate for and promote the needs of all First Nations people of South West Queensland and commit to walk together on our shared journey to health equity and create healthy communities across South West Queensland.

We recognise that Aboriginal people and Torres Strait Islander people within their respective communities each have their own unique languages, beliefs, cultural practices, traditions and diversity. The primary term used in this document is First Nations people.

Traditional Owners	Pronunciation
Bidjara people	Bid-jara
Boonthamurra people	Boon-tha-murra
Budjiti people	Budge-it-ee
Gunggari people	Gon-gari
Kamilaroi/Gamilaraay people	Car-milla-roy/Gah-mih-lah-rye
Kooma people	Coo-ma
Kullilli people	Cul-lil-lee
Kunja people	Koon-yah
Mandandanji people	Mand-an-dand-gee
Mardigan people	Mar-d-gan
Wongkamurra people	Wahn-koo-mah-rah
Yuwaalaraay/Euahlayi people	You-wal-a-ray/You-al-e-i

IMPLEMENTATION PLAN OVERVIEW

Following the release of the second edition of *Our Way – Together 2025–2028*, South West Hospital HHS undertook targeted engagement with staff and key implementation partners to confirm the critical enablers required to deliver on our shared priorities. This approach reinforces a focus on sustainable, system-level reform — moving beyond service delivery improvements to drive lasting change across the health system.

Our Way – Together refers to structured strategies to improve health outcomes for First Nations peoples by addressing systemic inequities in health care access, quality and person-centred outcomes.

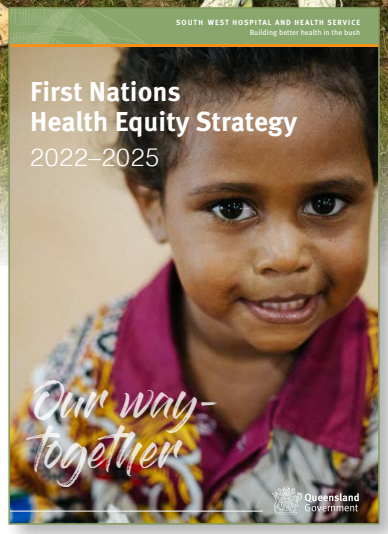
Our Way – Together is a whole-of-organisation commitment requiring leadership and commitment across all levels of the service and in genuine partnerships with our stakeholders. This plan aims to continue our efforts to actively eliminate institutional racism, ensure culturally safe responsive care, increase First Nations representation in the health workforce and enables self-determination.

Progress will be monitored and reported through established governance structures, supporting transparent, bi-directional information flow and shared accountability. Regular reporting will enable continuous learning, strengthen community trust and drive ongoing improvement. Monitoring will be informed by Queensland Statewide Health Equity Targets, South West HHS Service Agreement measures and HHS-specific indicators (Appendix 1), providing a clear evidence base to identify gaps, track performance and inform targeted system-level action. Consumer lived experiences and community perspectives will continue to provide critical context and depth, ensuring data reflects the narrative of our community's health needs and is understood in a meaningful way.

Health equity is a shared system responsibility. Building on the foundations established through the first three years of the Our Way – Together journey, we will embed a disciplined approach to continuous improvement. This will be driven by transparent, high-quality data and reporting that surfaces system challenges, measures impact and informs targeted, culturally informed service co-design in partnership with community.

South West HHS has also committed, through the Implementation Plan, to the development of a dedicated place-based action plan for Cunnamulla. This commitment reflects a deliberate and targeted approach to advancing health equity outcomes at the local level, informed by ongoing community and partner consultation.

Cunnamulla-specific actions, aligned to the Health Equity Implementation Plan, will be formally embedded within existing governance structures to ensure clear accountability, transparency and sustained delivery of outcomes.



Visit our website for further information

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VOICES TO ACTION – COMMITMENT INTO PRACTICE

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

1.1 Continue to promote and embed our zero tolerance towards racism and institutional discrimination.			
Why are we doing this:	**To embed a sustained zero-tolerance approach, we will actively reinforce the policy's intent and messaging following its launch in September 2025**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
1.1a	Support ongoing promotion of the zero tolerance to racism communication by developing a campaign using existing posters, banners, additional screensavers and staff briefings.	Develop and commence delivery of revised mandatory cultural safety training for all staff that includes reference to zero tolerance statement and expectations.	Evaluate effectiveness through staff surveys, incident reporting and community feedback.
1.1b	Embed the South West HHS statement of zero tolerance into South West HHS policy and procedure templates.	Review and update existing policies and procedures to ensure zero tolerance statement is reflected.	
1.1c	Insert reference to the South West HHS statement of zero tolerance into the South West HHS Strategic Plan 2026-2030.	Ensure evidence through annual reporting that this commitment has been completed.	
Supporting data to evidence progress includes:	➔ Number of complaints and feedback received in relation to institutional racism and racial discrimination. ➔ All new policies and procedures to include statement of zero tolerance. ➔ All policies and procedures scheduled for renewal to include statement of zero tolerance. ➔ Inclusion of statement of zero tolerance into South West HHS's Strategic Plan.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by wider Executive Leadership Team and South West Hospital and Health Board.		

1.2 Further promote visibility of 'Have Your Say' and other feedback opportunities for First Nations people and staff.			
Why are we doing this:	**To actively promote and strengthen consumer confidence in feedback mechanisms, enabling people to share experiences and contribute to ongoing service improvement**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
1.2a	Audit existing feedback channels and identify barriers for First Nations participation. Continue to promote information about consumer feedback rights.	Develop and launch a culturally appropriate and easily accessible feedback tool or communication plan to further promote "Have Your Say."	Review participation via data and community feedback to inform further improvements.
Supporting data to evidence progress includes:	➔ Number of complaints and feedback received from people who identify as First Nations people, and resultant outcomes.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by Executive Director Medical Services and Clinical Governance Quality and Safety team, South West HHS facility and service leads and Service Manager Aboriginal and Torres Strait Islander Health and Engagement. • In wider partnership with Aboriginal Community Controlled Health Organisation partners and South West communities.		

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

1.3 Embed cultural safety and cultural capability programs that are codesigned with First Nations people and Traditional Owners, that have local place-based information that include appropriate verbal and non-verbal communication approaches.

Why are we doing this:	To embed cultural capability across staff and visiting teams, fostering respect for and meaningful connection to the lands on which we deliver care.		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
1.3a	Gather place-based knowledge and insights on respective local Traditional Owners and communities of the lands South West HHS serve.	Incorporate local protocols, communication styles and Traditional Owner feedback into Cultural Practice Program content and local community handbooks being developed under KPA 2.7.	Informed by prior actions, implement revised cultural capability and local onboarding program.
Supporting data to evidence progress includes:	➔ Local protocols, communication styles and Traditional Owner feedback incorporated into Cultural Practice Program content and local community handbooks.		
South West HHS will lead this work through:	• Executive Director Aboriginal and Torres Strait Islander Health Engagement supported by South West HHS Cultural Capability and Engagement Officer. • In wider partnership with Aboriginal Community Controlled Health Organisation partners, local First Nations people, Traditional Owner and Local Management Boards where established.		

1.4 Introduce Unconscious Bias and Racial Equity Training, to further support all South West staff to enhance better understanding of Health Equity and Health Equality for consumers and the First Nations staff.

Why are we doing this:	Deliver targeted education and support to build staff capability in recognising and addressing unconscious bias, fostering an inclusive, respectful, and equitable service environment		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
1.4a	Informed by wider statewide updates, and partner input, identify culturally appropriate local training opportunities with First Nations representatives to ensure relevance and cultural safety.	When available, roll out training to South West HHS staff including modules on health equity, health equality and practical application in service delivery.	Evaluate training impact through staff surveys and service outcome data.
Supporting data to evidence progress includes:	➔ Numbers of feedback received in relation to racism and/or discrimination with document actions and service improvements undertaken as a result.		
South West HHS will lead this work through:	• Executive Director Aboriginal and Torres Strait Islander Health Engagement supported by South West HHS Cultural Capability and Engagement Officer. • In wider partnership with Aboriginal Community Controlled Health Organisation partners.		

Together, we're continuing to make meaningful progress toward health equity

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

1.5 Through role descriptions, and other HR and communication material, demonstrate a deeper commitment to the elimination of racism and institutional racism.			
Why are we doing this:	**Embed and reinforce a zero-tolerance approach as part of broader initiatives to promote an equitable and diverse workplace, enhancing internal messaging and ensuring clear visibility across all service settings where care is delivered.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
1.5a	Update all template role descriptions and generic statements promoting available positions to include reference to South West HHS's zero tolerance to racism and institutional discrimination.	All updated templates and generic statements implemented across recruitment processes.	
1.5b	Update recruitment and onboarding resources to reflect zero tolerance for racism and institutional discrimination.	Informed by an annual Equity and Diversity audit, take further steps through South West HHS Equity and Diversity Action Plan and wider commitments in this action plan to further promote a more inclusive and supportive workplace culture, instilling a sense of belonging for all employees.	
1.5c	Develop and make available generic interview questions for potential panel use that gauge candidates' awareness of, and commitment to, First Nations Health Equity. At a minimum these will be required for key leadership positions.	Supporting interview questions are available for local use to support interview panels determine familiarity of prospective candidates with publicly available First Nations Health Equity priorities.	Review and update interview questions based on feedback, ensuring Human Resources continues to support panel chairs by encouraging their wider use.
Supporting data to evidence progress includes:	➔ Updated templates. ➔ South West HHS onboarding resources maintained with consistency to South West HHS Equity and Diversity Action Plan. ➔ Suite of potential questions developed for local use where required.		
South West HHS will lead this work through:	• Executive Director People and Culture supported by Executive Director of Aboriginal and Torres Strait Islander Health and Engagement, South West HHS Recruitment and Communications teams.		

KEY PRIORITY AREA 2: Increase access to better health services.

2.1 Alongside our partners, further strengthen the focus on promotion, prevention and public health services that meet expressed needs of First Nations people.			
Why are we doing this:	**Expand access to better health services through genuine co-design with local communities, empowering people to influence the services they access to support their health and wellbeing.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.1a	Map existing promotion, prevention and wellbeing programs that currently exist within the South West HHS region, including through partners, and identify gaps.	Co-design and implement targeted health promotion initiatives with culturally appropriate messaging and delivery.	Review and evaluate the effectiveness and sustainability of programs through health data, community feedback and partner input.
Supporting data to evidence progress:	➔ Local mapping of existing promotion, prevention and wellbeing programs within South West HHS completed and gaps identified. ➔ Future health promotion schedule and activities.		
South West HHS will lead this work through:	• Executive Director Allied Health supported by South West HHS Healthy Opportunities through Prevention and Empowerment (HOPE) team. • In wider partnership with Aboriginal Community Controlled Health Organisation partners and Western Queensland Primary Health Network.		

2.2 Continue to develop and implement integrated care and services, closer to home, that support social and emotional wellbeing needs.			
Why are we doing this:	**Strengthen and expand integrated, place-based care and services, improving access to social and emotional wellbeing supports closer to home.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.2a	Ensuring Model of Care templates include specific sections that include First Nations considerations.	Co-design and pilot integrated care models that include mental health, social support and culturally safe practices delivered closer to home.	Evaluate outcomes and refine services for sustainability and expansion across the South West HHS footprint.
Supporting data to evidence progress:	➔ Co-designed and pilot integrated care models created and informed by local mapping of existing promotion, prevention and wellbeing programs and identified gaps within South West HHS region. ➔ First Nations considerations embedded in Model of Care and Service Delivery.		
South West HHS will lead this work through:	• In wider partnership with Aboriginal Community Controlled Health Organisation partners and Western Queensland Primary Health Network. • Professional Leads, supported by Strategy Management Officer.		

2.3 Utilise and enhance virtual care models that are accessible, clinically / non-clinically supported and culturally informed.			
Why are we doing this:	**Expand the use of virtual care models, ensuring they are accessible, clinically and non-clinically supported, culturally informed, and designed to improve health literacy**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.3a	Review current virtual care services for accessibility and cultural appropriateness, engaging First Nations people, Aboriginal Community Controlled Health Organisations and Nurse Navigators to identify current barriers and preferences.	Further enhance virtual care infrastructure and support models both clinical and non-clinical, including upskilling staff in providing culturally safe virtual care delivery.	Review and evaluate usage, participation, satisfaction of virtual care delivery and overall health outcomes.
Supporting data to evidence progress:	➔ Comparison of First Nations virtual care participation rates with whole of population participation rates. ➔ Usage and satisfaction rates of virtual care delivery evaluations completed.		
South West HHS will lead this work through:	• Executive Director Allied Health supported by South West HHS Indigenous Liaison Officers and Nurse Navigators • In wider partnership with Aboriginal Community Controlled Health Organisation partners and Western Queensland Primary Health Network.		

KEY PRIORITY AREA 2 cont': Increase access to better health services.

2.4 Following introduction of new Patient Travel reforms, undertake an audit of data to inform baseline for further improvements.

Why are we doing this:	There is a need for enhanced support, including more equitable funding, for people living in rural and remote communities who are required to travel to access treatment and care. South West HHS undertakes regular reviews as opportunities arise. A 2025 deep-dive analysis examining whether virtual care could have been utilised in place of the Patient Travel Subsidy Scheme found that most of the patient travel was appropriate and not substitutable with virtual care.		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.4a	Increase the efficiency in the processing of Patient Travel Subsidy Scheme claims by implementing central improvements to systems, achieving end to end reduction in processing times to align with statewide policy review.	Informed by annual audit activities, and wider statewide innovations and service improvements, initiate steps to address identified gaps and utilise data insights to support further reforms for rural and remote communities, where opportunities arise.	
Supporting data to evidence progress:	➔ Evidence from audit activities and service improvements both local and statewide, will inform data insights on how this benefits our consumers and families Evidence from audit activities and service improvements both local and statewide, will inform data insights on how this benefits our consumers and families. ➔ Feedback data in relation to patient experiences.		
South West HHS will lead this work through:	• Executive Director Governance, Strategy and Performance supported by Queensland Health Patient Travel Subsidy Scheme Futures Project Team. • In wider partnership with Aboriginal Community Controlled Health Organisation partners and Western Queensland Primary Health Network.		

2.5 Informed by patient experiences, introduce pre-planning protocols for transport, accommodation and wider discharge support, particularly for people leaving community for treatment.

Why are we doing this:	To improve discharge processes, ensuring consumers, especially those living significant distances from their place of treatment, receive appropriate and safe discharge support when leaving hospital.		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.5a	Discharge Summaries and Discharge Planning – develop draft pre-planning protocol procedure to facilitate safe discharge planning, including any travel considerations in a supportive and holistic manner.	Pilot pre-planning protocols in selected sites including culturally safe processes, clear communication and coordinating with patient travel and discharge teams.	Full implementation and evaluation across all relevant sites achieved in order to further measure impact on patient satisfaction, reduced delays and improved continuity of care.
2.5b	Inter-facility transfers – between South West services and our partners including handover and wider support that matters.		
Supporting data to evidence progress:	➔ Protocol developed in partnership with clinicians. ➔ Feedback data in relation to patient experiences. ➔ Patient stories (to also share with providers outside of South West HHS).		
South West HHS will lead this work through:	• Executive Director Medical Services and Clinical Governance supported by the Corporate Support Unit and South West HHS General Practices. • In wider partnership with Aboriginal Community Controlled Health Organisation and Western Queensland Primary Health Network.		

2.6 Continue to enhance South West HHS facilities to demonstrate culturally safe and welcoming environments.

Why are we doing this:	To make our facilities more welcoming and culturally safe. By working alongside local communities, we are also committed to ensuring any new buildings and facilities we provide care are planned and established in a culturally appropriate way.		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.6a	Utilising cultural audits, identify priority improvements (i.e. signage, artwork, spaces for cultural practice).	Implement priority improvements and ensure staff are trained on maintaining culturally welcoming environments.	Embed cultural safety standards into facility design guidelines and maintenance plans.
Supporting data to evidence progress:	➔ Completion of annual cultural audits and subsequent status of open and closed recommendations. ➔ Consumer and Community feedback.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by South West HHS facility leads, Quality and Safety team and Cultural Capability and Engagement Officer.		

KEY PRIORITY AREA 2 cont': Increase access to better health services.

2.7 Complete the development of local facility service booklets across all South West HHS facilities, including references to the availability of First Nations support services.			
Why are we doing this:	**The development of local facility handbooks will provide clear information on available services and types of care offered. This is an important way of informing our communities about the types of care they can access, as well as promoting local services, including those provided by our Aboriginal Community Controlled Health Organisations and wider partners.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.7a	Local facility service booklet template finalised and disseminated to all South West HHS facilities for local adaptation.	All South West HHS facilities and services to have collated local service information and published facility service booklets online with copies made available to consumers and shared with external partners.	Review and update local facility service booklets.
Supporting data to evidence progress:	➔ Local mapping of existing promotion, prevention and wellbeing programs within South West HHS completed and gaps identified. ➔ Future health promotion schedule and activities.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by wider Executive Leadership Team and South West HHS facility and service leads.		

2.8 Alongside our partners, raise further awareness of culturally appropriate support, including community-based services, to improve choice at end-of life.			
Why are we doing this:	**To ensure end-of-life care services are holistic, culturally safe and responsive to the needs and wishes of First Nations people both at our facilities and for those who wish to stay on Country To ensure end-of-life care services are holistic, culturally safe and responsive to the needs and wishes of First Nations people both at our facilities and for those who wish to stay on Country.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
2.8a	Palliative Care Model of Care completed with inclusion of culturally appropriate considerations.	Promote culturally safe resources, conduct education sessions and upskill South West HHS staff in having culturally appropriate conversations about end-of-life care.	Review uptake of community-based end-of-life services and gather feedback from families and communities so that identified gaps can be embedded in future health promotion.
Supporting data to evidence progress:	➔ Palliative and End of Life Model of Care completed and implemented. ➔ Continue to include percentage rates of advance care planning on First Nations Health Equity Scorecard (Appendix 1).		
South West HHS will lead this work through:	• Chief Operating Officer supported by South West HHS Advanced Health Worker Palliative Care, Advanced Health Workers, Aboriginal and Torres Strait Islander Health Practitioners, Indigenous Liaison Officers and Nurse Navigators. • In wider partnership with Aboriginal Community Controlled Health Organisation partners.		

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

3.1 Where legislation and other considerations allow, improve information sharing arrangements with our partners and other stakeholders.			
Why are we doing this:	**To support consistent, coordinated, and person-centred care for consumers accessing services across South West Queensland. Strengthening information sharing will improve continuity of care, culturally appropriate care across primary health care and acute services, enhance clinical decision-making, and enable a more seamless, needs-focused care experience across providers and settings.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
3.1a	Build on existing Far South West Reform pilot to utilise best practice examples and further engage the Queensland Department of Health to determine how best to realise mutual shared data governance arrangements between South West HHS, our Aboriginal Community Controlled Health Organisations and Primary Health Network partners.	Review and refine any existing data sharing arrangements in place and reinvigorate opportunities for joint data sharing informed by wider co-design working opportunities between South West HHS, our Aboriginal Community Controlled Health Organisations and Primary Health Network partners.	Progress arrangements for local implementation, where feasible.
Supporting data to evidence progress:	→ Information sharing protocol and agreement developed. → Service Level Agreements.		
South West HHS will lead this work through:	• Professional leads, supported by Strategy Management Officer and Primary Care Alliance.		

3.2 Continue to work closely with government and other partners to address social determinants of health.			
Why are we doing this:	**In addition to the local work and engagement activities being progressed by the South West HHS Preventative Health Service team insights including supporting data from local and statewide comparisons will further support South West HHS's ongoing engagement with government and our wider partners to tackle key issues that affect the health and wellbeing of the residents in our communities.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
3.2a	South West HHS Health Service Plan (2021-2031) refresh to include of *Our Way – Together* considerations and other recent insights.	Full refresh of South West HHS Health Service Plan to be completed.	Building on wider insights, progress Service Level Agreement negotiations, long term funding strategies and performance expectations for our next three-year plan (financial year 2029/2030 to financial year 2031/2032).
3.2b	Review of Joint Regional Needs Assessment completed providing opportunity to review supporting data and insights in relation to priority health and service needs of the people and communities we serve.		
Supporting data to evidence progress:	→ South West HHS Health Service Plan updated. → Joint Regional Needs Assessment refreshed and supporting documentation published.		
South West HHS will lead this work through:	• Executive Director Governance, Strategy and Performance supported by Strategy Management Officer. • In wider partnership with South West HHS First Nations Health Equity Committee partners.		

Advancing health equity together with purpose and impact

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

3.3 Support and promote wider community and staff awareness of culturally appropriate Domestic and Family Violence prevention and health response pathways.			
Why are we doing this:	**To strengthen our ability to deliver holistic, culturally safe, and non-judgemental services that better meet the needs of people experiencing Domestic and Family Violence.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
3.3a	Review of the *First Nations: Actively Responding our way to Domestic and Family Violence in South West HHS* training package to ensure content is culturally appropriate and relevant our communities.	Assess and explore opportunity in establishing an identified position for a Domestic and Family Violence Support Worker.	Review and evaluate effectiveness of Domestic Family Violence training and workforce.
Supporting data to evidence progress:	➔ Increase in staff participation and completion rates of the *First Nations: Actively Responding our way to Domestic and Family Violence in South West HHS* training module.		
South West HHS will lead this work through:	• Executive Director Allied Health supported by Advanced Social Worker Domestic and Family Violence and Nurse Practitioner Sexual Reproductive Health. • In wider partnership with South West HHS Domestic and Family Violence partners.		

3.4 Ensure the continuation of culturally appropriate, high-quality, maternity and postnatal services close to home, and for those birthing off Country.			
Why are we doing this:	**To strengthen South West HHS's capability to deliver holistic, culturally grounded maternity care, including support for women who birth off Country, and to ensure care aligns with best practice, cultural safety, and community expectations.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
3.4a	Complete a review of South West HHS Maternity Model of Care to assess current maternity and postnatal services for cultural appropriateness and accessibility.	Through Model of Care implementation, enhance and implement culturally safe maternity care models, including the development of protocols for culturally safe support for those birthing off Country.	Evaluate service quality and cultural safety through patient feedback and health outcomes.
Supporting data to evidence progress:	➔ Maternity Model of Care published. ➔ Percentage rates of First Nations babies born at healthy birthweight, First Nations Women who gave birth and attended five of more antenatal visits and First Nations Women who smoked at any stage of pregnancy in reporting for First Nations Health Equity Scorecard (Appendix One). ➔ Feedback data in relation to consumer experiences.		
South West HHS will lead this work through:	• Executive Director Nursing and Midwifery Services supported by South West HHS Midwifery Director, Midwives, Indigenous Liaison Officers and Nurse Navigators. • In wider partnership with Aboriginal Community Controlled Health Organisations and wider partners.		

3.5 Work with our partners to provide support and referral pathways for children and families with complex developmental issues.			
Why are we doing this:	**To improve equitable access to holistic, culturally safe, and non-judgemental developmental services, ensuring children and families are supported in ways that are inclusive, respectful, and responsive to their needs.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
3.5a	Map existing referral pathways and services and engage partners and First Nations families to identify gaps and culturally appropriate approaches.	Co-design and implement improved referral pathways with partners ensuring culturally safe protocols and communication for families.	Co-design and implement improved referral pathways with partners ensuring culturally safe protocols and communication for families.
Supporting data to evidence progress:	➔ Number and proportion of children on waiting lists. ➔ Examples of services provided and outcomes. ➔ Australian Early Development Census (AEDC) data.		
South West HHS will lead this work through:	• Chief Operating Officer supported by South West HHS service leads. • In wider partnership with Aboriginal Community Controlled Health Organisation partners.		

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

4.1 Raise awareness of, and encourage uptake of, General Practitioner-led health assessments, care planning, and other preventive measures that support people to take greater control of their care pathways.			
Why are we doing this:	**To improve the physical, social, and emotional wellbeing of First Nations peoples through increased access to preventive health checks, care planning, and vaccination. This supports people to stay well in community for longer and reduces potentially preventable hospitalisations.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
4.1a	Establish baseline numbers of eligible patients who access and maintain General Practitioner-led health assessments, regardless of provider.	Embed General Practitioner-led health assessments into routine care pathways and monitor outcomes for year-on-year improvements.	
4.1b	Develop and co-design with partners community-focused promotional material about the benefits of General Practitioner-led health assessments.	Track the numbers of eligible patients who access and maintain General Practitioner-led health assessments for year-on-year improvements.	
4.1c	Establish baseline numbers of eligible patients who access and maintain vaccination rates, regardless of provider.	Track the numbers of eligible patients who access and maintain vaccination rates and monitor outcomes for year-on-year improvements.	
Supporting data to evidence progress:	→ Increased percentage of participation rates. → Potentially Preventable Hospitalisations rates with baseline data with year-on-year improvements.		
South West HHS will lead this work through:	• Chief Operating Officer supported by South West HHS Service Director Primary Care and Programs and Communications team. • In wider partnership with South West HHS Primary Care Alliance.		

4.2 Ensure funding allocations, for existing and future programs, are long-term and sustainable to deliver genuine outcomes for First Nations people and communities.			
Why are we doing this:	**To enable sustained, system-level change in addressing health inequities for First Nations peoples and communities. Long-term and sustainable funding ensures resources are directed to where they are most needed, supporting targeted, effective, and locally responsive service delivery and improved outcomes.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
4.2a	Conduct funding and workforce gap analysis for existing programs and future needs.	Annual evaluation and review of funding allocations to assess program outcomes, strengthen existing initiatives, and inform future funding decisions aligned to First Nations community needs.	
Supporting data to evidence progress:	→ Number of First Nations funded programs across South West HHS. → Measure key performance outcomes of First Nations funded programs.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by wider Executive Leadership Team. • In wider partnership with South West HHS First Nations Health Equity Committee partners and South West HHS Primary Care Alliance.		

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

4.3 Continue to implement measures and local innovation to minimise Discharge Against Medical Advice, including approaches such as Discharge with Medical Support.			
Why are we doing this:	**To better understand the drivers of Discharge Against Medical Advice (DAMA) and ensure safe, culturally appropriate alternatives such as Discharge with Medical Support (DWMS) are available. This will improve patient safety and health outcomes by ensuring consumers receive appropriate care, support, and follow-up before and after leaving hospital.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
4.3a	Identify and map Discharge Against Medical Advice (DAMA) cases to identify key drivers, location hotspots and associated circumstances.	Build on South West efforts to support Discharge with Medical Support (DWMS) across multiple sites, by embedding the role of the Nurse Navigator in following up with contact and providing support post event.	
Supporting data to evidence progress:	→ DAMA and DWMS rates → Fail to Attend (FTA) and Missed Opportunity to Treat (MOTT) rates.		
South West HHS will lead this work through:	• Executive Director Medical Services and Clinical Governance supported by South West HHS Quality and Safety team, facility leads and Directors of Medical Services.		

4.4 Co-design local resources to support incoming staff and teams to better understand and be informed with the communities they serve.			
Why are we doing this:	**To strengthen culturally safe practice by supporting staff to better understand the social, emotional, cultural, and spiritual dimensions of health and wellbeing. Feedback indicates a need to enhance communication approaches to ensure they demonstrate appropriate understanding, empathy, and cultural awareness, supporting more respectful and effective care.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
4.4a	Develop a proposed onboarding resource template that reflects the cultural considerations and needs of the individual communities for local adaptation. This might also include a section including some simple phrases in local language and other best practice ways to effectively communicate, build trust and rapport.	Template and resources have been completed and validated with local Traditional Owners, for use across our facilities and shared with external partners who visit our sites.	Review and update templates and resources.
Supporting data to evidence progress:	→ Localised onboarding resource template completed. → Localised onboarding resource publication reviewed and updated every two years.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by South West HHS Cultural Capability and Engagement Officer, Facility Leads, Directors of Medical Services. • In wider partnership with Aboriginal Community Controlled Health Organisation partners, local First Nations people, Traditional Owners and Local Management Boards where established.		

4.5 Develop a sustainable, culturally informed, co-designed continuity of care model for Mental Health, Alcohol and Other Drugs across primary health care providers, Aboriginal Community Controlled Health Organisations, and South West HHS acute services.			
Why are we doing this:	**To establish a seamless, culturally informed and co-designed model of care that strengthens continuity across the system. This will build trust, support person-centred and recovery-oriented care, and enable integrated support across primary, community, and acute service settings.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
4.5a	Completion of updated Mental Health, Alcohol and Other Drugs Model of Care that incorporates culturally appropriate considerations.	Mental Health, Alcohol and Other Drugs Model of Care implemented.	Review and monitor the delivery of implementation
Supporting data to evidence progress:	→ Number of First Nations Mental Health Care Plan. → Number of First Nations Alcohol and Other Drug Care Plans.		
South West HHS will lead this work through:	• Chief Operating Officer supported by South West HHS Service Director Mental Health, Alcohol and Other Drugs, Indigenous Liaison Officers and Nurse Navigators. • In wider partnership with Aboriginal Community Controlled Health Organisation partners and external service providers.		

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

4.6 Support our seniors and Elders to age well, with dignity and independence.

Why are we doing this: **The purpose of this work is to ensure aged care services meaningfully honor the rights, cultural needs and preferences of seniors and Elders, enabling care that is holistic, respectful and culturally informed.**

What we will do:	By 30 June 2026	By 30 June 2027	By 30 June 2028
4.6a	Completion of new Aged Care Model of Care that incorporates culturally appropriate practices and First Nations consideration.	Implementation of Aged Care Model of Care.	Review and monitor the delivery of implementation.
4.6b	Establish the South West HHS Aged Care Community of Practice, inclusive of First Nations representation and service considerations.	Facilitate greater access for in home care to support aging in place by mapping existing aged care and community support services and identify priorities by conducting consultations with Elders and seniors.	Develop further culturally safe aged care initiatives for implementation.
Supporting data to evidence progress:	➔ Aged Care Model of Care completed. ➔ Number of First Nations Diversional Therapy Care Plans in place. ➔ Numbers of First Nations residents and Community Home Support Program recipients. ➔ Commentary on annual service initiatives and supports.		
South West HHS will lead this work through:	• Executive Director Nursing and Midwifery Services and Chief Operating Officer supported by South West HHS Nursing Director Aged Care, Facility Leads and Service Directors, Nurse Navigators and Indigenous Liaison Officers. • In wider partnership with Aboriginal Community Controlled Health Organisation partners.		

4.7 Protect children from harm and promote safety, wellbeing and best interest of children embedding Aboriginal and Torres Strait Islander guiding principles – safeguarding our children and young people *(Child Safe Organisation Act 2024)*.

Why are we doing this: **To create a culturally safe environment where our children and young people are protected, respected and supported, ensuring compliance with legislative requirements and honouring the rights and cultural identity of First Nations children. Queensland's *Child Safe Organisations Act 2024* introduces a system to protect children from harm in organisational settings. Child Safe Organisations emphasise the role and nature of Hospital and Health Services in maintaining the safety and wellbeing of children and young people under our care.**

What we will do:	By 30 June 2026	By 30 June 2027	By 30 June 2028
4.7a	Embed culturally safe considerations in accordance with the Child Safe Standards, Universal Principle and Reportable Conduct Scheme aligning with the South West HHS Child Safe Organisation Action Plan.	Progress First Nations deliverables outlined within the South West HHS Child Safe Organisation Action Plan ensuring culturally safe considerations are at the forefront of South West HHS' commitment to maintaining the safety and wellbeing of children and young people under our care.	
Supporting data to evidence progress:	➔ Child Safe Self-Audit Tool and South West HHS Child Safe Organisation Action Plan.		
South West HHS will lead this work through:	• Chief Operating Officer and Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by South West HHS Service Directors Primary and Community Care. • In wider partnership with Aboriginal Community Controlled Health Organisation partners and external service providers.		

Collective action, measurable progress toward health equity

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

5.1 Take further steps to mobilise voices and advocacy of First Nations consumers and communities.			
Why are we doing this:	**To strengthen First Nations leadership, voice, and advocacy within health service design and delivery. This includes progressing the establishment of a representative governance mechanism, while continuing to actively monitor and respond to consumer feedback and engagement insights to improve services.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
5.1a	Finalise establishment of a First Nations Health Equity Advisory Committee and host inaugural meeting, with the intent to host at least two meetings of the Committee per year.	Progress meeting objectives from initial establishment.	Review and monitor outcomes and membership to ensure voices are reflective of communities across the South West.
Supporting data to evidence progress:	➔ Number of members and meetings held. ➔ Number of Community Advisory Network members who identify as First Nations people. ➔ Feedback data as reported under other actions in this plan.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by South West HHS Aboriginal and Torres Strait Islander Health Assistant Director. • In wider partnership with South West HHS communities and partners.		

5.2 Develop South West HHS First Nations Engagement Guiding Principles to support consultation and engagement activities across the region, to be incorporated within the whole-of-organisation Engagement Framework.			
Why are we doing this:	**To establish a consistent, culturally safe and rights-based approach to First Nations engagement across South West HHS. The framework will strengthen meaningful partnerships, build trust, and embed reciprocal relationships that value knowledge sharing and lived experience, supporting genuine collaboration and improved health outcomes.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
5.2a	Scope and identify best practice principles to inform the proposed South West HHS First Nations Engagement principles and provide a summary of work to date to South West HHS First Nations Health Equity Committee.	Subject to endorsement of framework, embed principles into wider South West HHS engagement approach.	Review and monitor effectiveness of South West HHS First Nations Engagement Framework.
5.2b	Ensure First Nations specific considerations are incorporated into wider engagement and partnership strategies across the HHS.	Co-design, embed, and monitor the effectiveness of First Nations specific considerations in future engagement opportunities and approaches.	
Supporting data to evidence progress:	➔ Publication of co-designed South West HHS First Nations Engagement Framework. ➔ Further evidence of use in supporting wider collaboration activities.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by South West HHS Aboriginal and Torres Strait Islander Health Assistant Director, Strategy Management Officer, Board Governance Officer and Communications team.		

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

5.3 Co-design a Cultural Heritage Policy to guide and govern First Nations Engagement Framework

Why are we doing this:	To ensure the protection and respect of First Nations cultural heritage across the lands on which South West HHS operates. The policy will support informed decision-making that balances future service and infrastructure development with cultural preservation, while strengthening cultural awareness, embedding co-design, and ensuring culturally appropriate ways of engaging across the organisation.		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
5.3a	Scope and engage in a culturally appropriate way with applicable stakeholders to co-design a South West HHS Cultural Heritage Policy.	Develop Cultural Heritage Policy and Areas of Cultural Significance Register with wider local consultation.	Review and monitor effectiveness of policy and ensure register containing areas of cultural significance is up to date.
Supporting data to evidence progress:	➔ Publication of co-designed policy and register of areas of cultural significance. ➔ Further evidence of use in supporting wider collaboration activities.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander and Engagement supported by South West HHS Director Infrastructure and Maintenance and Aboriginal and Torres Strait Islander Health Assistant Director. • In wider partnership with Traditional Owners and Local Government partners.		

5.4 Demonstrate accountability across First Nations deliverables, performance measures and outcomes.

Why are we doing this:	In support of transparency and accountability of our actions to progress Our Way - Together commitments and to maintain whole of organisation momentum in the range of initiatives across the lifespan of this Implementation Plan.		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
5.4a	Through publication of a regular scorecard, South West HHS will report progress against key Making Tracks, Service Level Agreement, and other relevant performance measures over the life of this Implementation Plan. Where performance challenges are identified, transparent reporting will be provided, including the underlying causes and the actions being taken to address them (see Appendix 1).		
5.4b	Establish an online portal to enable teams to input progress against commitments in this Implementation Plan.	To demonstrate progress against the commitments in this Implementation Plan reports will be collated and presented to the South West Hospital and Health Board every six months, with progress to be shared with staff, communities and partners on a regular basis.	
Supporting data to evidence progress:	➔ Progression of commitments against indicative timescales.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement and Executive Director Governance, Strategy and Performance supported by Service Manager Aboriginal and Torres Strait Islander Health, Strategy Management Officer and Health Information Management.		

5.5 Support staff and people accessing our services to feel comfortable in asking and/or identifying as First Nations people.

Why are we doing this:	To improve the accuracy and completeness of First Nations identification data, enabling better understanding of service use, outcomes, and equity impacts. This will support more informed planning, targeted responses, and improved health outcomes.		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
5.5a	Australian Institute of Health and Welfare Accurate Identification resources (posters & brochures) disseminated and displayed in all South West HHS facilities including General Practices. Design and launch South West HHS Accurate Identification Campaign.	Accurate Identification Training Package launched and live on South West HHS Learning Online (LOL) Portal.	Monitor and review effectiveness of campaign and training package.
Supporting data to evidence progress:	➔ Progressive improvement of data – Increase in the number of consumers identifying themselves as Aboriginal and/or Torres Strait Islander people. ➔ To be determined – Internal Hospital Based Corporate Information System (HBCIS) reporting quarterly or biannually to monitor growth. ➔ Set as a baseline 30 June 2027 percentage of South West HHS staff completing the Accurate Identification online learning module.		
South West HHS will lead this work through:	• Executive Director Aboriginal and Torres Strait Islander Health and Engagement, with support from the Program Support Officer Aboriginal and Torres Strait Islander Health, Learning and Development/LOL team, frontline staff, and broader South West HHS teams across the organisation.		

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

6.1 Develop and implement a South West HHS First Nations Workforce Strategy and Implementation Plan.			
Why are we doing this:	**As part of a consistent whole of organisation approach, we aim to further strengthen and grow both our current First Nations workforce and continue to build and develop pathways for our future generations ensuring our workforce best represents the people we serve.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
6.1a	Review current scoping, consultation and feedback to progress workforce needs and opportunities to align with the development of a renewed South West HHS Workforce Strategy.	Embed the development and implementation of a comprehensive South West HHS First Nations Workforce Strategy and Implementation Plan as a core pillar of the organisations overarching Workforce Strategy, ensuring alignment, accountability, cultural considerations and sustained action.	Monitor and review priorities and actions associated with the South West HHS Workforce Strategy.
Supporting data to evidence progress:	➔ Number and overall percentage of First Nations Full Time Equivalent (FTE) staff. ➔ South West HHS First Nations Workforce Strategy and Implementation Plan included within organisations overarching Workforce Strategy.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement and Executive Director People and Culture supported by South West HHS professional leads.		

6.2 Ensure our First Nations staff have appropriate professional development opportunities.			
Why are we doing this:	**#myPathway discussions provides ongoing opportunities to agree annual professional and other development opportunities in support of their current position and future aspirations. The South West HHS benchmark for completion is at least 85% of staff have a current #myPathway in place.** **In support of wider cultural supervision and mentoring commitments, we also want to ensure First Nations colleagues share what's important to them about their future career aspirations, are actively supported to walk the dual path of being a South West employee and a community member and how both South West HHS and Queensland Health can further support these ambitions.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
6.2a	All First Nations colleagues, and their line managers, are encouraged to work together to ensure an up to date #myPathway.	All First Nations colleagues, and their line managers, continue to maintain an up to date #myPathway, including six-month review.	
6.2b	Develop an Expression of Interest concept for First Nations colleagues interested in undertaking a 1:1 'keep in touch' relationship with an Executive Leadership Team member for a 12-month period.	Pilot annual 'matching' of colleagues to Executive Leadership Team member for monthly 'keep in touch' sessions.	Based on feedback from participants of pilot (initiated March 2027) commence round two of 'keep in touch' sessions.
6.2c	Engage the 2024–2025 Leadership Program participants to contribute to consultation, collaboration, and implementation activities that support culturally responsive leadership and strengthen First Nations engagement across the organisation.	Third round of First Nations Leadership Program – for South West HHS staff and by invitation to Aboriginal Community Controlled Health Organisation and Primary Health Network partners.	First Nations Alumni Workshop with participants from 2027 cohort.
Supporting data to evidence progress:	➔ #myPathway completion rates. ➔ 'Keep in touch' participants and survey outcomes. ➔ Total number of Leadership Program participants (including external partner colleagues).		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement and Executive Director People and Culture supported by Aboriginal and Torres Strait Islander Health Assistant Director, South West HHS First Nations colleagues and their line managers. • In wider partnership with Centre for Leadership Excellence, Health Workforce Division Queensland Health.		

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

6.3 Seek feedback from First Nations colleagues on their working experiences.			
Why are we doing this:	**In alignment with commitments to professional development, cultural supervision and mentoring, the organisation will actively seek and incorporate feedback from First Nations colleagues regarding their workplace experiences. This will support continuous improvement and contribute to the development of a culturally safe, inclusive and supportive work environment for current and future staff.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
6.3a	Review and strengthen annual staff survey processes to enable the inclusion of Indigenous identification for future surveys, with implementation targeted for the 2027 survey cycle.		Address feedback and insights from staff survey and other touchpoints, including the annual staff survey anticipated in early 2028 which will inform the next round of Our Way - Together commitments.
6.3b	Review and refresh 30/60/90-day surveys for new starters, and exit interview questions, to ensure these include applicable items for colleagues who identify as First Nations.	30/60/90-day surveys and exit insight reports continue to be presented to Executive Leadership Committee on a quarterly basis, including opportunities to action any specific feedback relating to First Nations colleagues.	
6.3c	The Executive Director of Aboriginal and Torres Strait Islander Health and Engagement will lead and maintain regular cultural professional practice engagement catch-ups with First Nations staff.	Monitored and reviewed on an annual basis and evaluated as at 30 June 2028 to inform further progression.	
6.3d	Relevant Executive Directors with direct responsibility for First Nations staff will be encouraged to participate in bi-monthly check-in sessions, ensuring structured opportunities for engagement, connection, and feedback are consistently provided and actioned within their portfolios.	Monitored and reviewed on an annual basis and evaluated as at 30 June 2028 to inform further progression.	
Supporting data to evidence progress:	➔ Staff participation rates in organisational wide survey (where colleagues wish to identify). ➔ Informal, anonymised feedback from Executive Leadership Team members on meetings held and any key matters to be addressed.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by wider Executive Leadership Team, South West HHS Aboriginal and Torres Strait Islander Health Assistant Director and Human Resources.		

6.4 Attract, retain and upskill First Nations staff through targeted initiatives that continue to grow our entire First Nations workforce.			
Why are we doing this:	**We are working towards ensuring a workforce that is reflective of the communities we serve - based on Queensland Health targets, as at March 2025 our minimum goal is 10.87%, and we aim to achieve at least 15.52%.**		
What we will do:	**By 30 June 2026**	**By 30 June 2027**	**By 30 June 2028**
6.4a	Through the progression of Grow Our Own, and other workforce specific initiatives - including making our facilities and working environments more culturally safe and welcoming, and wider supports for our staff – deliver progressive increases in the number and overall proportion of First Nations people working with South West HHS.		
Supporting data to evidence progress:	➔ Year on year increase in the numbers, and overall proportion, of First Nations people employed by South West HHS.		
South West HHS will lead this work through:	• Executive Director of Aboriginal and Torres Strait Islander Health and Engagement supported by wider Executive Leadership Team and South West HHS Aboriginal and Torres Strait Islander Health Assistant Director.		

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

6.5 Continue to look for opportunities to enable South West HHS staff and our local Aboriginal Community Controlled Health Organisation (ACCHO) partners to effectively work together.

Why are we doing this: In alignment with our commitment to genuine reconciliation, South West HHS will actively identify and pursue opportunities for collaboration between staff and local ACCHO partners. Through engagement with our peak First Nations governance committee and forums such as Leaders Connect, we will support the identification and delivery of agreed annual priorities that strengthen partnerships, shared understanding, and coordinated approaches to improving health outcomes for Aboriginal and Torres Strait Islander peoples.

What we will do:	By 30 June 2026	By 30 June 2027	By 30 June 2028
6.5a	Work collaboratively through existing governance arrangements to identify priority areas and co-design actions that improve health outcomes for First Nations people.	Progression of financial year 2026-2027 joint commitment. First Nations Health Equity Committee to also determine a key joint focus areas for financial year 2027-2028.	Delivery of financial year 2027-2028 joint commitment.
6.5b	On a rotational basis, external committee partners are to be invited to provide an update on local priorities, recent challenges and successes as part of the standing agenda of the South West HHS Leaders Connect Forum.		
Supporting data to evidence progress:	➔ To be determined by scope of the annual challenge. ➔ Roster of meetings scheduled.		
South West HHS will lead this work through:	• Health Service Chief Executive supported by Executive Director of Aboriginal and Torres Strait Islander Health and Engagement. • In wider partnership with South West HHS First Nations Health Equity Committee and other governance committees/forums.		

6.6 Informed by best practice, design and introduce a supportive cultural supervision and mentoring program for South West HHS staff.

Why are we doing this: The purpose of this work is to ensure our First Nations employees experience a culturally safe and supportive workplace, fostering belonging, wellbeing, and long-term retention within the Health Service.

What we will do:	By 30 June 2026	By 30 June 2027	By 30 June 2028
6.6a	Conduct mapping of existing resources, programs and best practice principles to inform the proposed structure with feedback from staff. This includes the potential overview of resources and programs.	Resources are developed and program outline is detailed and available for staff to access.	Review and monitor the delivery of the overall supervision, program delivery and developed resources.
Supporting data to evidence progress:	➔ Staff participation rates. ➔ Qualitative review from staff.		
South West HHS will lead this work through:	• Executive Director Aboriginal and Torres Strait Islander Health and Engagement, supported by Executive Director People and Culture and Professional Leads.		

APPENDIX I South West HHS First Nations Health Equity Scorecard

Statewide Health Equity Key Performance Measures
Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non-Aboriginal and Torres Strait Islanders mothers with healthy birthweight.
Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time.
Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population.
Elective surgery—increased proportion of First Nations patients treated within clinically recommended time.
Increased proportion of First Nations people participating in Advance Care Planning
Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of healthcare service (inpatient PREMs survey).
Statewide data not currently available for South West HHS
Decreased potentially avoidable deaths (per 100, 000 population).
Sustain a decreased rate and count of First Nations suicide deaths.
Specialist outpatient—decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment.
Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit.
Integrated care pathways—increased proportion of care plans in place for First Nations patients with co-morbidities.
South West HHS Local Key Performance Measures*
Reduction in the proportion of First Nations babies born at low birthweight (less than 2500 grams).
First Nations women who gave birth and attended five or more antenatal visits.
First Nations women who smoked at any stage of pregnancy.
Gastrointestinal Endoscopy—increased proportion of First Nations patients treated within clinically recommended time.
Missed Opportunity To Treat (MOTT) – outpatients.
Total Potentially Preventable Hospitalisations.
Potentially Preventable Hospitalisations (selected conditions - First Nations COPD).
Potentially Preventable Hospitalisations (diabetes complications).
Potentially Preventable Hospitalisations (non-diabetes complications).
Proportion of First Nations presentations departing emergency department within four hours.
Discharge Against Medical Advice (DAMA).
Complaints resolved within 35 calendar days including any complaints due to instances of racism / institutional discrimination.
Completion of annual Cultural Capability Audit.
Number of South West HHS staff who have yet to complete Cultural Capability training within three months of commencement.
Patient Travel Subsidy Scheme (PTSS) applications processed within 20 days of receipt of all necessary paperwork.
Unconscious Bias and Racial Equity Training compliance rates following commencement.

* Additional measures to provide a more transparent picture of our services.

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