

METRO NORTH HEALTH EQUITY STRATEGY 2022-2025 JUNE 2023 OUTCOMES REPORT

Introduction

This is the first Metro North Health Equity Strategy 2022-2025 outcomes report which provides an update on all quantitative measures where data exists.

This 2022-23 Metro North Health Equity Strategy (HES) outcomes report complies with the requirement in the *Metro North Health Equity Strategy 2022-25 Evaluation Framework* as outlined below.

Table 1. Outcome evaluation in context of Metro North Health Equity Strategy Evaluation Framework

Metro North Health Equity Strategy Evaluation Framework		
Process Evaluation Looking at progress of activities	Outcome evaluation Looking at immediate results	Impact evaluation Assessing effectiveness of achieving the goal of Closing the Gap.
Enabled through regular reporting at six monthly intervals	Annual	Three yearly

Method

The measurement tracks progress against the HES actions and compares the 30 June 2023 results against the baseline results calculated at 30 June 2022 and judges the proximity of the results to that target. In some cases, the baseline results have been adjusted with the availability of cleaner data at the time of compiling this report.

Table 2 below utilises the principles of a traffic light system. Detailed results are available in Appendix One.

Table 2: Outcome status

Outcome Status	
Performing (Green)	At or above the baselines, results are close to the target and/or heading in the right direction
Performance flag (Orange)	Below the baselines, not near the target but heading in the right direction.
Not Performing (Red)	Significantly below the baseline, results are far away from the target and/or tracking backwards

Analysis

Outcome status: Performing

More than a third of the indicators have a green outcome status. These are in the areas of potentially preventable hospitalisations – diabetes complications, oral health care, telehealth utilisation, health of Aboriginal and Torres Strait Islander babies and increase in Aboriginal and Torres Strait Islander workers across workforce streams.

Outcome status: Performance flag

Approximately one third of the indicators have an orange outcome status. These are in the areas of proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment, category 3 people on specialist outpatients seen within clinically recommended timeframe, pregnant women who had 5 or more antenatal visits, pregnant women who were not smoking after 20 weeks gestation or stopping smoking whilst pregnant, increased proportion of First Nations people receiving face-to-face community follow-up within 1-7 days of discharge from an acute mental health inpatient unit, decrease in number and proportion of “did not wait” in ED and annual (year on year) increased First Nations workforce representation to demonstrate progress toward achieving workforce representation at least commensurate to First Nations populations.

Further analysis shows the following for some of the orange status measures:

- Over the last 12 months Surgical, Treatment and Rehabilitation Service (STARS) (22.6%) and Redcliffe Hospitals (18.1%) had the highest proportions of First Nations long waits for initial specialist outpatient appointment.
- Royal Brisbane and Women's Hospital (RBWH) (7.96%) and Redcliffe Hospital (7.22%) had the highest proportion of First Nations patients that 'did not wait' in ED in 2022-23.
- Nursing (158) and Managerial and Clerical (85) had the highest number (headcount) of staff identifying as First Nations while Trade and Artisans (1) and A&TSI Health Workforce (30) had the lowest.

Outcome status: Not Performing

Less than one third of the indicators have a red outcome status. These are Reduced FTAs and DNRs, Potentially Preventable Hospitalisations - non diabetes related conditions, decreased potentially avoidable deaths, proportion of completed First Nations peoples' health assessment, Category 1 and 2 people on specialist outpatients seen within clinically recommended timeframe, Increased proportion of First Nations elective surgery patients treated with clinically recommended time and pregnant women whose first antenatal visit is in the first trimester.

Further analysis shows the following for some of the not performing (red) status measures:

- Over the last 12 months Caboolture Hospital (54.8%) had the lowest proportion of Category 1 initial service event seen in time while STARS (43.1%) and Redcliffe Hospital (50.6%) had the lowest proportion of Category 2 initial service event seen in time.

Over the last 12 months RBWH (79.8%) had the lowest proportion of Aboriginal and Torres Strait Islander peoples Elective Surgery treated in time.

Findings

The progress against the measures must be interpreted with caution for the following reasons:

- This outcomes report shows early results (six months post commencement of implementation)
- Some of the measures are more suited to impact evaluation and therefore without the required lead time, the improvements are unlikely to be significant.
- Some measures are related to actions that either have not been implemented or only partially implemented.

Table 3: Progress against measures from 30 June 2022 to 30 June 2023

Action	Measures	Target	Baseline	Progress	Performance
2.1 A	Potentially Preventable Hospitalisations – First Nations peoples: - Diabetes complications	2.1%	2.5%	2.3%	Performing
	Increased proportion of First Nations adult patients on the general care dental wait list waiting for less than the clinically recommended time	85%	100%	100%	Performing
	Metro North Health aims to increase the % of completed general courses of oral health care for Aboriginal and Torres Strait Islander consumers.	1% increase on 15,931 (WOOS)	15,773	22,872	Performing
2.2 B,C,D	Reduced Failed to Attend (FTAs) outpatient appointment	9%	10.2%	10.3%	Not Performing
	Reduction to Did Not Responds (DNRs) ¹	TBD	NR	NR	Not Performing
2.5 A	Potentially Preventable Hospitalisations (PPH) – non-diabetes related conditions	7.4%	8.4%	8.9%	Not Performing
	Decreased potentially avoidable deaths.	92.5 ASR per 100,000	185.1 ASR per 100,000	226.00 ASR per 100,000	Not Performing
2.5 B	Proportion of completed First Nations peoples' health assessment.	54%	36.2%	30.5%	Not Performing
	Number and proportion of breast screening participation	60.7%	55.9%	56.7%	Performing
2.6 A	Specialist outpatient – Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment	Zero	14.9% as of Jun22 (12 Month Mean 14.8%)	10.3% as of Jun23 (12 Month Mean 12.3%)	Performance flag

¹ Data is either not available (NA) or not reported (NR)

Action	Measures	Target	Baseline	Progress	Performance	
	People on specialist outpatients seen within clinically recommended timeframe by triage category	≥ 98%	75.1%	74.6%	Not Performing	
	Elective Surgery – Increased proportion of First Nations patients treated with clinically recommended time	100%	92.4%	88.0%	Not Performing	
2.7 A	Telehealth utilisation rates for non-admitted tele-health service events	30%	25.9%	26.7%	Performing	
2.9 E	Children fully immunised by year 1,2 and 5	1 year	88%	90.34%	91.2%	Performing
		2 years	96%	90.82%	89.18%	Performance flag
		3 years	96%	96.81%	96.3%	Performing
		Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights.	≥ 91%	89.5%	92.0%	Performing
		Women pregnant with a First Nations baby, and First Nations women who delivered baby at full term.	92.9%	90.1%	91.1%	Performing
		First Nations babies and babies of First Nations women, not admitted to special care nursery (SCN) or neonatal intensive care unit (NICU)	46.7%	49.7%	54.3%	Performing
		Women pregnant with First Nations baby and First Nations women, whose first antenatal visit is in the first trimester	100%	82.6%	82.7%	Not Performing
		Women pregnant with First Nations baby and First Nations women, who had 5 or more antenatal visits	100%	92.4%	92.8%	Performance flag
		By 2031 Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women attending antenatal sessions throughout all trimesters of the pregnancy journey.	TBD	NA	NA	Performance flag
		Women pregnant with a First Nations baby, and First Nations women, who were not smoking after 20 weeks gestation	100%	73.8%	75.8%	Performance flag
		Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women stopping smoking whilst pregnant	100%	29.6%	45.3%	Performance flag
2.9M	A decreased rate and count of First Nations suicide deaths	0%	20.5 per ASR 100,000	NR	Performance flag	
	Increased proportion of First Nations people receiving face-to-face community follow-up within 1-7 days of discharge from an acute mental health inpatient unit	52%	54%	Performance flag	Performance flag	
3.2 A	Decrease in number and proportion of “did not wait” in ED	3.2%	6.1%	5.5%	Performance flag	
4.3 B	Annual (year on year) increased First Nations workforce representation to demonstrate progress toward achieving workforce representation at least commensurate to First Nations populations	3%	1.41%	1.69%	Performance flag	
4.3 F	Increase in Aboriginal and Torres Strait Islander workforce across all workforce streams.	>0% Increase	312	+25%	Performing	

Notes:

Data is either not available (NA) or not reported (NR) for the following measures:

- By 2031 Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women attending antenatal sessions throughout all trimesters of the pregnancy journey (NA) (Action 2.9E)
- A decreased rate and count of First Nations suicide deaths (NR) (Action 2.9M)
- Reduction in the rate of suicide deaths (NR) (Action 2.9M)
- Reduced Did Not Responds (DNRs) (NR) (Action 2.2B,C,D)

Further details pertaining to Action 4.3F is in Appendix one

Recommendation

- There is focus on the red and orange measures and the associated actions in the Health Equity Strategy over the next six to twelve months.
- The reporting of these measure are aligned and incorporated in the Metro North Health performance reporting process.
- Measures (particularly those developed at the statewide level) that are difficult to interpret are analysed further to provide meaningful insights into performance at Metro North Health.
- Efforts are directed to measures where collection of information is challenging.

Appendix One

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
2.1 Increase choice of primary care service services for the community	Action 2.1 A Expand and re-orient community and oral health (COH) services.	<ul style="list-style-type: none"> Potentially Preventable Hospitalisations – First Nations peoples: <ul style="list-style-type: none"> Diabetes complications Selected conditions (not relevant for Metro North) (Service Agreement 22/23-24/25)² 	2.1%	2.5% PPH Diabetes complications	2.3% PPH Diabetes complications	
		<ul style="list-style-type: none"> Increased proportion of First Nations adult patients on the general care dental wait list waiting for less than the clinically recommended time (Statewide KPI) 	85% ³	100%	100%	

² This measure is identical to the SEQ measure *Hospitalisations of First Nations people with diabetes complications/ non-diabetes complications that could have been prevented through the provision of non-hospital services*

³ [Access to Oral Health Services \(adults\) 21-Oral-health-access-adults-READY.pdf](#)

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
		<ul style="list-style-type: none"> Metro North Health aims to increase the % of completed general courses of oral health care for Aboriginal and Torres Strait Islander consumers (MN HES overarching priorities) 	15,931-2023 16,090-2024 16,251-2025 (1% increase from previous financial year)	15,773 Weighted Occasion of Service (WOOS)	22,872	
	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.	Reduced FTAs	9%	10.2%	10.3%	
	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.					
	Action 2.2 D Undertake pre-planning for transport and accommodation,					

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
	and document in patient's care plan prior to leaving community for hospital.					
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.	<ul style="list-style-type: none"> Potentially Preventable Hospitalisations measure as in Action 2.1A 	7.4%	Non-diabetes related PPH 8.4%	Non-diabetes related PPH 8.9%	Non-diabetes related PPH Metro North not included in SEQ list. Metro North have included as a local target.
		<ul style="list-style-type: none"> Decreased potentially avoidable deaths. 	92.5 ASR per 100,000 (2019) Metro North Non-First Nations	185.1 ASR per 100,000 (2019)	ASR 226.0 per 100,000 2020	Change to target to align with SPR Health Equity dashboard
	Action 2.5 B Explore and implement opportunistic screening in the community healthcare teams including cervical cancer, bowel care, diabetes and chronic kidney disease	<ul style="list-style-type: none"> Proportion of completed First Nations peoples' health assessment (by the MBS item number) (SEQ measure) 	54% - highest Aus benchmark (MN Target)	2020-21 Brisbane North rate – 36.2% ⁴ https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/data	2021-22 30.5%	
		<ul style="list-style-type: none"> Number and proportion of breast screening participation (SEQ measure) 	60.7% National target is 70%	55.9% 588 screens (50-74 Years Old) as per all screening clinics' physical location falling within Metro North HHS catchment (Incl 160 in Sunshine Coast Service as per BSQ jurisdiction)	56.7% 597 screens (50-74 Years Old) as per all screening clinics' physical location falling within Metro North HHS catchment (Incl 180 in Sunshine Coast Service as per BSQ jurisdiction)	Zero gap between the proportion of First Nations and non- First Nations women participating. Results aligned with clinic location,

⁴ Indigenous- Indigenous-specific health checks include Medicare Benefits Schedule (MBS) items: 715, 228 (face-to-face), - 92004, 92011, 92016, 92023 (telehealth), - 93470, 93479 (face-to-face in residential aged care facilities (RACF))

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
				National Bowel Cancer Screening Program (NBCSP) not available		may be adjusted in future iterations.
2.2 Improve travel and accommodation support for patients, their carers and families	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.	<ul style="list-style-type: none"> Reduced Did Not Responds (DNRs) and FTAs 		10.2%	10.3%	DNR data not available
	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.					
	Action 2.2 D Undertake pre-planning for transport and accommodation, and document in patient's care plan prior to leaving community for hospital.					
2.6 Develop a culturally	Action 2.6 A Tailor outpatient appointment	<ul style="list-style-type: none"> Specialist outpatient – Decreased 	Zero long waits across all OPD	RFC Long Waits Jun 22 – 199 14.9% not waiting in	RFC Long Waits Jun 23 – 128 10.3% not waiting in time.	Over the last 12 months STARS 22.6% and

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
appropriate model to improve the outpatient journey	environment, processes and visits.	proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment (Statewide KPI)	waitlists (MN HES KPIs)	time. Mean over 12 months – 14.8%	Mean over 12 months – 13.2%	Redcliffe Hospitals 18.1% had the highest proportions of First Nations long waits.
		<ul style="list-style-type: none"> People on specialist outpatients seen within clinically recommended timeframe by triage category (SEQ measure) 	≥ 98% ⁵	All categories – 75.1% Cat 1 – 83.0% Cat 2 – 63.0% Cat 3 – 78.3%	All categories - 74.6% Cat 1 – 80.0% Cat 2 – 61.9% Cat 3 – 81.6%	
		<ul style="list-style-type: none"> Reduction in the proportion of Aboriginal and Torres Strait Islander Failure to attend (FTA) appointments (MN Service Agreement 2022-23 to 2024-25) 	9%	10.2%	10.3%	
		<ul style="list-style-type: none"> Elective Surgery – Increased proportion of First Nations patients treated with clinically 	Zero Long Waits – 100% Treated in Time	92.4% Treated in Time (MNHHS)	88.0% Treated in Time (MNHHS)	In 2023 RBWH had the lowest percentage of First Nations patients treated in time with 87.0%

⁵ [07-Elective-Surgery-treated-in-time-cat-1-READY.pdf \(health.qld.gov.au\)](#) [08-Elective-Surgery-treated-in-time-cat-2-and-3-READY.pdf](#)

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
		recommended time (Statewide KPI)				
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, satellite hospitals.	<ul style="list-style-type: none"> Telehealth utilisation rates for non-admitted tele-health service events⁶ 	30% (MN Target)	25.9%	26.7%	
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	Action 2.9 E Create a one-stop shop clinic model that includes: <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, Redcliffe) increase in Aboriginal and Torres Strait 	<ul style="list-style-type: none"> Children fully immunised by year 1,2 and 5 (SEQ measure) 	1 year: 88% 2 year: 96% 5 year: 96%	2022 1 year: 90.34% 2 year: 90.82% 5 year: 96.81%	2023 1 year: 91.2% 2 year: 89.18% 5 year: 96.3%	
		<ul style="list-style-type: none"> Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights (Statewide KPI) 	Target 2: By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent. ⁷	Healthy birthweight – First Nation Babies 89.5%. Low birthweight (<2500g) 8.7%. Perinatal MN Datalake (HHS Residents in MN Facilities)	Healthy birthweight – First Nation babies 92.0% Low birthweight (<2500g) 6.4%. Perinatal MN Datalake (HHS Residents in MN Facilities)	
		<ul style="list-style-type: none"> Women pregnant with a First Nations baby, and First 	92.9% Equal to non-Aboriginal and	Full term – 90.1% Premature births (<37 weeks) 9.4%.	Full term – 91.1% Premature births (<37 weeks) 8.8%.	

⁶ Both a Service Agreement and SEQ measure (See Performance Measures Attribute Sheets 2022/23)

⁷ NATIONAL AGREEMENT ON CLOSING THE GAP JULY 2020 <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf?q=0720>

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
and other drugs; hard to reach groups; palliative care; services and cardiology services	Islander positions within these teams development of group programs such as, Mothers, Fathers and Playgroups.	Nations women who delivered baby at full term (SEQ measure – responsibility of UIIH and HHSs)	Torres Strait Islander babies (MN target 2023) Perinatal MN Datalake (HHS Residents in MN Facilities)	Perinatal MN Datalake (HHS Residents in MN Facilities)	Perinatal MN Datalake (MN Facilities, HHS Residents)	
		<ul style="list-style-type: none"> First Nations babies and babies of First Nations women, not admitted to special care nursery (SCN) or neonatal intensive care unit (NICU) (SEQ measure - both an UIIH and HHS measure) 	46.7% Equal to non-Aboriginal and Torres Strait Islander babies (MN target)	Unqualified Neonate 49.7% of all births (public facilities) DSS ⁸	Unqualified Neonate 54.3% of all births (public facilities) DSS ⁹	46.7% Equal to non-Aboriginal and Torres Strait Islander babies (HHS Residents in public Facilities)
		<ul style="list-style-type: none"> Women pregnant with First Nations baby and First Nations women, whose first antenatal visit is in the first trimester (SEQ measure) – combined UIIH and HHS measure 	100% (MN target)	FY22 82.6% first visit within 0-13 weeks	FY23 82.7% first visit within 0-13 weeks	
		<ul style="list-style-type: none"> Women pregnant with First Nations baby and First Nations women, who had 5 or more 	100% (MN target)	5 or more visits – 92.4% Perinatal MN Datalake (HHS Residents in MN Facilities)	5 or more visits – 92.8% Perinatal MN Datalake (HHS Residents in MN Facilities)	

⁸ Note – multiple births are included in ‘qualified’ category irrespective of if babies go to SCN or NICU

⁹ Note – multiple births are included in ‘qualified’ category irrespective of if babies go to SCN or NICU

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
		antenatal visits (SEQ measure) – combined IUIH and HHS measure				
		<ul style="list-style-type: none"> By 2031 Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women attending antenatal sessions throughout all trimesters of the pregnancy journey (MN HES overarching priority) 	100% (MN target)			Data not available
		<ul style="list-style-type: none"> Women pregnant with a First Nations baby, and First Nations women, who were not smoking after 20 weeks gestation (SEQ measure – measure for IUIH and HHSs) 	Zero (MN target)	<p>Not smoking after 20 weeks - 73.8% Perinatal MN Datalake (HHS Residents in MN Facilities)</p> <p>Smoking during pregnancy (any time) 32.0% Perinatal MN Datalake (HHS Residents in MN Facilities)</p>	<p>Not smoking after 20 weeks - 75.8% Perinatal MN Datalake (HHS Residents in MN Facilities)</p> <p>Smoking during pregnancy (any time) 33.8% Perinatal MN Datalake (HHS Residents in MN Facilities)</p>	
		<ul style="list-style-type: none"> Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women stopping smoking whilst pregnant (MN 	Zero (MN target)	<p>29.6% Smoking before 20 weeks and Not smoking after 20 weeks</p> <p>Perinatal MN Datalake (HHS Residents in MN Facilities)</p>	<p>45.3% Smoking before 20 weeks and Not smoking after 20 weeks</p> <p>Perinatal MN Datalake (HHS Residents in MN Facilities)</p>	

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments
		HES overarching priority)				
	Action: 2.9 M Deliver culturally appropriate mental health services.	<ul style="list-style-type: none"> A decreased rate and count of First Nations suicide deaths (Statewide measure). Reduction in the rate of suicide deaths (SEQ measure) 	Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero ¹⁰	ASR 20.5 per 100,000 2016-2020	No update	
		<ul style="list-style-type: none"> Increased proportion of First Nations people receiving face-to-face community follow-up within 1-7 days of discharge from an acute mental health inpatient unit (Statewide KPI)¹¹ 	73% highest Qld benchmark (Townsville 2022)	52%	54%	
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.	<ul style="list-style-type: none"> Decrease in number and proportion of “did not wait” in ED 	3.2%	6.1%	5.5%	
4.3 Attract and grow our	Action 4.3 B Establish a Workforce Equity Unit to	<ul style="list-style-type: none"> Annual (year on year) increased First Nations workforce 	At least 3 per cent of Metro North’s workforce	1.41% as of Jun 22	1.69% as of Jun 23	

¹⁰ NATIONAL AGREEMENT ON CLOSING THE GAP JULY 2020 <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf?q=0720>

¹¹ Same SEQ Measure: Mental health service episodes for First Nations patients with community follow-up within 1-7 days of discharge from an acute mental health inpatient unit

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Comments																
Aboriginal and Torres Strait Islander workforce	explicitly support the proactive recruitment, development, and retention of Aboriginal and Torres Strait Islander peoples in the Metro North Health workforce.	representation to demonstrate progress toward achieving workforce representation at least commensurate to First Nations populations (Statewide KPI). ¹²	will be Aboriginal and/or Torres Strait Islander people. (MN32). For each HHS, percentage of HHS population that is Aboriginal and Torres Strait Islander																			
	Action 4.3 F Increase the Aboriginal and Torres Strait Islander workforce across the clinical and non-clinical streams including nurse navigators.	<ul style="list-style-type: none"> Increase in Aboriginal and Torres Strait Islander workforce across all workforce streams. 	As 4.3B	Headcount: Nursing, 129 Managerial and Clerical, 89 Professional and Technical, 38 Operational, 26 Medical inc VMOs, 20 A&TSI Health Workforce, 9 Trade and Artisans, 1	Headcount: Nursing, 158 Managerial and Clerical, 85 Professional and Technical, 52 Operational, 44 Medical inc VMOs, 19 A&TSI Health Workforce, 30 Trade and Artisans, 1	<table border="1"> <tr> <td>Total</td> <td>+25%</td> </tr> <tr> <td>Nursing</td> <td>+22%</td> </tr> <tr> <td>Managerial and Clerical</td> <td>-4%</td> </tr> <tr> <td>Professional and Technical</td> <td>+37%</td> </tr> <tr> <td>Operational</td> <td>+69%</td> </tr> <tr> <td>Medical inc VMO's</td> <td>-5%</td> </tr> <tr> <td>A&TSI Health Workforce</td> <td>+233%</td> </tr> <tr> <td>Trade and Artisans</td> <td>0%</td> </tr> </table>	Total	+25%	Nursing	+22%	Managerial and Clerical	-4%	Professional and Technical	+37%	Operational	+69%	Medical inc VMO's	-5%	A&TSI Health Workforce	+233%	Trade and Artisans	0%
Total	+25%																					
Nursing	+22%																					
Managerial and Clerical	-4%																					
Professional and Technical	+37%																					
Operational	+69%																					
Medical inc VMO's	-5%																					
A&TSI Health Workforce	+233%																					
Trade and Artisans	0%																					

¹² This measure also aligns to this MN Service agreement measure: "First Nations representation in the workforce (MN Service Agreement 2022-23 to 2024-25)".