



Our Journey Towards Health Equity

Metro North Health Equity
Implementation and Evaluation Plan
2022–2025

Metro North
Health



Queensland
Government



Our work towards Health Equity

Let's work together to create health equity for Aboriginal and Torres Strait Islander peoples.

Visit the new Metro North Health Equity website to learn more:

<http://metronorth.health.qld.gov.au/health-equity>



Metro North
Health



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<https://metronorth.health.qld.gov.au/health-equity>

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Acknowledgement of Country

Metro North Health would like to acknowledge the Traditional Owners of the land on which our services are located, the Jinibara, Kabi Kabi, Turrbal and Yugara peoples.

We pay our respects to the Elders both past and present and acknowledge Aboriginal and Torres Strait Islander peoples across the State.

The voices, lived experiences, and cultural authority of Aboriginal and Torres Strait Islander peoples have been integral to the co-design, co-ownership and co-implementation of our Health Equity Strategy and implementation plan. Thank you for your effort and commitment to walking with us on our journey towards health equity.

Metro North Health understands and acknowledges the concerns of Aboriginal and Torres Strait Islander peoples regarding cultural appropriation of their heritage, and in particular the need to ensure that their intellectual property in all forms is respected and protected.

The ethical duty to protect the intellectual contribution of our Elders and community extends to all forms of expression, whether it be in visual, written or audio form. In addition, when permission is given to reproduce content, it must be used in its entirety in order to give context to the original intent.

Metro North Health acknowledges all of the intellectual contributions made towards health equity and commits to ensuring that an ethical process is taken to protect our Aboriginal and Torres Strait Islander community voices in any engagement.



1 Introduction

1.1 Background and context

The overarching priority of health equity is to Close the Gap and achieve life expectancy parity for Aboriginal peoples and Torres Strait Islander peoples by 2031.

To accelerate effort and engage all aspects of the health system and broader community, Queensland Health has commenced a First Nations health equity reform agenda, underpinned by the most progressive legislation in Australia to deliver locally co-designed, co-owned and co-implemented First Nations Health Equity Strategies.

The commencement of the new Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021 on 30 April 2021 has substantially changed the legal framework guiding the public health system in Queensland by prioritising First Nations health equity. The new legislative amendments provide the authority to redesign and reshape the way health systems deliver service in partnership with Aboriginal peoples and Torres Strait Islander peoples, organisations, and other key stakeholders.

Making Tracks Together – Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework (2021) details the policy settings and strategic directions for Hospital and Health Services (HHSs) to develop and implement new Health Equity Strategies as required by the Hospital and Health Boards Regulation 2021. A commitment to health equity requires reform, change and improvement across the entire health system—it can’t be a continuation of the status quo or business as usual. Now is the time to be bold and brave because all parts of the health system need, can, and should do better.

1.2 Our Journey Towards Health Equity

Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025 describes our commitment to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for Aboriginal peoples and Torres Strait Islander peoples by 2031. It outlines the journey of the co-design process and describes the status of Aboriginal and Torres Strait Islander health across the Metro North Health footprint, provides details of what we learnt from listening to our community and what changes our community want to see in Metro North Health. This has resulted in development of strategies, actions, and measures to create change.

In keeping to the co-design principle, we will continue to co-design, co-implement and monitor, reflect, and adapt as needed. Our partners include our community, community-controlled organisations, other non-government organisations and the University of Queensland Poche Centre – Research Alliance for Urban Goori Health (RAUGH).

Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025 provides the pathway for cultural change and consists of five priority areas for inclusion in our local strategy:

1. Actively eliminate racial discrimination and institutional racism within the service.
2. Increasing access to healthcare services.
3. Delivering sustainable, culturally safe and responsive healthcare services.
4. Influencing the social, cultural and economic determinants of health.
5. Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services.

Priority initiatives from the South East Queensland Health Equity Strategy are included in the *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025* and therefore included in the Implementation and Evaluation Plan.

The Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021 requires Hospital and Health Services to set out actions and agreed key performance measures to improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples.

The Implementation and Evaluation Plan should be read in conjunction with the *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*.

1.3 Our Co-design Journey for Metro North Health Equity

A key theme when developing the *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025* and the *Metro North Health Equity Implementation and Evaluation Plan 2022-2025*, was to ensure they were developed under the principles of co-design. Co-designing our Health Equity Strategy and our Implementation and Evaluation Plan is central to ensuring that both documents align with what is needed to improve health outcomes for Aboriginal and Torres Strait Islander people and ensure that as a health service we are creating change to make our services more culturally safe and responsive.

At pivotal points throughout the journey of the development of the two documents, Aboriginal and Torres Strait Islander community members have been involved in the development of the strategy as well as the actions that are outlined in *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*. The importance of the voices and truth telling of Aboriginal and Torres Strait Islander community members have laid the foundations to create a document that underpins our health equity journey within Metro North Health. Our external partners have also been on the co-design journey with Metro North Health being involved in all pivotal points through the development of both *Our Journey Towards Health Equity Strategy* as well as our *Health Equity Implementation and Evaluation Plan*.



OUR WORK TOWARDS HEALTH EQUITY

Metro North Health

Our Co-design Journey

The co-design journey was facilitated with Aboriginal and Torres Strait Islander Traditional Owners, Elders, staff and community and partnership organisations Brisbane North PHN, The Institute for Urban Indigenous Health and Aboriginal and Torres Strait Islander community-controlled organisations.

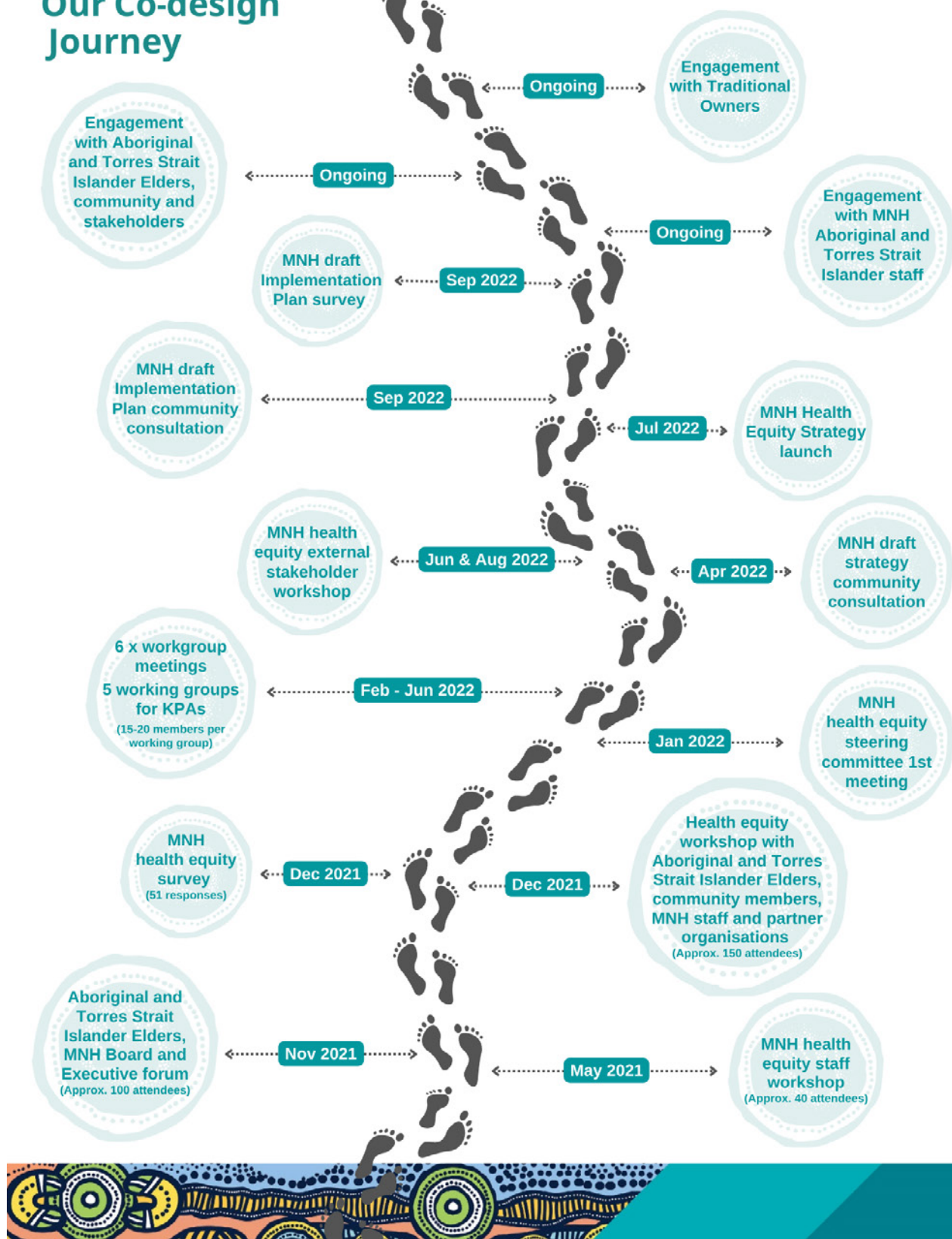


Figure 1- Metro North Health – Co-design Journey

2 Purpose and scope

The actions outlined in the Implementation and Evaluation Plan are designed to demonstrate a commitment to the health equity reform agenda and improve health outcomes of Aboriginal and Torres Strait Islander peoples across the whole health care system.

The purpose of the implementation and evaluation plan is to:

- Outline the priority for the delivery of strategies and actions in the *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*.
- Understand the dependencies between actions, and identify actions that need to be implemented before other actions can be implemented.
- Assign accountability and the areas¹ responsible for each action at a Metro North Health level.
- Outline the evaluation approach including monitoring and reporting.
- Provide key contacts that can support with queries in relation to implementation and reporting.

2.1 Scope - inclusions

- Accountable and responsible officers/areas for the delivery of the strategies and actions in the *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*.
- Prioritisation of actions for implementation which are categorised to be implemented within one, two and three years.
- South East Queensland priority areas.
- State-wide key performance indicators.
- Evaluation approach.
- Reporting requirements and templates.
- Details of key contacts to support implementation and reporting.
- Consistent communications and messaging between South East Queensland, The Institute for Urban Indigenous Health, Brisbane North PHN and Metro North Health both internally and externally for community and stakeholder benefit.

2.2 Scope – exclusions

- Development of localised implementation plans with outlined key milestones of the actions in *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*.
- Development of localised reporting templates and processes.
- Funding required for delivery of actions.

2.3 Constraints

- Upholding the principles of co-design in implementation and evaluation due to time constraints and/or experiencing barriers in engaging with community.

¹ Areas could include clinical directorates, clinical streams, business units etc



3 Governance

The overarching accountability of *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*, ultimately sits with the Metro North Health Board and the Metro North Health Chief Executive.

The responsibility for implementation of the *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025* rests with the Metro North Health Aboriginal and Torres Strait Islander Oversight Committee which comprises of Metro North Health Operations Leadership Team members, the Institute for Urban Indigenous Health (IUIH), Brisbane North PHN and Aboriginal community Elders. Other relevant committees that will form the pathway for oversight are described below. As part of this journey Metro North Health will continue to build upon relationships with external organisations that can become partners to implement actions within the strategy.

Roles and responsibilities of governance committees

Committee	Responsibilities
First Nations Health Equity Board Committee	<ul style="list-style-type: none">• Note progress and inform Metro North Health Aboriginal and Torres Strait Islander Oversight Committee of any gaps and improvements
Metro North Health Aboriginal and Torres Strait Islander Oversight Committee	<ul style="list-style-type: none">• Note six-monthly reports, review progress and recommend change in tactics if required• Discusses risks and management strategies including escalation
Metro North Health Equity Strategy Steering Committee	<ul style="list-style-type: none">• Note discussions occurring with the implementation stakeholders and the Aboriginal and Torres Strait Islander community• Review documentation of implementation success/ challenges and ensure adequate documentation for submission to the Oversight Committee
Health Equity Working Groups	<ul style="list-style-type: none">• Ensure authentic co-design with Traditional Owners and the Aboriginal and Torres Strait Islander community

Figure 2: Governance arrangements



4 Our approach to developing the implementation and evaluation plan

Keeping to the theme of co-design, the Implementation and Evaluation Plan has been developed with Metro North Health executive staff, clinical staff, community partners, and the Aboriginal and Torres Strait Islander community. This has occurred through:

- co-design with the five KPA Working Groups (comprising staff, partners and Aboriginal and Torres Strait Islander Elders and community members).
- co-design with the Metro North Health Aboriginal and Torres Strait Islander Oversight Committee (comprising Operations Leadership Team).
- co-design with community service providers.
- co-design of the evaluation component with the Research Alliance for Urban Goori Health (RAUGH).

The Implementation and Evaluation Plan is just the beginning for Metro North Health's journey towards health equity. As we move into the implementation phase, Metro North Health will continue to build relationships and engage with Aboriginal and Torres Strait Islander community members in the Metro North footprint to strengthen Metro North Health's approach to implementing and evaluating *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*.



5 Implementation Plan

5.1 Development of Metro North Health Implementation and Evaluation Plan

The Metro North Health Implementation and Evaluation plan outlines the following for each action:

- Accountability - The accountable officer is answerable for the implementation of the action to the Metro North Health Aboriginal and Torres Strait Islander Oversight Committee and Aboriginal and Torres Strait Islander Close the Gap Committees.
- Responsibility - This describes the areas and teams responsible for implementing the action.
- Priority for implementation – the year in which implementation will occur.
- Priority year for delivery - Metro North Health has undergone a process to prioritise the actions for year for delivery. Criteria includes:
 - * Actions which are important to the Aboriginal and Torres Strait Islander community
 - * Key themes that were continuously raised throughout our community consultation
 - * Actions which are considered easy to implement quickly within Metro North Health
 - * Actions which will lay the foundation for cultural safety within Metro North Health
 - * Actions which will impact the greatest proportion of ‘at risk’ Aboriginal and Torres Strait Islander peoples
 - * Actions which can attribute to holistic care
- Dependencies between actions – this identifies other action/s that require implementation before the action in question can be implemented.

The Metro North Health Implementation Plan is available in Appendix 1.

5.2 Development of Metro North Health Implementation and Evaluation Plan

Metro North Health is committed to meeting the reporting requirements of the statewide KPM'S. These KPM'S are:

- Decreased potentially avoidable deaths.
- Increased proportion of Aboriginal and Torres Strait Islander babies born to Aboriginal and Torres Strait Islander mothers and non-First Nations mothers with healthy birthweights.
- A decreased rate and count of Aboriginal and Torres Strait Islander suicide deaths.
- Increased proportion of Aboriginal and Torres Strait Islander adult patients on the general care dental waitlist waiting for less than the clinically recommended time.
- Elective surgery – increased proportion of Aboriginal and Torres Strait Islander patients treated within clinically recommended time.
- Specialist outpatient – decreased proportion of Aboriginal and Torres Strait Islander patients waiting longer than clinically recommended for their initial specialist outpatient appointment.
- Increased proportion of Aboriginal and Torres Strait Islander people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit.
- Increased proportion of Aboriginal and Torres Strait Islander people completing advanced care planning.
- Annual increase to the Aboriginal and Torres Strait Islander workforce to demonstrate representation equal to the Aboriginal and Torres Strait Islander population.





Metro North will also report against additional measures which will demonstrate progress in each of the key priority areas. Some of these measures have data sources available now and some others are aspirational measures and under development.

Key Performance Measures with a current data source are listed below and will be reported on annually:

- Evidence of inclusion of racial equity as a value in the Values in Action (VIA) Framework.
- Evidence of inclusion of anti-discrimination and institutionalised racism statement in the Metro North Health VIA and all related documents.
- Potentially preventable hospitalisations – Aboriginal and Torres Strait Islander peoples.
- Diabetes complications.
- Selected conditions (not relevant for Metro North Health) Service Agreement 22/23-23/24.
- Increased number of primary care service providers in Metro North Health Equity Strategy Key Performance Indicator.
- Increased proportion of Aboriginal and Torres Strait Islander adult patients on the general care dental wait list waiting for less than the clinically recommended time (Statewide KPI).
- Metro North Health aims to increase the percentage of completed general courses of oral health care for Aboriginal and Torres Strait Islander consumers (Metro North Health Equity Strategy overarching priorities).
- Reduced Did Not Responds (DNRs) and Failure to attend (FTA).
- Evidence of gap analysis (link to 4.2A).
- Potentially Preventable Hospitalisations measure as in Action 2.1A.
- Decreased potentially avoidable deaths.
- Proportion of completed Aboriginal and Torres Strait Islander peoples health assessment (by the Medicare Benefit Scheme item number) (SEQ measure).
- Number and proportion of breast screening participation (SEQ measure).
- Specialist outpatient – Decreased proportion of Aboriginal and Torres Strait Islander patients waiting longer than clinically recommended for their initial specialist outpatient appointment (Statewide KPI).

- People on specialist outpatient waitlists seen within clinically recommended timeframe by triage category (SEQ measure).
- Decrease in proportion of Did Not Respond (DNR).
- Elective Surgery – Increased proportion of Aboriginal and Torres Strait Islander patients treated within clinically recommended time (Statewide KPI).
- Telehealth utilisation rates for non-admitted tele-health service events.
- Children fully immunised by year 1,2 and 5 (SEQ measure).
- Increased proportion of Aboriginal and Torres Strait Islander babies born to Aboriginal and Torres Strait Islander mothers and non-First Aboriginal and Torres Strait Islander mothers with healthy birthweights (Statewide KPI).
- Women pregnant with an Aboriginal and Torres Strait Islander baby, and Aboriginal and Torres Strait Islander women who delivered baby at full term (SEQ measure – responsibility of IUIH and HHSs).
- Aboriginal and Torres Strait Islander babies and babies of Aboriginal and Torres Strait Islander women, not admitted to special care nursery (SCN) or neonatal intensive care unit (NICU).
- Women pregnant with Aboriginal and Torres Strait Islander baby and Aboriginal and Torres Strait Islander women, whose first antenatal visit is in the first trimester (SEQ measure) – combined IUIH and HHS measure.
- Women pregnant with an Aboriginal and Torres Strait Islander baby, and Aboriginal and Torres Strait Islander women, who were not smoking after 20 weeks gestation (SEQ measure – measure for IUIH and HHSs).
- Metro North Health aims to increase the percentage of Aboriginal and Torres Strait Islander women stopping smoking whilst pregnant (Metro North Health Equity Strategy overarching priority).
- Increased proportion of Aboriginal and Torres Strait Islander people receiving face-to-face community follow-up within 1-7 days of discharge from an acute mental health inpatient unit.
- Decrease in number and proportion of ‘did not wait’ in Emergency Department.
- Increase in Aboriginal and Torres Strait Islander workforce across all workforce streams.

Aspirational measures for Metro North Health Equity– under development

Appendix 2 maps all measures against the actions. The non-shaded actions currently have aspirational measures which are currently under development. To view appendix 2 visit: <https://metronorth.health.qld.gov.au/health-equity>.





5.3 Development of local implementation plans

Each responsible area e.g. directorate, clinical stream or business unit will use the Metro North Implementation and Evaluation Plan as a base document and customise it to suit their requirements.

It is expected that the overall accountable officer for the responsible area will involve all stakeholders (including community, staff, and partners) in the co-design of implementation activities to the extent possible.



6 Evaluation approach

The purpose of the evaluation framework is to implement a systematic method for collecting, analysing, and using data to assess the effectiveness of the strategies and actions outlined in *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*. The premise of evaluation is to ensure agility of approach to Close the Gap.

The evaluation framework will be reviewed as the health equity strategy implementation progresses, and regular reporting becomes available. This will ensure that new learnings, assumptions, and linkages are captured in the evaluation.

In keeping with the co-design philosophy and to use evidence-based evaluation methodologies, our partners have been engaged to some extent in developing this framework.

The evaluation framework is conceptualised as assessing process, outcome, and impact of implementing *Our Journey Towards Health Equity, Metro North Health Equity Strategy 2022-2025*.

Process evaluation – will assess if the health equity strategy activities associated with the actions are being implemented as intended and resulting in the outputs expected. This will be achieved through the six monthly regular reporting by the accountable areas within Metro North Health (refer to section 6.1.1).

Outcome evaluation – will measure the progress of the objectives of the health equity strategy. It will focus on the immediate results. Examples of what will be measured in outcomes evaluation is outlined in appendix 2.

Impact evaluation – will measure the effectiveness of achieving the end goal of Closing the Gap. This will be undertaken at the endpoint of each strategy timeframe with the eventual aim of assessing total impact in 2031.

Recognising the importance of ensuring a valid and reliable process for measurement, the University of Queensland Poche Centre for Indigenous Health and the Research Alliance for Urban Goori Health (RAUGH) will assist as required.

RAUGH will support the region to transform health service delivery to achieve parity of health outcomes between Aboriginal and Torres Strait Islander peoples and other residents of the Metro North region. The Alliance will also contribute to evidence to inform urban-based health systems reforms, nationally and internationally.

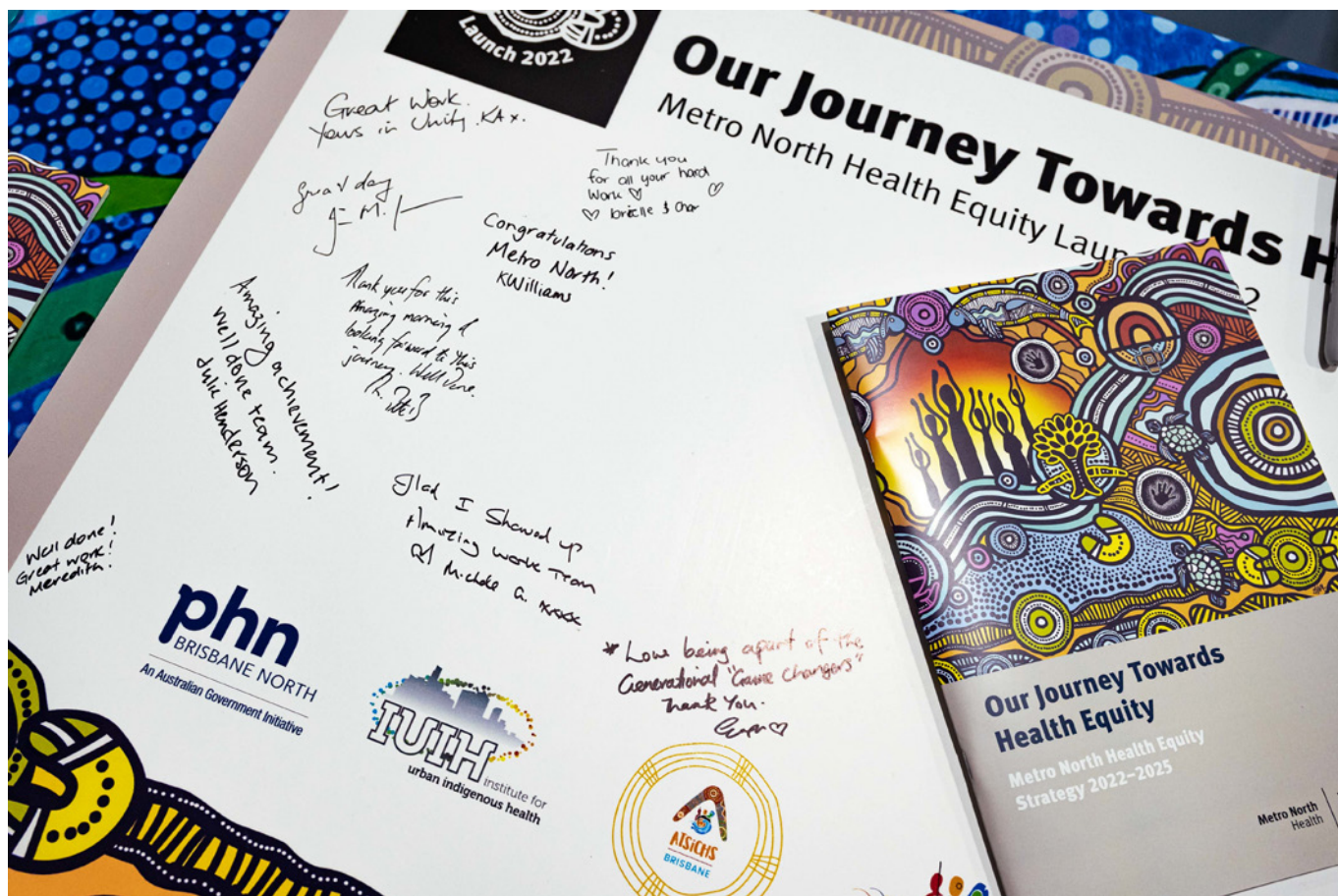
Metro North Health Internal Audit have included a review of the Metro North Health Equity Strategy in quarter four of the 2022-23 Internal Audit Plan. The proposed audit scope (yet to be finalised) will assess managements progress to implement and monitor the strategy at a point in time. Engagement with key stakeholders will be undertaken in quarter three before the audit progresses, to reconfirm the audit scope and the “value add” for the audit review.

Type of evaluation

	Process evaluation	Outcome evaluation	Impact evaluation
	Looking at progress of activities	Looking at immediate results	Assessing effectiveness of achieving the end goal of Closing the Gap
Frequency of activity	Enabled through regular reporting at six monthly intervals	Annual	Three yearly

Figure 3: Metro North Health Equity Strategy Evaluation Framework





6.1 Process evaluation – reporting

The Metro North Health Aboriginal and Torres Strait Islander Oversight Committee will meet four times a year to assess progress of the health equity strategy. Two of the four meetings will review six monthly report and the remaining two meetings will focus on quantitative data on select actions.

6.1.1 Six monthly reporting

The six monthly report will be submitted to the Metro North Health Aboriginal and Torres Strait Islander Oversight Committee on 30 April and 30 October each year. A report by exception will be provided to the Metro North Health Board on an annual basis.

Each reporting area will submit their draft report for an initial review conducted by the Aboriginal and Torres Strait Islander Leadership Team. This will provide the opportunity to review the draft report for completeness including the breadth and depth of information and cross-validate with other reporting areas. The reporting areas will be given feedback to consider in their final report. The final report will be submitted by the Aboriginal and Torres Strait Islander Leadership Team to the Metro North Health Aboriginal and Torres Strait Islander Oversight Committee and noted at the First Nations Health Equity Committee.

Informing our Aboriginal and Torres Strait Islander community

Using a multipronged approach e.g. KPA working groups, forums etc

Metro North Health Board

First Nations Health Equity Committee

Metro North Aboriginal and Torres Strait Islander Oversight Committee

Facility Aboriginal and Torres Strait Islander Close the Gap or Health Equity Committees

Directorate Reconciliation Action Plan Committee

Figure 4: Reporting structure for Health Equity

Key milestones	Timeframe	
	Six monthly April report	Six monthly October report
Reporting area draft report to Aboriginal and Torres Strait Islander Leadership Team	30 March	30 September
Aboriginal and Torres Strait Islander Leadership Team feedback to reporting area	End of week 1 of April	End of week 1 of October
Submission of final report to Aboriginal and Torres Strait Islander Leadership Team by reporting area	End of week 2 of April	End of week 2 of October
Aboriginal and Torres Strait Islander Leadership Team compiles final consolidated report for Oversight Committee	Weeks 3 and 4 of April	Weeks 3 and 4 of October
Submission to Aboriginal and Torres Strait Islander Oversight Committee	Last day of April	Last day of October
Showcasing successes and challenges	June each year via forums, vidcasts, clinical councils, web page (i.e multipronged approach)	December each year

Figure 5: Six monthly reporting schedule from 2023

Reporting Template

Each reporting area will localise the template for their requirements including choosing their method of collecting and providing the information (e.g. MS Word, Ms Excel etc). It is envisaged that over time, a dashboard for reporting will be developed for ease of reporting.



6.1.2 Quantitative data report

For every alternate quarter (to the six monthly report), i.e. June and December, the Metro North Health Aboriginal and Torres Strait Islander Oversight Committee will discuss quantitative data on topics requested by them.

6.2 Outcome evaluation

The outcome evaluation will be conducted on an annual basis. The data parameters for these are being developed. Over the next few months, baseline data will be established so that the outcome of interventions can be assessed. A partnership with the University of Queensland, Poche Centre for Indigenous Health may be for elements of outcome evaluation.

6.3 Impact evaluation

This will be conducted by RAUGH.



Overarching priority – Improving Aboriginal and Torres Strait Islander health and wellbeing outcomes



Close the Gap in life expectancy within a generation, by 2031.



Increase our identified workforce within Metro North Health.



By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight.



Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero and deliver culturally safe mental health services (SEQ KPA2-3 and 9 See appendix1).



Metro North Health Executive Leadership will take responsibility within the system to drive, monitor, review and evaluate change and make a commitment to enhance Aboriginal and Torres Strait Islander leadership within the systems.



Aboriginal and Torres Strait Islander Elders have access to holistic health care which is culturally safe and responsive.



Metro North Health commits to ensuring to zero long waits for any planned care.



Metro North Health commits to Aboriginal and Torres Strait Islander consumers having access to healthcare that is responsive to needs and addresses health inequalities.



Metro North Health aims to increase the percentage of completed general courses of oral health care for Aboriginal and Torres Strait Islander consumers.



By 2031 Metro North Health aims to increase the percentage of Aboriginal and Torres Strait Islander women attending antenatal sessions throughout all trimesters of the pregnancy journey.



Metro North Health aims to increase the percentage of Aboriginal and Torres Strait Islander women stopping smoking whilst pregnant.



Metro North Health commits to maintaining and improving the prevention, testing, treatment and contact tracing of blood borne viruses and sexually transmissible infections for Aboriginal and Torres Strait Islander consumers.



Metro North Health will maintain and evaluate the Women's Shared Care Pathway for Aboriginal and Torres Strait Islander women.



Metro North Health commits to improve the percentage of Aboriginal and Torres Strait Islander women cervical screening rates.



"We have to make some changes and not keep talking about it. We just got to do it."



7 Support with implementation and reporting

Areas responsible for implementation and reporting will have access to support from the Metro North Health Aboriginal and Torres Strait Islander Leadership Team and the Health Service Strategy and Planning Unit. Contact details for support are provided below.

Enquiry Type	Name	Phone	Email
General enquiries	Layla Scott, Health Equity Program Manager	0472696064	Layla.Scott@health.qld.gov.au
	Zarina Khan, Manager Strategy & Planning	3647 9564	Zarina.Khan@health.qld.gov.au
KPA 1 – Actively eliminating racial discrimination and institutional racism within the service	Kirsty Leo	3139 4005	Kirsty.Leo@health.qld.gov.au
	Professor Peter Hopkins	3139 4393	Peter.Hopkins@health.qld.gov.au
KPA2 – Increasing access to healthcare services	Christopher Henaway	3646 0784	Christopher.Henaway@health.qld.gov.au
	Dr Sean Clark	5433 8888	Sean.Clark@health.qld.gov.au
KPA3 – Delivering sustainable, culturally safe and responsive healthcare services	Penny Dale	3837 5820	Penny.Dale@health.qld.gov.au
	Helen Boocock	3647 6064	Helen.Boocock@health.qld.gov.au
KPA4 – Influencing the social, cultural and economic determinants of health	Natasha White	3139 3231	Natasha.White@health.qld.gov.au
	Gillian Nasato	3646 4481	Gillian.Nasato@health.qld.gov.au
KPA5 – Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services	Paul Drahm	0417457620	Paul.Drahm@health.qld.gov.au
	Louise Oriti	3883 7625	Louise.Oriti@health.qld.gov.au

Generic email contact details:

Health Equity – Metro North Health

Email: healthequitymnh@health.qld.gov.au Phone: **3139 3235**



KEY PERFORMANCE AREAS



Actively eliminating racial discrimination and institutional racism within the service



Increasing access to healthcare services



Delivering sustainable, culturally safe and responsive healthcare services



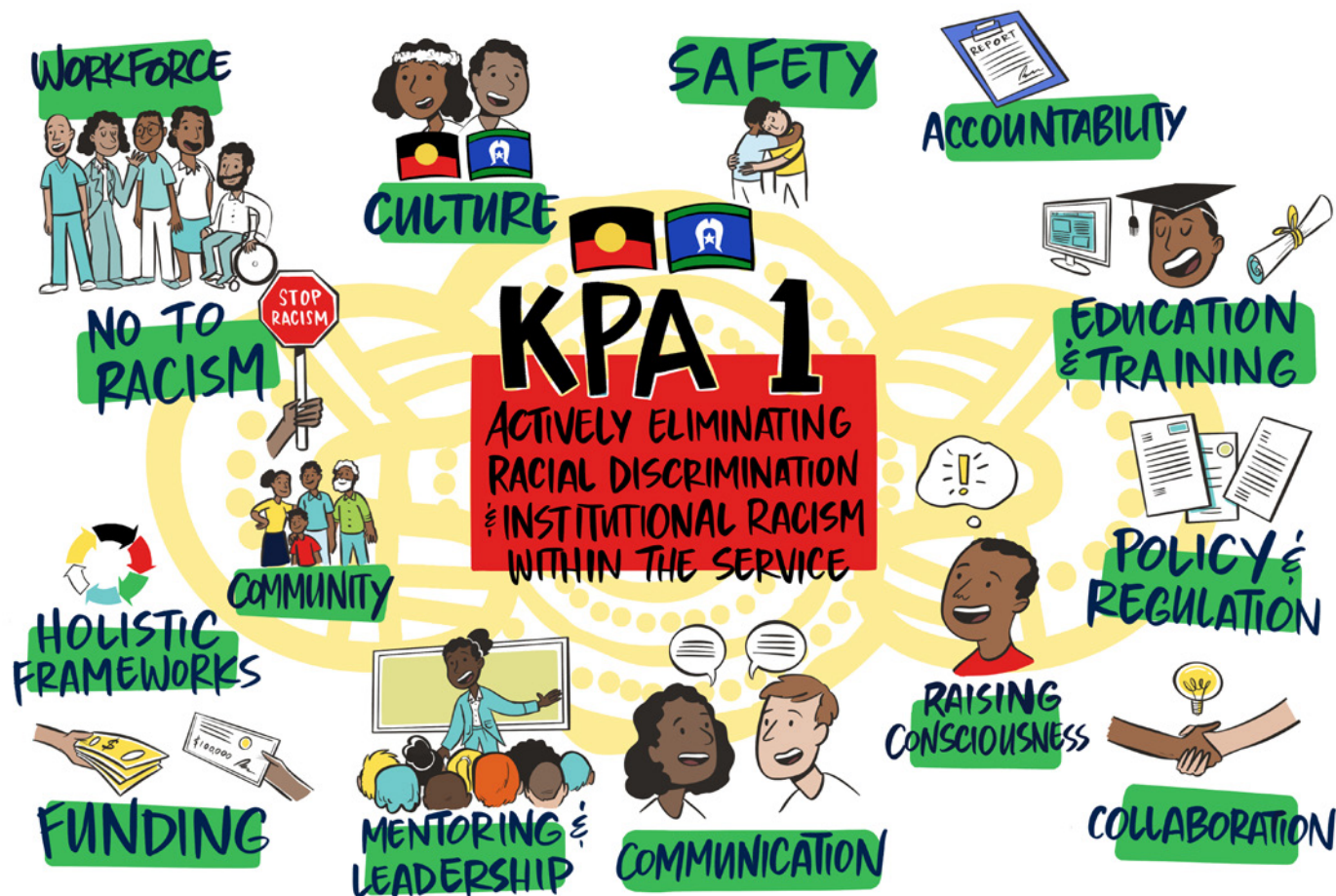
Influencing the social, cultural and economic determinants of health



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

Appendix 1: Metro North Health Implementation Plan

*Please note actions shaded on the following tables represent partnerships to be explored with organisations external to Metro North Health.





KPA 1 – Actively eliminating racial discrimination and institutional racism within the service

Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
1.1 Achieve a zero-tolerance policy toward racism for both staff and patients	Action 1.1 A Develop and implement an anti-racism campaign that incorporates existing and new legislation policies.	Chief People and Culture Officer	Development Executive Director, Aboriginal and Torres Strait Islander Health, Head of Legal, Metro North Health Legal Services, Director, Metro North Communication, Director, People and Culture Programs Implement Executive Director, All Directorates, All Business Units, Director, People and Culture Programs, Executive Director, Clinical Governance, Safety, Quality and Risk	2023–24	
	Action 1.1 B Review all existing MNH HR policy and process on reportable racial discrimination and abuse that is aligned current Human Rights and Anti-discrimination acts / legislation.	Chief People and Culture Officer	Executive Director, Clinical Governance, Safety, Quality and Risk, Head of Legal, Metro North Health Legal Services, Director, People and Culture programs, Director, Metro North Communication	2023–24	Action 1.1B to be completed before Action 1.1C
	Action 1.1 C Establish policies and procedures to report discrimination and perpetual acts of racism in a complaints or compliments screening portal. Must ensure reporting pathways are clear and are managed in accordance with the MNH HR policies and procedures.	Chief People and Culture Officer	Executive Director, Clinical Governance, Safety, Quality and Risk, Direct , people and Culture Programs, Director, Metro North Communication	2024–25	Action 1.1 B to be completed before this action
	Action 1.1 D Development of a Racism Matrix to be used when undertaking a bi-annual auditing in Metro North Health to make sure systemic changes can be made if need be.	Director, Metro North Internal Audit Chief Operating Officer, Metro North Health	Development Executive Director, Strategy Planning, Infrastructure and Assets Implementation Metro North Director, Metro North Internal Audit Chief Operating Officer, Metro North Health	2023–24	Action to be completed prior to starting Action 1.2



Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	<p>Action 1.1 E</p> <p>Establish a Metro North Health compliments and complaints unit for Aboriginal and Torres Strait Islander workforce and patients resourced by identified staff to provide cultural safety and context.</p> <p>A process that firmly supports staff members immediately as well as after they have experienced a racially traumatic incident.</p>	Executive Director, Clinical Governance Safety Quality and Risk	<p>Consultation Executive Director, Clinical Governance, Safety and Risk Executive Director, Aboriginal and Torres Strait Islander Health Director, People and Culture Programs</p> <p>Developer Director, People and Culture Programs Director, People and Culture Services Clinical Governance Safety, Quality and Risk</p> <p>Implementation Director, People and Culture Programs Director, People and Culture Services</p>	2023–24, 2024–25, 2025–26	
1.2 Support the cultural capability of the organisation	<p>Action 1.2 A</p> <p>Develop and implement a suite of mandatory training including CPP (Cultural Practice Program), Unconscious Bias training and Racial Equity training. The training will be uniform in length and content across all of Metro North Health and take as long as required, with managers ensuring compliance for all staff.</p>	Chief People and Culture Officer	<p>Development (Content-Cultural context) Executive Director, Aboriginal and Torres Strait Islander Health Director, People and Culture Programs</p> <p>Implementation Director, People and Culture Programs Executive Director, All Directorates All business units</p>	2023–24	Action 1.1 D to be completed before this action to establish baseline
	<p>Action 1.2 B</p> <p>Include mandatory cultural capability and racial equity training in all Metro North Health staff Professional Development Plan templates.</p>	Chief People and Culture Officer	Director, People and Culture Programs Chief Operating Officer, Metro North Health Executive Director, All Directorates	2023–24	Linked to Action 1.2F
	<p>Action 1.2 C</p> <p>All meetings (inclusive of executive, research, clinical and educational meetings) within in all levels of Metro North Health should begin with an Acknowledgement of Country.</p>	Executive Directors, All Directorates	<p>Directive Chief Executive, Metro North Health</p> <p>Implementation Executive Director, All Directorates All Business Units</p>	2022–23	



KPA 1 (continued)

Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 1.2 D Develop a cultural events calendar to increase awareness of Aboriginal and Torres Strait Islander days of significance and support localised events.	Executive Director, All Directorates	Development Executive Director, Aboriginal and Torres Strait Islander Health Implementation Executive Director, All Directorates	2022–23, 2023–24, 2024–25, 2025–26, 2026–27, 2027–28, 2028–29	
	Action 1.2 E Enhance awareness of the distinction between Aboriginal peoples and Torres Strait Islander peoples' cultural protocols and directions within new HR policies.	Chief People and Culture Officer	Directive Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates Director People and Culture Programs Director, Metro North Communication Implementation and promotion Executive Director, All Directorates	2025–2026	Actions 1.1B, 1.1C to be completed prior to Action 1.2E
	Action 1.2 F Assess the cultural integrity of Metro North Health staff at regular intervals (12 monthly intervals) through defined methods (e.g. PDP reviews, validated survey tools).	Chief People and Culture Officer	Development (Partnership) Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, Aboriginal and Torres Strait Islander Health Director, People and Culture Programs Executive Director, Clinical Governance, Safety, Quality and Risk Implementation Executive Director, All Directorates Director, People and Culture Services	2023–24, 2024–25, 2025–26	Action 1.2 B and 1.1 D to be completed before this action
1.3 Add Racial Equity as a value to the VIA Framework	Action 1.3 A Metro North Health Values in Action (VIA) framework of Integrity, High Performance, Respect, Compassion and Teamwork to include the core value of Racial Equity.	Chief People and Culture Officer	Chief Executive, Metro North Health Director, Metro North Communication, Director, People and Cultural Programs Executive Director, Aboriginal and Torres Strait Islander Health	2023–24	Action 1.3A to be completed before Action 1.3B
	Action 1.3 B Introduce an anti-discrimination and institutional racism statement in the Metro North Health Values in Action and all related documents including position descriptions, key selection criteria for staff recruitment, and interview questions.	Chief People and Culture Officer	Development Chief Executive, Metro North Health Director, People and Cultural Programs Executive Director, Aboriginal and Torres Strait Islander Health Implementation Director, Metro North Communication Director People and Culture Programs	2023	Action 1.3A to be completed before Action 1.3B

KPA 1 (continued)

Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
1.4 Support the Aboriginal and Torres Strait Islander workforce	Action 1.4 A Develop and evaluate an Aboriginal and Torres Strait Islander Peer Responder, Mentoring and Leadership program to support transfer of learnings from training to work roles, staff in educational based programs and initiatives.	Chief People and Culture Officer	Development Executive Director, Aboriginal and Torres Strait Islander Health Director People and Culture Programs	2023–24	
	Action 1.4 B Support and promote inclusiveness in Metro North Health HR policy (including escalation points) and procedures through a culture of education, safety and the reporting of institutionalised racism and discrimination when it is seen.	Executive Director, All Directorates	Develop Executive Director, Clinical Governance, Safety, Quality and Risk Promote Director, Metro North Communication Executive Director, All Directorates Implementation Executive Director, All Directorates All Business Units	2023–24, 2024–25	Action 1.1 B and 1.1 C to be completed before this action
1.5 Commit to authentic engagement with Aboriginal and Torres Strait Islander patients, consumers and/or the community	Action 1.5 A Establish “Yarning Circles” and/or other forms of gathering to allow space for “truth telling” and establish engagement with Aboriginal and Torres Strait Islander patients and consumers and/or the community. It must align with the Metro North Health Values in Action and ensure that these are safe spaces for suggestions to be made and ensure input is followed up on.	Executive Directors, Directorates	Executive Director, All Directorates Executive Director, Clinical Services Executive Director, Aboriginal and Torres Strait Islander Health	2023–24, 2024–25	Linked to Strategy 5.1
	Action 1.5 B Develop a Metro North Health Statement of Commitment to Reconciliation supported by localised Reconciliation Action Plan (RAP) Committees across each facility and directorate.	Chief People and Culture Officer Metro North Health CE Executive Directors, Directorates	Executive Director, All Directorates Director, People and Cultural Programs Executive Director, Aboriginal and Torres Strait Islander Health	2023–24	





KPA 2 – Increasing access to healthcare services

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
2.1 Increase choice of primary care service providers for the community	Action 2.1 A Expand and re-orient community and oral health services.	Executive Director, Community and Oral Health	Executive Director, COH		2022–23, 2028–29	
	Action 2.1 B Improve cultural capability of all general practitioners in Metro North Health.	Chief Medical Officer	Executive Director, Aboriginal and Torres Strait Islander Health	IUIH Brisbane North PHN (GPLOs)	2022–23, 2023–24, 2024–25, 2025–26, 2026–27, 2027–28, 2028–29	

KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
2.2 Improve travel and accommodation support for patients, their carers and families	Action 2.2 A Establish a state-wide agreement to enable patient travel subsidy scheme (PTSS) gap payments to be waived for those who identify as Aboriginal and/or Torres Strait Islander.	Chief Operating Officer, Metro North Health	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates		2023–24, 2024–25	
	Action 2.2 B Contribute to a process to coordinate patient transport services between all transport providers including Metro North Health, Institute for Urban Indigenous Health (UIH) and other community providers.	Chief Operating Officer Metro North Health Executive Director, Aboriginal and Torres Strait Islander Health	Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health	IUIH Cancer Council QAS	2023–24	
	Action 2.2 C Establish accommodation partnerships for rural and remote Aboriginal and Torres Strait Islander patients to access when attending hospital appointments within Metro North Health.	Executive Director, Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, COH Executive Director, TPCH Executive Director, RBWH Executive Director, STARS		2023–24, 2024–25, 2025–26	



KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 2.2 D Undertake pre-planning for transport and accommodation, and document in patient's care plan prior to leaving community for hospital.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, COH Executive Director, TPCH Executive Director, RBWH Executive Director, STARS		2023–24, 2024–25, 2025–26	
2.3 Increase the scope and capacity of community health care workers	Action 2.3 A Implement clinical governance for clinical community health workers (e.g. Community and Oral Health medical officer). Develop and recruit to clinical community health worker positions. Support Community and Oral Health to complete streamlining community liaison functions and positions. Develop a process and pathway to link community support workers across Metro North Health directorates, IUIH and other community providers.	Chief Nursing and Midwifery Officer Executive Director, Aboriginal and Torres Strait Islander Health	Executive Director, All Directorates		2022–23, 2023–24, 2024–25, 2025–26	

KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
2.4 Provide culturally appropriate safe spaces	Action 2.4 A Provide private rooms in hospitals (including satellite hospitals) for families with access to necessities (e.g., computers, Wi-Fi, tea and coffee facilities etc).	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, All Directorates	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, All Directorates		2025–26	
	Action 2.4 B Provide safe functional spaces for the community to support holistic care across all sectors including Metro North Health and the Community-Controlled Organisations.	Executive Director, Strategy, Planning, Infrastructure and Assets	Executive Director, Strategy, Planning, Infrastructure and Assets	IUIH Brisbane ATSICHS Non-health Organisations	2022–23, 2023–24, 2024–25, 2025–26	
	Action 2.4 C Consider Aboriginal and Torres Strait Islander perspectives in the design of new facilities.	Executive Director, Strategy, Planning, Infrastructure and Assets	Executive Director, All Directorate		2022–23, 2023–24, 2024–25, 2025–26, 2026–27, 2027–28, 202–29	
2.5 Enhance early intervention and preventative programs for the community	Action 2.5 A Create an Aboriginal and Torres Strait Islander Health Worker/ Practitioner outreach program to deliver intervention and prevention programs.	Executive Director – All Directorates	Executive Director, COH Executive Director, All Directorates Executive Director, All Clinical Streams Public Health Unit		2022–23, 2023–24, 2024–25, 2025–26, 2026–27, 2027–28, 2028–29	Action 2.3 to be completed before this action





OUR JOURNEY TOWARDS HEALTH EQUITY

Metro North Health Equity Strategy 2022–2025

The Metro North Health Equity Strategy 2022–2025 describes our commitment to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for Aboriginal peoples and Torres Strait Islander peoples by 2031.

A commitment to health equity requires reform, change and improvement across the entire health system. It cannot be a continuation of the status quo or business as usual. Now is the time to be bold and brave because all parts of the health system needs to do better.

Driving change our way means Metro North Health works closely and extensively with our community Elders, community members and prescribed stakeholders within our catchment area as well as all other Hospital and Health Services (HHSs) across Queensland.

Our vision for Metro North Health is creating a healthcare system that is responsible for addressing health inequities. To do this we must successfully bring together the consumers, health providers and health services as we strive to make health equity our everyday business.

We understand our community wants to provide input in different ways and we will provide choices ranging from written feedback, bringing everyone together in forums and provide opportunities to have yarns.

This requires significant cultural change within the organisation – something that takes time, vision and strategic action to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

The Metro North Health Equity Strategy 2022-2025 provides this pathway for cultural change and consists of five priority areas for inclusion in our local strategy:

-  KPA1 – Actively eliminating racial discrimination and institutional racism within the service
-  KPA2 – Increasing access to healthcare services
-  KPA3 – Delivering sustainable, culturally safe and responsive healthcare services
-  KPA4 – Influencing the social, cultural and economic determinants of health
-  KPA5 – Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services

2022>2023

KPA1

Review all existing Metro North Health HR policies and processes on reportable racial discrimination.

Develop and implement an anti-racism campaign that incorporates existing and new legislation policies.

Metro North Health Values in Action (VIA) framework to include the core value of Racial Equity.

Include mandatory cultural capability and racial equity training in all Metro North Health staff PDPs.

Assess the cultural integrity of Metro North Health Staff.



Explore opportunities for after hours support for new satellite hospitals.

Contribute to a process to coordinate patient transport services.

Consider Aboriginal and Torres Strait Islander perspectives in the design of new facilities.

Develop pathways for Aboriginal and Torres Strait Islander peoples accessing palliative care services.

KPA2

KPA3

Deliver identification training for staff when asking if a patient identifies as Aboriginal and/or Torres Strait Islander.

Develop concierge roles / services to help people navigate our hospitals.

Support staff to connect and link with community when designing and delivering programs.

Create culturally appropriate interview processes supported by HR policy.

Co-design and mandate Aboriginal and Torres Strait Islander staff wellbeing programs.

Develop a peer support program.

Work with organisations to provide services in a collaborative way.



KPA4

KPA5

Hold an annual showcase to promote the work of Metro North Health with our Aboriginal and Torres Strait Islander communities.

Report publicly on progress annually of the Health Equity Strategy.

Develop regular yarning sessions between Traditional Owners and hospital staff around planned areas and settings.

2023>2024

2024>2025

KPA1

Development of a Racism Matrix to be used for bi-annual auditing.

Enhance awareness of the distinction between Aboriginal peoples and Torres Strait Islander peoples culture.

Establish policies and procedures to report discrimination and perpetual acts of racism.



Provide pathways to supports for those experiencing domestic and family violence.

Establish models of care that deliver care closer to home.

Metro North Health to explore processes for supporting pregnant women involved in the justice system.

Tailor outpatient appointments.



KPA3

Develop a strategy to engage people disconnected from health care services.

Establish coordinator roles in targeted clinical areas.



Co-design and implement a Metro North Health Cultural Framework.

Establish Metro North Health as an employer of choice for Aboriginal and Torres Strait Islander people.

KPA5

Conduct an annual showcase of exceptional services.



KPA1

All meetings to begin with an Acknowledgment of Country and Traditional Owners.

Establish a Metro North Health compliments and complaints unit for Aboriginal and Torres Strait Islander people.



KPA2

Create individual integrated care plans for all Aboriginal and Torres Strait Islander health consumers.

KPA3



Co-design cultural career pathways and mentoring frameworks for Aboriginal and Torres Strait Islander staff.



KPA4

KPA5



Increase the number of Aboriginal and Torres Strait Islander researchers.

Metro North Health



Queensland Government

KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 2.5 B Explore and implement opportunistic screening in the community healthcare teams including cervical cancer, bowel cancer, diabetes and chronic kidney disease.	Executive Director, Clinical Governance, Safety, Quality and Risk	Executive Director, COH Executive Director, All Clinical Streams Executive Director, All Directorates Public Health Unit		2023–24, 2024–25, 2025–26, 2026–27	Action 2.3 to be completed before this action
	Action 2.5 C Within the hospital system, develop and implement a system for a series of screens to be offered to Aboriginal and Torres Strait Islander patients facilitated during their stay in hospital (e.g. a check list of items such as blood pressure, sugar levels, faecal occult blood, breast screening and prostate check).	Executive Director, Clinical Services	Implement Executive Director, COH Executive Director, All Clinical Streams Executive Director, All Directorates		2023–24, 2024–25, 2025–26, 2026–27	
2.6 Develop a culturally appropriate model to improve the outpatient journey	Action 2.6 A Tailor outpatient appointment environment, processes and visits.	Executive Director, Clinical Services	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, All Directorates Director, HEI	Aboriginal and Torres Strait Islander Community Controlled Health Services, PHN	2023–24, 2024–25	

KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
2.7 Deliver care closer to home	Action 2.7 A Establish models of care that deliver care closer to home in partnerships with, and/or by commissioning from Community Controlled Health Services: e.g. Hospitals in the Home and shared specialist clinics and satellite hospitals.	Executive Director, Clinical Services	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, COH Director, HEI	Aboriginal and Torres Strait Islander Community Controlled Health Services, PHN	2023–24, 2024–25	
2.8 Implement evidence-based holistic care pathways developed for Aboriginal and Torres Strait Islander patients to enhance the health journey	Action 2.8 A Provide holistic care drawing on evidence-based pathways already developed, e.g. Australian Government and Cancer Council endorsed Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer (evaluate the University of Queensland and Metro North Health co-funded Indigenous Cancer Nurse Navigator at RBWH for broader implementation).	Executive Director, Research Metro North Health	Develop Executive Director, All Directorates Implement Executive Director, All Clinical Services Executive Director, All Directorates		2022–23, 2023–24, 2024–25, 2025–26, 2026–27	
	Action 2.8 B Create individual case management and integrated care plans (including care pathways) for all Aboriginal and Torres Strait Islander health consumers and patients.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, All Clinical Services Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health		2025–26	



KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 2.8 C Support establishment of community-controlled and Metro North Health aftercare services upon discharge from hospital and improve coordination of care between our partners.	Executive Director, All Directorates	Executive Director, All Directorates	Aboriginal and Torres Strait Islander Community Controlled Health Services, Mainstream Health Services	2023–24, 2024–25	
	Action 2.8 D Within Metro North Health, increase after-hours service capacity including: <ul style="list-style-type: none"> • healthcare support workers to support patients coming to Metro North Health facilities after hours • paediatric allied health support outside of school hours • Indigenous Hospital Liaison Officer support in all emergency departments after 5pm for all patients, but also for patients presenting with mental health issues 	Chief Operating Officer, Metro North Health	Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health		2022–23, 2023–24, 2024–25, 2025–26, 2026–27	
	Action 2.8 E Explore opportunities for after-hours support from the satellite hospitals currently under development.	Executive Director, Strategy, Planning, Infrastructure and Assets	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, Aboriginal and Torres Strait Islander Health		2023–24	

KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
2.9 Develop service models for targeted groups including, but not limited to, mob in the justice system; domestic and family violence; maternity, children's and families; perinatal and infant mental health; early childhood; sexual health; mental health alcohol and other drugs; hard to reach groups; palliative care; services and cardiology services.	Action 2.9 A Develop culturally appropriate, non-reactive healthcare around the patient journey in the prisoner healthcare pathway.	Executive Directors, All Directorates	Executive Director, Aboriginal and Torres Strait Islander Health		2023–24, 2024–25	
	Action 2.9 B Metro North Health to explore processes and a model of care for supporting pregnant women involved in the justice system.	Executive Directorates, All Directorates	Executive Director, Women, Children & Families Clinical Stream	Department of Corrections, Youth Justice, Sista's Inside, Kurbingui	2024–25	
	Action 2.9 C Introduce an independent (separate to correctional facilities) Aboriginal and Torres Strait Islander health team (including mental health workers) to provide contextual support and to provide safety checks within the prisons.	Executive Director, Caboolture, Kilcoy and Woodford	Executive Director, Kilcoy and Woodford		2022–23, 2023–24, 2024–25, 2025–26, 2026–27, 2027–28, 2028–29	
	Action 2.9 D Provide consistent and transparent referral and follow up pathways to community based supports to those experiencing domestic and family violence.	Executive Directors, All Directorates	Executive Director, Women, Children & Families Clinical Stream Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health Chief Allied Health Practitioner, Metro North Allied Health Services	Aboriginal and Torres Strait Islander Community Controlled Health Services, NGOs Women's Legal Service, DVConnect, DV Alert, Family Wellbeing Service, Centre Against Domestic Abuse, Kurbingui, Family Participation Program, ANFPP, Child Safety	2023–24, 2024–25	



KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	<p>Action 2.9 E Create a one-stop shop clinic model that includes:</p> <ul style="list-style-type: none"> • Ngarrama, Child Health and early childhood services such as immunisation • development of clinic space for each Ngarrama service (RBWH, Caboolture and Redcliffe) • increase in Aboriginal and Torres Strait Islander positions within these teams development of group programs such as, Mothers, Fathers and Playgroups 	Executive Director, All Directorates	<p>Executive Director, Women, Children & Families Clinical Stream</p> <p>Executive Director, Aboriginal and Torres Strait Islander Health</p> <p>Executive Director, Strategy, Planning, Infrastructure and Assets</p>	<p>Child Health/CHQ, Kurbingui, IUIH,</p> <p>Aboriginal and Torres Strait Islander Community Controlled Services, NGO's,</p> <p>Brisbane City Council</p>	2022–23, 2023–24, 2024–25, 2025–26, 2026–27, 2027–28, 2028–29, 2029–30, 2030–31, 2031–32	<p>Linked to actions:</p> <ul style="list-style-type: none"> - 2.9F - 2.9G - 2.9H - 2.9I - 2.9J
	<p>Action 2.9 F Increase capacity of Ngarrama Service at RBWH, Redcliffe and Caboolture Hospitals to support the demand for the service.</p>	Executive Directors RBWH, Redcliffe and Caboolture	<p>Executive Director, Caboolture, Kilcoy and Woodford</p> <p>Executive Director, RBWH</p> <p>Executive Director, Redcliffe</p>		2023–24, 2024–25, 2025–26	<p>Linked to actions:</p> <ul style="list-style-type: none"> - 2.9E - 2.9G - 2.9H - 2.9I - 2.9J



KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 2.9 G Create an Aboriginal and Torres Strait Islander midwifery navigator position to support women who are cared for in other models at all sites and to assist with women transferred into our hospitals.	Executive Directors RBWH, Redcliffe and Caboolture	Executive Director, Caboolture, Kilcoy and Woodford Executive Director, RBWH Executive Director, Redcliffe Executive Director, Aboriginal and Torres Strait Islander Health		2023–24, 2024–25, 2025–26	Linked to actions: - 2.9E - 2.9F - 2.9H - 2.9I - 2.9J
	Action 2.9 H Establish a Midwifery Group Practice (MGP) model to be available at RBWH, Caboolture and Redcliffe Hospitals.	Executive Directors RBWH, Redcliffe and Caboolture, Kilcoy and Woodford	Executive Director, Caboolture, Kilcoy and Woodford Executive Director, RBWH Executive Director, Redcliffe Executive Director, Aboriginal and Torres Strait Islander Health		2023–24, 2024–25	Linked to actions: - 2.9E - 2.9F - 2.9G - 2.9I - 2.9J
	Action 2.9 I Create a sub-group of the Women's and Children's Stream to provide strategic and cultural oversight to the Ngarrama programs across Metro North Health.	Executive Directors, Women, Children and Families, Children and Families Clinical Stream	Executive Director, Caboolture, Kilcoy and Woodford Executive Director, RBWH Executive Director, Redcliffe		2023–24	Linked to actions: - 2.9E - 2.9F - 2.9G - 2.9H - 2.9J
	Action 2.9 J Work in collaboration with Perinatal and Infant Mental Health to improve referral pathways to include women in pregnancy.	Executive Director, Metro Health	Executive Director, Mental Health	Queensland Centre Perinatal and Infant Mental Health, Peachtree, Child Health, NGO's, 1300 MH CALL, White Cloud Foundation	2023–24, 2024–25	



KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 2.9 K Accelerate collaborative efforts to Close the Gap in early childhood health and education outcomes.	Executive Director- Aboriginal and Torres Strait Islander Health	Executive Director, Women, Children & Families Clinical Stream	Child Health, Play Groups Australia, Koobara, Aboriginal and Torres Strait Islander Playgroups, Department of Education, MICAH, Kurbingui, ANFPP, Family Wellbeing Service	2023–24, 2024–25, 2025–26	
	Action 2.9 L Deliver culturally appropriate sexual health services.	Executive Director- Community and Oral Health	Executive Director, COH		2022–23, 2023–24, 2024–25, 2025–26	
	Action: 2.9 M Deliver culturally appropriate mental health services.	Executive Director, Metro North Mental Health	Executive Director, Mental Health Executive Director, Aboriginal and Torres Strait Islander Health	Aboriginal and Torres Strait Islander Community Controlled Health Services NGOs	2022–23, 2023–24, 2024–25, 2025–26	Linked to Action - 2.9N
	Action 2.9 N Embed social and emotional wellbeing models of services and delivery in mental health and alcohol and other drug services within Metro North Health and with our partner organisations.	Executive Director, Metro North Mental Health	Executive Director Mental Health	Aboriginal and Torres Strait Islander Community Controlled Health Services NGOs PHN	2022–23, 2023–24, 2024–25, 2025–26	Linked to Actions - 2.9M - 3.4D
	Action 2.9 O Develop and implement targeted strategies for hard to reach community members (i.e. homeless, disabled, prisoners, youth, LGBTIQ+ and older people)	Chief Allied Health Practitioner, Metro North Allied Health Services	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Strategy, Planning, Infrastructure and Assets	Aboriginal and Torres Strait Islander Community Controlled Health Services NGOs	2023–2024, 2024–25	Linked to Action - 3.1A

KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 2.9 P Metro North Health to evaluate palliative care services for Aboriginal and Torres Strait Islander families and communities. Including the development of an education program to empower Metro North Health staff to understand overarching principles that apply to the delivery of palliative care to Aboriginal and Torres Strait Islander peoples.	Executive Director Metro North Health Clinical Services	Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health	Cancer Council PEPA and IPEPA	2023–2024, 2024–25	Linked to Actions - 2.9Q - 2.9R
	Action 2.9 Q Create purpose designed palliative care rooms in Metro North Health hospitals for Aboriginal and Torres Strait Islander families and communities.	Executive Directors, All Directorates	Executive Director, Strategy, Planning, Infrastructure and Assets		2025–26	Linked to Actions - 2.9P - 2.9R
	Action 2.9 R Develop pathways, processes and capacity to assist Aboriginal and Torres Strait Islander people to access palliative and supportive care that is consistent with their needs.	Executive Director Metro North Health Medicine Stream	Development Executive Director, Medicine Stream Implement Executive Director, All Directorates	Cancer Council PEPA/IPEPA IUIH Aboriginal and Torres Strait Islander Community Controlled Health Services	2022–2023, 2023–24	Linked to Actions - 2.9P - 2.9Q



KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 2.9 S Partner with relevant organisations and non-government organisations to financially support taking deceased persons to their country.	Chief Operating Officer, Metro North Health	Executive Director, Aboriginal and Torres Strait Islander Health	External partnerships to be explore further for this action.	2023–24, 2024–25, 2025–26	
	Action 2.9 T Participate in the QLD Rheumatic Heart Disease Control Program which includes: <ul style="list-style-type: none"> • providing education to all health staff • providing advice and support to clients and family members • developing educational and promotional materials and resources • building capacity in local communities and health service facilities 	Executive Director, TPCH	Executive Director, Heart and Lung Clinical Stream Executive Director, All Directorates		2022–23, 2023–24, 2024–25, 2025–26	Linked to Action - 2.9U
	Action 2.9 U Deliver on the five key priority areas outlined in the Ending Rheumatic Heart Disease : Queensland's First Nations Strategy 2021-2024.	Executive Director, All Directorates	Executive Director, Heart and Lung Clinical Stream Executive Director, All Directorates		2022–23, 2023–24, 2024–25, 2025–26	Linked to Action - 2.9T

KPA 2 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
Action 2.9 V Monitor the effectiveness of cardiac care including the Indigenous Cardiac Outreach Program.	Executive Director, TPCH	Executive Director, Heart and Lung Clinical Stream		2023–24, 2024–25		





"Our commitment to health equity is across the entire health system and we will be working in partnership with Aboriginal and Torres Strait Islander Community Controlled Health Organisations and the Brisbane North Primary Health Network."
 Jackie Hanson, Chief Executive
 Metro North Health





KPA 3 – Delivering sustainable, culturally safe and responsive healthcare services

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
3.1 Health care services to connect with Aboriginal and Torres Strait Islander community members who are disengaged	Action 3.1 A Develop a strategy to engage Aboriginal and Torres Strait Islander community members who are disconnected from health care services.	Executive Director – Aboriginal and Torres Strait Islander Health	Executive Director, COH Executive Director, All Directorates Stream Executive Directors Executive Director, Aboriginal and Torres Strait Islander Health	NGOs Child Safety Youth Justice Service Australia Housing Education 2024-2025	2024–25, 2025–26	Action Linked - 2.90



KPA 3 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
3.2 Transition all services to culturally safe, responsive, sustainable and evidence based models of care	Action 3.2 A Implement culturally safe and responsive services.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, COH Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health		2023-24, 2024-25, 2025-26	
	Action 3.2 B Establish coordinator roles in targeted clinical areas to support culturally safe and sustainable services.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, Clinical Governance, Safety, Quality and Risk Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health		2023-24, 2024-25	
	Action 3.2 C Aboriginal and Torres Strait Islander staff to participate in all multi-disciplinary teams.	Executive Director, Directorates	Executive Director, All Directorates		2025-26, 2026-27, 2027-28, 2028-29	
	Action 3.2 D Develop concierge roles/service to help people navigate and create a welcoming safe and responsive environment.	Executive Directors, All Directorates	Executive Director, All Directorates		2023-24, 2024-25	
	Action 3.2 E Review how safe service delivery, responsiveness and practice are embedded into practice.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, Clinical Governance, Safety, Quality and Risk Executive Director, Aboriginal and Torres Strait Islander Health		2025-26	
	Action 3.2 F Support staff to connect and link with community when designing and delivering programs e.g. Men's and Women's programs around grief and loss.	Executive Director, Community and Oral Health	Executive Director, COH Executive Director, Aboriginal and Torres Strait Islander Health		2025-26	

KPA 3 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 3.2 G Pilot innovative Aboriginal and Torres Strait Islander designed, led and staffed models of care and services that integrate both cultural and clinical models of care.	Executive Director, Clinical Services	Stream Executive Directors Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	
	Action 3.2 H Deliver education to all staff to ask consumers if they identify as Aboriginal and/or Torres Strait Islander utilising a system wide policy and procedure alongside the patient identification program.	Chief People and Culture Officer	Executive Director, All Directorates Executive Director, Clinical Governance, Safety, Quality and Risk Executive Director, Aboriginal and Torres Strait Islander Health Director, People and Culture Programs		2022-23, 2023-24	
	Action 3.2 I Incorporate wellness, healing, and spiritual factors in all staff training packages to enhance care experience and deliver responsive service delivery.	Executive Director, Clinical Governance Safety Quality and Risk Chief People and Culture Officer	Executive Director, Aboriginal and Torres Strait Islander Health Implementation Executive Director, All Directorates Executive Director, Clinical Governance, Safety, Quality and Risk Chief Medical Officer Chief Allied Health Practitioner, Metro North Allied Health Services		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	



KPA 3 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
3-3 Strengthen partnerships with the primary healthcare networks, Aboriginal and Torres Strait Islander Community Controlled Services and other agencies for culturally safe and responsive shared care, transitions and discharge for patients and their carers.	Action 3.3 A Develop minimum standards of information for handover across the patient health journey to assist with transition of care.	Executive Director, Clinical Services	Director HEI Executive Director, Aboriginal and Torres Strait Islander Health		2022-23, 2023-24, 2024-25, 2025-26	
	Action 3.3 B Increase support and training for Aboriginal and Torres Strait Islander people/families undertaking carer roles.	Executive Director, Strategy Planning Infrastructure and Assets Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, Women, Children & Families Clinical Stream Executive Director, Clinical Governance, Safety, Quality and Risk Executive Director, Aboriginal and Torres Strait Islander Health	Carers QLD Wellways Carers Gateway Cancer Connect Peer Support Condition specific support agencies	2023-24, 2024-25	
3-4 Strengthen cultural dynamics and safety in targeted clinical areas.	Action 3.4 A Improve child safety notification processes for Aboriginal and Torres Strait Islander children and families to consider cultural factors in the reporting process.	Executive Director, Clinical Governance Safety Quality and Risk Chief Allied Health Practitioner, Metro North Allied Health Services	Executive Director, Women, Children & Families Clinical Stream Executive Director, All Directorates	QATSICPP IUIH Aboriginal and Torres Strait Islander Community Controlled Health Services Child Safety ANFPP, Family Wellbeing Services, Kurbingui, REFOCUS, Child Health, Child Safety Health Liaison	2023-24, 2024-25	
	Action 3.4 B Co-design a cultural capability program for first responders.	Chief Operating Officer, Metro North Health	Executive Director, Aboriginal and Torres Strait Islander Health		2023-24, 2024-25, 2025-26	
	Action 3.4 C Expand the mental health co-responder team to cover the holistic needs, for example, Aboriginal and Torres Strait Islander community members.	Executive Director, Metro North Mental Health	Executive Director, Mental Health	Aboriginal and Torres Strait Islander Community Controlled Health Services QAS QPS	2022-23, 2024-25, 2025-26	

KPA 3 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 3.4 D Implement holistic mental health model of care to support the patient's health journey between acute and community settings.	Executive Director, Metro North Mental Health	Executive Director, Mental Health	Aboriginal and Torres Strait Islander Community Controlled Health Services IUIH – Hospital in the Home Richmond Fellowship (RFQ) Step Up Step Down Facilities	2022-23, 2023-24, 2024-25, 2025-26	Linked to Actions - 2.9M - 2.9N
	Action 3.4 F Establish strength-based trauma informed care in response to the impact of historical policies.	Executive Director, Mental Health	Executive Director, Mental Health Executive Director, All Directorates	The Healing Foundation IUIH	2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	
3.5 Support evidence-based services with sustainable funding	Action 3.5 A Review funding allocation for existing and proposed new programs, processes, and tools for Aboriginal and Torres Strait Islander peoples.	Chief Operating Officer, Metro North Health	Executive Director, All Directorates		2022-23, 2023-24	Linked to Actions - 3.5C - 3.5D
	Action 3.5 B Establish regular meetings with the Metro North Health executive team to review adequacy of funding models for current and proposed programs inclusive of the Metro North Health annual budget build and review.	Chief Finance and Corporate Officer	Chief Executive, Metro North Health		2022-23, 2023-24	
	Action 3.5 C Quarantine dedicated Aboriginal and Torres Strait Islander resources and funding to prevent reallocation to other areas at the time of the Metro North Health annual budget review and procedure.	Chief Finance and Corporate Officer	Executive Director, All Directorates		2022-23, 2023-24, 2024-25, 2025-26	Linked to Actions - 3.5A - 3.5D



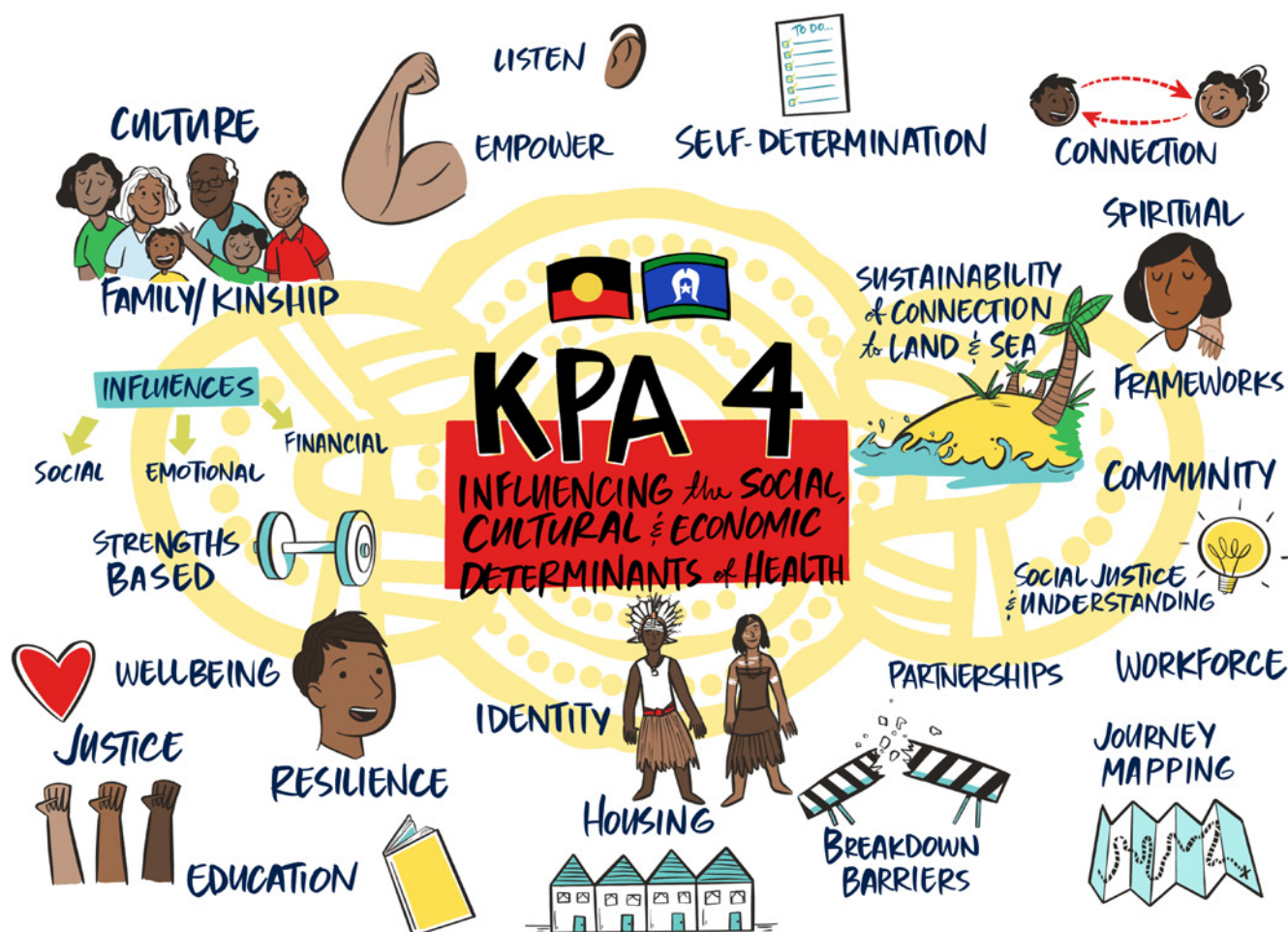
KPA 3 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 3.5 D Recurrently fund new programs and services for sustainable service delivery.	Metro North COO Chief Finance Officer	Chief Executive, Metro North Health		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	Linked to Actions - 3.5A - 3.5C
3.6 Increase and value the expertise of the Aboriginal and Torres Strait Islander workforce	Action 3.6 A Create a culture and understanding in which Aboriginal and Torres Strait Islander staff/workforce are experts in their own right, especially in a clinical setting whilst increasing the promotion of the Aboriginal and Torres Strait Islander workforce.	Chief People and Culture Officer	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates All Business Units		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	
	Action 3.6 B Employ Aboriginal and Torres Strait Islander people in front line positions. e.g. Aboriginal and Torres Strait Islander cultural health workers to partner with and respond when ambulances are called to emergencies or when in hospitals and utilise the Emergency Department Ambassador role.	Metro North COO	Update to Chief Executive, Metro North Health Executive Director, Directorates		2022-23, 2023-24, 2024-25, 2025-26	
3.7 Include cultural considerations in clinical audit tools and processes	Action 3.7 A Design cultural audit tools and embed into routine service review and evaluation.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, Clinical Governance, Safety, Quality and Risk Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health		2022-23, 2023-24, 2024-25, 2025-26	
	Action 3.7 B Embed cultural considerations in audit tools and review/evaluate processes in alignment with the National ED, Safety & Quality Standards.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, Clinical Governance, Safety, Quality and Risk Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health		2022-23, 2023-24, 2024-25, 2025-26	

KPA 3 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
3.8 Define health service needs based on evidence	Action 3.8 A Develop a minimum data set for health and social determinants to validate health and service needs.	Executive Director- Research Executive Director Aboriginal and Torres Strait Islander Health	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, Aboriginal and Torres Strait Islander Health		2022-23, 2023-24, 2024-25, 2025-26	
	Action 3.8 B Enhance and enable access to all administrative and clinical information systems for benchmarking activities to understand service needs, redesigning models of care, processes and practices.	Executive Director, Strategy, Planning Assets, Infrastructure and Strategic Developments and Executive Director, Aboriginal and Torres Strait Islander Health	Chief Digital Health Officer, Metro Health Executive Director, Aboriginal and Torres Strait Islander Health Director, HEI Executive Director, Clinical Services		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	
	Action 3.8 C Engage across directorates and community partners to understand health and service needs.	Executive Director, Aboriginal and Torres Strait Islander Health	Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health	Brisbane North PHN	2022-23, 2023-24, 2024-25, 2025-26	





KPA 4 – Influencing the social, cultural and economic determinants of health

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
4.1 Implement strength based approaches to improve the health and wellbeing of Aboriginal and Torres Strait Islander people.	Action 4.1 A Co-design and implement a Metro North Health Cultural Framework underpinned by Cultural Determinants.	Chief People and Culture Officer Executive Director, Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Clinical Governance, Safety, Quality and Risk		2023-24, 2024-25	Action order 1. 4.1A 2. 4.1C 3. 4.2D

KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 4.1 B Research and implement models of care that consider Aboriginal and Torres Strait Islander traditional medicine and healing practices to offer patient choice of care.	Executive Director, All Clinical Services Executive Director, Research Metro North Health	Head of Legal, Metro North Health Legal Services Executive Director, Clinical Services Executive Director, Research Metro North Health	Universities (Poche Centre for Indigenous Health)	2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29, 2029-2030, 2030-31, 2031-2032	
	Action 4.1 C Co-design a formal process to develop and implement culturally appropriate plans that factor in 'family' centred care orientation, planning and actions plans for all Aboriginal and Torres Strait Islander people, including a template for cultural plans and embed cultural evaluation as part of clinical and social work assessment.	Chief Allied Health Practitioner, Metro North Allied Health Services	Executive Director, All Clinical Services Executive Director, All Directorates		2022-23, 2023-24, 2024-25, 2025-26	Action order 1. 4.1A 2. 4.1C 3. 4.2D
	Action 4.1 D Co-design and mandate Aboriginal and Torres Strait Islander staff wellbeing programs that build in connection to culture, land and sea and acknowledge important cultural practice and protocols for the benefit of all staff.	Chief People and Culture Officer	Director, People and Culture Programs Executive Director, Aboriginal and Torres Strait Islander Health		2022-23, 2023-24, 2024-25, 2025-26	Linked to Action - 4.1E



KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 4.1 E Develop a peer support program that is culturally appropriate for Aboriginal and Torres Strait Islander staff.	Chief People and Culture Officer Executive Director Aboriginal and Torres Strait Islander Health	Director, People and Culture Programs		2023-24, 2024-25	Linked to Action - 4.1D
4.2 Provide integrated healthcare that incorporates Aboriginal and Torres Strait Islander people's connection to culture, land and sea and social and economic determinants of health	Action 4.2 A Develop models of integrated healthcare through patient journey mapping.	Executive Director, Clinical Services Executive Director, Community and Oral Health	Director, HEI	PHN IUIH Aboriginal and Torres Strait Islander Community Controlled Health Services NDIS Child Safety Mental health Justice Housing Centrelink Hostels Link Up Cancer Council Condition specific Support agencies	2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	

KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 4.2 B Strengthen current pathways and co-design models of care with other Government and Non- Government organisations.	Metro North COO Executive Director Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates Executive Director, All Clinical Streams	PHN IUIH Community Controlled Health Services NDIS Child Safety Mental health Justice Housing Centrelink Hostels Link Up Cancer Council Condition specific Support agencies	2022-23, 2023-24, 2024-25, 2025-26	
	Action 4.2 C Work with government, non-government, and community organisations to provide services in a collaborative way.	Executive Director Strategy, Planning, Assets, Infrastructure, Strategic Developments (community engagement) Executive Director Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates Executive Director, All Clinical Streams	PHN IUIH Aboriginal and Torres Strait Islander Community Controlled Health Services NDIS Child Safety Mental health Justice Housing Centrelink Hostels Link Up Cancer Council Condition specific Support agencies	2022-23, 2023-24	



KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 4.2 D Implement co-responder models of care that support information sharing and care coordination to ensure a holistic approach to Aboriginal and Torres Strait Islander patient healthcare journey.	Executive Director, Clinical Governance Safety Quality and Risk	Chief Digital Health Officer, Metro North Health Head of Legal, Metro North Health Legal Services Executive Director, Clinical Governance, Safety, Quality and Risk		2022-23, 2023-24, 2024-25, 2025-26	Action order 1. 4.1A 2. 4.1C
	Action 4.2 E Evaluate the impacts that current Metro North Health programs like Deadly Start, Women's Business Shared Pathway and Better Together Medication Access have on improving the social and cultural determinants of health and ensure the learnings are implemented broadly.	Executive Director, Strategy, Planning, Infrastructure and Assets	Executive Director, Research Metro North Health	RAUGH – Poche Centre for Indigenous Health Universities	2022-23, 2023-24, 2024-25, 2025-26	
4.3 Attract and grow the Metro North Health Aboriginal and Torres Strait Islander workforce.	Action 4.3 A Establish recruitment processes that break down barriers and promote Metro North Health as an employer of choice for Aboriginal and Torres Strait Islander people.	Chief People and Culture Officer Executive Director Aboriginal and Torres Strait Islander Health	Director, People and Culture Programs Executive Director, Aboriginal and Torres Strait Islander Health Chief Allied Health Practitioner, Metro North Allied Health Services Chief Nursing and Midwifery Officer Chief Medical Officer	Universities TAFE Employment Agencies High Schools Career Trackers AIME NRL School to Work QATSIF Department of Education CSIRO Young Indigenous Women's STEM Academy	2022-23, 2023-24, 2024-25, 2025-26	Action order 1. 4.3A 2. 4.3D 3. 4.3E

KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 4.3 B Establish a Workforce Equity Unit to explicitly support the proactive recruitment, development, and retention of Aboriginal and Torres Strait Islander peoples in the Metro North Health workforce.	Chief People and Culture Officer	Director People and Culture Programs		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	Action order 1. 4.3B 2. 4.4E 3. 4.4D 4. 4.4B
	Action 4.3 C Develop strategies to ensure required representation of male and female employees (Aboriginal peoples and Torres Strait Islander peoples) to support men's and women's business in all clinical areas.	Chief People and Culture Officer	Director, People and Culture Services Director, People and Culture Programs Executive Director, Aboriginal and Torres Strait Islander Health Chief Medical Officer Chief Nursing and Midwifery Officer Chief Allied Health Practitioner, Metro North Allied Health Services		2022-23, 2023-24	Linked action - 4.3F
	Action 4.3 D Create culturally appropriate interview processes, supported by MN HR policy.	Chief People and Culture Officer	Director, People and Culture Services Director, People and Culture Programs		2022-23, 2023-24	Action order 1. 4.3A 2. 4.3D 3. 4.3E
	Action 4.3 E Quarantine positions to increase Aboriginal and Torres Strait Islander workforce.	Chief People and Culture Officer	Director, People and Culture Services Director, People and Culture Programs Executive Director, All Directorates		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29, 2029-30, 2030-31, 2031-32	Linked Action - 4.3C
	Action 4.3 F Increase the Aboriginal and Torres Strait Islander workforce across the clinical and non-clinical streams including nurse navigators.	Chief People and Culture Officer	Chief Medical Officer Chief Nursing and Midwifery Officer Chief Allied Health Practitioner, Metro North Allied Health Services		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29, 2029-30, 2030-31, 2031-32	Linked Action - 4.3C



KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
4.4 Retain the Aboriginal and Torres Strait Islander workforce	Action 4.4 A Establish pathways so that Aboriginal and Torres Strait Islander staff are supported and encouraged to access ongoing opportunities to undertake professional development, attend University and/or TAFE and participate in leaderships courses and programs.	Chief People and Culture Officer	Director People and Culture Programs Executive Director, Office of the CE	Universities TAFE Employment Agencies High Schools Career Trackers AIME NRL School to Work QATSIF Department of Education CSIRO Young Indigenous Women's STEM Academy Cancer Council	2022-23, 2023-24, 2024-25, 2025-26	
	Action 4.4 B Implement succession planning and retention processes including creation of a talent portal to focus on specific gaps for Aboriginal and Torres Strait Islander peoples.	Chief People and Culture Officer	Director, People and Culture Services Director, People and Culture Programs		2022-23, 2023-24, 2024-25, 2025-26	Action order 1. 4.3B 2. 4.4E 3. 4.4D 4. 4.4B
	Action 4.4 C Develop processes and systems so that Sorry Business or Sad News is understood and accommodated for Aboriginal and Torres Strait Islander employees and educate non-Indigenous people about Aboriginal and Torres Strait Islander staff ways of being and doing.	Chief People and Culture Officer	Director People and Culture Programs Director People and Culture Services Workplace relations Director, Workplace Relations Executive Director, Aboriginal and Torres Strait Islander Health	IUIH PEPA/IPEPA PallAssist Cancer Council	2022-23, 2023-24	

KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 4.4 D Establish a professional line and/or stream for Aboriginal and Torres Strait Islander Health Workers including Identified allied health, nursing and medical professional streams.	Chief People and Culture Officer	Executive Director, Aboriginal and Torres Strait Islander Health Director, People and Culture Services		2022-23, 2023-24, 2024-25, 2025-26	Action order 1. 4.3B 2. 4.4E 3. 4.4D 4. 4.4B
	Action 4.4 E Co-design Cultural Career pathway and Mentoring Framework based on the Metro North Health Career Pathway and Mentoring Framework.	Chief People and Culture Officer	Director People and Culture Programs Executive Director, Office of the CE		2025-26	Action order 1. 4.3B 2. 4.4E 3. 4.4D 4. 4.4B



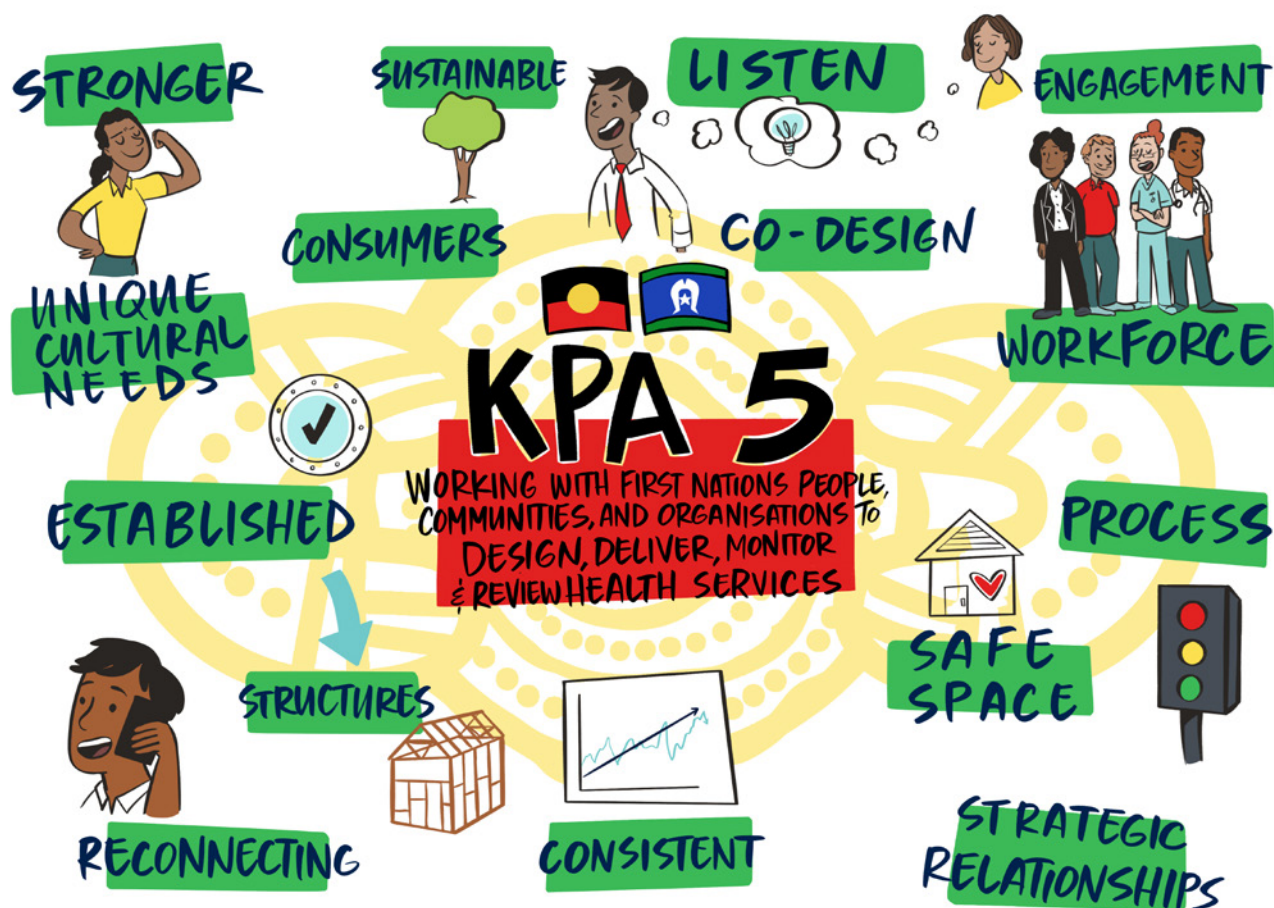
KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
4.5 Increase opportunities for Aboriginal and Torres Strait Islander peoples to support economic growth.	Action 4.5 A Raise awareness to staff of the Queensland Indigenous Procurement Policy, the accompanying Metro North Health Procurement Service evaluation criteria and Metro North Health Aboriginal and Torres Strait Islander opt-in Business Register.	Chief Finance and Corporate Officer	General Manager Business Advisory and Commercial Services		2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	Action order 1. 4.5A 2. 4.5B 3. 4.5C
	Action 4.5 B Develop a registry for Aboriginal and Torres Strait Islander businesses to register their business details.	Chief Finance and Corporate Officer	General Manager Business Advisory and Commercial Services		2024-25, 2025-26	Action order 1. 4.5A 2. 4.5B 3. 4.5C
	Action 4.5C Develop a process to build positive working relationships between Metro North Health Procurement Services and Aboriginal and Torres Strait Islander Businesses	Chief Finance and Corporate Officer	General Manager Business Advisory and Commercial Services		2022-23, 2023-24, 2024-25, 2025-26	Action Order 4.5A 4.5B 4.5C
	Action 4.5 D Contribute towards building the capacity of Community Networks, Not-for-Profit and Non-Government Organisations within community through the establishment of joint ventures, partnerships and service delivery to meet the cultural, social and economic determinants of our community.	Executive Director, Metro North Health Clinical Services	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates		2025-26	

KPA 4 (continued)

Strategy	Actions	Accountability	Responsibility	Potential External partnerships	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
4.6 Create impactful partnerships that influence and impact on social, economic and cultural determinants of health.	Action 4.6 A Create a trauma informed healthcare service through implementation of The Healing Foundation's Queensland Healing Strategy.	Executive Director, Clinical Governance Safety Quality and Risk	Executive Director, Aboriginal and Torres Strait Islander Health Director, People and Cultural Programs	The Healing foundation IUIH zSPIRITS	2022-23, 2023-24, 2024-25, 2025-26	
	Action 4.6 B Partner with Department of Communities, Housing and Digital Economies to support the implementation of the action contained in the 'Working together for a better housing future - Aboriginal and Torres Strait Islander housing action plan 2019-2023'.	Executive Director Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Chief Allied Health Practitioner, Metro North Allied Health Services	Housing Peak QLD Department of Communities, Housing and Digital Economies Umpi Korumba GIVIT NGO Charities	2022-23, 2023-24, 2024-25, 2025-26	
	Action 4.6 C Support student pathways through formalisation of engagement with Education Queensland, Universities and Registered Training Organisations.	Executive Director, Office of CE	Executive Director, Office of the CE	Universities TAFE Employment Agencies High Schools Career Trackers AIME NRL School to Work QATSIF Department of Education CSIRO Young Indigenous Women's STEM Academy	2022-23, 2023-24, 2024-25, 2025-26	Action linked - 4.6C - 4.6D
	Action 4.6 D Support students, their families and key school contacts.	Executive Director, Office of the CE	Executive Director, Office of the CE		2023-24, 2024-25, 2025-26	Action linked - 4.6C - 4.6D





KPA 5 – Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services

Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
5.1 Commitment to engage and consult with Aboriginal and Torres Strait Islander Elders, consumers and community on regular scheduled forums to provide insight and guidance into the implementation of a Metro North Health Cultural Capability Framework, and, to ensure all Aboriginal and Torres Strait Islander initiatives (where applicable) adopt First Nations cultural principles in all aspect of co-design.	Action 5.1 A Build and strengthen relationships with community before, during and after healthcare is needed.	Executive Director Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates	2022-23, 2023-24, 2024-25, 2025-26	
	Action 5.1 B Implement an Aboriginal and Torres Strait Islander co-designed engagement framework aligned to Values in Action to achieve system change.	Executive Director Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, All Directorates Executive Director, All Clinical Streams	2024-25, 2025-26	Linked to action 1.3A & action 1.3B to be completed first

Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
	Action 5.1 C Work with communities to measure Metro North Health's progress towards strategy implementation and report publicly on progress annually.	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, Aboriginal and Torres Strait Islander Health	Executive Director, All Directorates Executive Director, All Clinical Streams Director, Metro North Communication, Executive Director, Aboriginal and Torres Strait Islander Health	2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	
	Action 5.1 D Design and develop a training/orientation package and support guidelines for Aboriginal and Torres Strait Islander consumer representatives on Metro North Health bodies.	Executive Director, Strategy, Planning, Infrastructure and Assets	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, Aboriginal and Torres Strait Islander Health Director, Metro North Communication,	2022-23, 2023-24	
	Action 5.1 E Support and remunerate Aboriginal and Torres Strait Islander community members, including Traditional Owners, Elders and consumers who partner with Metro North Health.	Executive Director, All Directorates Executive Director, Strategy, Planning, Infrastructure and Assets	Executive Director, All Directorates Executive Director, Strategy, Planning, Infrastructure and Assets	2022-23, 2023-2024	
	Action 5.1 F Develop regular yarning sessions between Traditional Owners and hospital staff around planned areas and settings.	Executive Directors Directorates	Executive Director, All Directorates	2022-23, 2023-24, 2024-25, 2025-26	



Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
5.2 Aboriginal and Torres Strait Islander staff connect and support consumers and their support across the Metro North Health Directorates	Action 5.2 A Establish the pathways that allow Aboriginal and Torres Strait Islander staff to connect and support consumers regardless of where community need is required.	Executive Director Directorates and Executive Director Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health	2025–26	
	Action 5.2 B Promote the important work of Aboriginal and Torres Strait Islander health care workers. Conduct an annual showcase of exceptional services delivered with Aboriginal and Torres Strait Islander communities.	Executive Director Directorates Executive Directors Aboriginal and Torres Strait Islander Health	Executive Director, Aboriginal and Torres Strait Islander Health Director, People and Culture Services	2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29	
5.3 Strengthen, sustain and evolve successful partnerships to review and redesign models of care and inform system change.	Action 5.3 A Contribute to existing successful community networks and partnerships and share resources to deliver services that meet community needs.	Executive Directors-Community and Oral Health Executive Director, Aboriginal and Torres Strait Islander Health	Executive Director, All Directorates Executive Director, Aboriginal and Torres Strait Islander Health	2022-23, 2023-24	
5.4 Deliver prevention programs and interventions to the community.	Action 5.4 A Invest in Aboriginal and Torres Strait Islander Health Worker positions to coordinate health promotion and early intervention outreach activities in partnership with community organisations and communities to improve access to healthcare and deliver holistic care.	Metro North Chief Executive	Executive Director, Office of the CE Executive Director, All Directorates All Business Units	2022-23, 2023-24, 2024-25, 2025-26, 2026-27, 2027-28, 2028-29, 2029-30, 2030-31, 2031-32	
5.5 Increase research with Aboriginal and Torres Strait Islander perspective	Action 5.5 A Include a key performance measure in the Metro North Health Research Strategy to support community driven research which incorporates Aboriginal and Torres Strait Islander cultural perspectives as well as increases the number of Aboriginal and Torres Strait Islander researchers.	Executive Director, Research	Executive Director, Research Metro North Health	2025–26	

Strategy	Actions	Accountability	Responsibility	Priority year for delivery (2023, 2024, 2025; 3 Yrs, 6 Yrs, 9 Yrs)	Action links to (Dependency)
5.6 Obtain meaningful feedback from patients and demonstrate improvements	Action 5.6 A Develop culturally appropriate feedback tools for Aboriginal and Torres Strait Islander patients and reporting back to community how this feedback is used to improve healthcare.	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Clinical Governance, Safety, Quality and Risk	Strategy, Planning, Assets, Infrastructure, Strategic Developments Aboriginal and Torres Strait Islander Leadership Team Metro North Health Cultural Capability Officers	2023-24, 2024-25, 2025-26	Action 5.6A to occur prior to Action 5.6B
	Action 5.6 B Report and use state-wide and Metro North Health patient reported experience measures (PREMs) and patient reported outcome measures (PROMs) collected for people who identify as Aboriginal and/or Torres Strait Islander to monitor and improve culturally safe and effective healthcare. Develop culturally appropriate PREMS tools for Aboriginal and Torres Strait Islander patients. Increase public reporting of consumer feedback including PREMs and the action taken by the health service in response.	Executive Director, Strategy, Planning, Infrastructure and Assets Executive Director, Clinical Services	Executive Director, Strategy, Planning, Infrastructure and Assets Director HEI Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Clinical Governance, Safety, Quality and Risk	2024-25, 2025-26	Action 5.6A to occur prior to Action 5.6B



Cover artwork

Original artwork used in the Better Together Plan Page 1

Better Together

A better lifestyle through our health carers

by Elaine Chambers-Hegarty

My design has the inspiration of the Moreton Bay region, and concentrates on the Closing the Gap Plan and what it delivers for our Aboriginal and Torres Strait Islander people in our community and the positive outcome it brings to the health and wellbeing of our mob.

Four icons that flow across the artwork, shows a timeline from the care and strong start to life when a child is born, then onto a healthy heart beat and hands to embrace showing the care of our people to influence a healthy lifestyle to reduce the burden of disease. The next icon shows the tree and represents growth and complex care of those in need. There are two message stick symbols that represent the communications with cultural awareness given from the staff during times of crisis. Whilst the last icon which has the medical cross and the shape above of a gunya to represent care at home or elsewhere, and living longer with the care provided, taking into account the social, emotional, and mental wellbeing of clients and their families.

Circle markings represent the gathering areas and the coming together in community. The crosshatching in my artwork represents the structure and support of the policies established amongst the plan – similar to the crosshatchings on a weaving and how it all holds combines together. Whilst the middle image of the people show them as enjoying the healthy outcomes. I have added the two animals that are relevant to this area, and was food source for the people many years ago.





