

# Metro North Health Equity Strategy 2022-2025 June 2024 Annual Report

## 1 Introduction

This is the third *Metro North Health Equity Strategy 2022-2025* annual report providing an overview of 2023-24 financial year covering an update on process, outcome and impact measures in accordance with the Metro North Health Equity Strategy Evaluation Framework (Table 1).

A summary of process evaluation results is provided in this report noting that detailed progress reporting occurs on a six-monthly basis. The report provides an update on a subset of outcome and impact measures as data is not available for all measures.

**Table 1. Metro North Health Equity Strategy Evaluation Framework**

Metro North Health Equity Strategy Evaluation Framework		
<b>Process Evaluation</b> Looking at progress of development of activities.	<b>Outcome evaluation</b> Looking at immediate changes/benefits that results from activities undertaken.	<b>Impact evaluation</b> Assessing effectiveness of long term or broader effect of the changes i.e. achieving the goal of Closing the Gap.
Enabled through regular reporting at six monthly intervals.	Annual.	Three yearly.

The process, outcome, and impact measures have been reported separately in sections 3.1, 3.2 and 3.3.

It should be noted that many more years of implementation efforts are required to gain impact results that can be accepted with a high degree of confidence.

## 2 Method

### 2.1 Process evaluation

The six-monthly regular progress reporting occurs as stipulated in the evaluation framework. A summary of narrative based reporting from the 30 September 2024 progress report is provided.

### 2.2 Outcome and impact evaluation

Most outcome and impact measures have a target for achievement. The target is sourced from the Statewide Systems Performance and Reporting (SPR) Key Performance Indicators (KPI's) if available, otherwise an in-house target utilising benchmarks from other areas including other hospital and health services has been developed.

The measurement tracks progress against the Health Equity Strategy actions and compares the 30 June 2024 results against the target and/or the baseline results calculated at 30 June 2022. This comparison is either based on the thresholds defined in SPR for specific measures or in the absence of this specificity, the thresholds defined in table two below has been used.

Table 2 describes the principles of a traffic light system utilised for the reporting of outcome and impact measures. Detailed results are available in Appendix One.

**Table 2: Outcome and impact status**

Outcome and Impact Status	
Performing (Green)	At or above the baselines, results are close (within 10%) to the target and/or heading in the right direction.
Performance flag (Orange)	Below the baselines, not near the target (within 15%) and/or heading in the right direction.
Not Performing (Red)	Significantly below the baseline, results are far away (greater than 15%) from the target and/or tracking backwards.

Note in some cases, the baseline results and targets have been adjusted with the availability of cleaner data at the time of compiling this report.

## 3 Results

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

- Whilst it is timely to begin to scrutinise impact measures, the lead time required is generally longer than the three-year implementation effort. Consequentially the improvements may not be significant.
- Some measures are related to actions that either have not been implemented or only partially implemented.

### 3.1 Process measures

Provided below are a summary of process results from the 30 September 2024 reporting by each Key Performance Area (KPA).

#### KPA 1

- Metro North Statement of Commitment launched in 2023 and is supported by five Directorate Reconciliation Action Plans.
- Metro North Health is the first Hospital and Health Service in Queensland to formally acknowledge the use of stolen wages to build Redcliffe Hospital.
- The National Close the Gap Day was commemorated in March 2024, with a series of events across facilities, highlighting efforts to achieve health equity for Aboriginal and Torres Strait Islander peoples. A special gathering honoured Metro North Health staff and partnership organisations dedicated to closing the gap in health outcomes.
- The Murrumba Committee was established, to bring the Metro North workforce together to co-design the 32 Metro North Health Equity Strategy 2022-2025 actions accountable to People and Culture (P&C). Murrumba is a partnership between P&C and the Aboriginal and Torres Strait Islander Leadership Team. It was established under the Metro North Health Equity Strategy 2022-2025.

#### KPA 2 & 3

- Private room for families with access to necessities has occurred at Caboolture and Kallangur Satellite Hospitals, and included in the new Caboolture, Kilcoy and Woodford main hospital refurbishment works. Royal Brisbane and Women's Hospital (RBWH) have dedicated areas across the facility and Redcliffe Hospital expansions will include an Indigenous Hospital Liaison Officer (IHLO) office, family room, access to green space, and a safe space in the expansion projects. The Prince Charles Hospital (TPCH) has a Healing Garden and an Aboriginal and Torres Strait Islander service community space.
- State-wide roll out of the Better Together Medication Access Program.
- Culturally Safe and Responsive support for Aboriginal and Torres Strait Islander patients' policy established.
- Letter of Intent between Metro North Health and Koobara Kindergarten and Pre-prep Aboriginal and Torres Strait Islander Corporation.
- Letter of Intent between Metro North Health and Kurbingui Youth and Family Development Service.
- Agreements in place with Institute for Urban Indigenous health to deliver Women's Business Shared Pathways, Cardiac Rehabilitation, Specialist Pain Assistance, Allied Health (Adult) post operative rehabilitation, Urban Indigenous Respiratory Outreach Clinics (UROC), Deadly Feet, Heart Outreach Program for Health Equity (HOPE) and Pulmonary Rehabilitation.

- Deadly Feet has launched at all sites including Redcliffe Hospital, Caboolture MATSICHS and Cherbourg:
  - 220 Aboriginal and Torres Strait Islander people screened opportunistically for foot disease.
  - 73 referred into the Deadly Feet for formal review with full clinical team and 72% patients attended their Deadly Feet appointments.
- The Metro North Better Together Health Van and Deadly Feet Team have joined together in collaboration engaging with Elders, community members and services to provide health promotion and screening activities at community events and local community organisations. This partnership has also conducted screening and feet assessments at National Aboriginal and Islanders Day Observance Committee (NAIDOC) events. Over the 3 events, the Deadly Feet team engaged with over 300 people, formally screened 73 people, and referred 11 people into Deadly Feet for a formal review with over 200 community members engaged in education at the Mindle Bygul Family Fun Day.
  - A patient video and story was developed, 'Aunty Helenor's Journey with the Deadly Feet team' for further promotion.
- Metro North Health Cultural Capability Audit tool, aligned to the Cultural Capability Framework in consultation phase with palliative care. Cultural Audit tools program embedded at RBWH, CKW, Redcliffe, Mental Health, and Surgical Treatment and Rehabilitation Service (STARS).

#### **KPA 4**

- Cultural Support Plans are implemented in Community and Oral Health, Redcliffe Hospital, STARS, TPCH and Metro North Palliative Care Services.
- RBWH and Redcliffe Hospital contact Aboriginal and Torres Strait Islander patients and negotiate an outpatient appointment date and time at the point of being added to the Specialist Outpatient Department (SOPD) wait list. Early engagement has increased attendance and health outcomes for Aboriginal and Torres Strait Islander patients.
- Reported programs established in partnership are:
  - A formal letter of intent with Kurbingui CEO and Chief Executive Metro North Health.
  - Heat and Lung are partnering with IUIH in the co-design and implementation of UROC and HOPE (programs were co-designed as a result as TAMAYA First Nations consumer's led yarning circle).
  - Deadly Feet are working with Institute for Urban and Indigenous Health (IUIH) and community to determine locations for clinics.
  - Programs have been co-designed with IUIH to develop model of care and associated resources to support culturally sensitive and more accessible clinical services. These include SPAN, Post Operative Rehab, Cardiac and Pulmonary Rehab. Part of the co-design process considers engagement and evaluation that is tailored to support Aboriginal and Torres Strait Islander people.
  - Metro North Crisis Reform Strategy stakeholder engagement conducted to assist with co-designing the model. Engagement session with IUIH and Brisbane North Primary Health Network underway with a larger Aboriginal and Torres Strait Islander Yarning Day (planning day) held in February 2024 to assist with working through care pathways for consumers in Crisis in Metro North.
  - Connecting Country to Care (TPCH) teams are working with ABSTAR Consulting (Aboriginal and Torres Strait Islander consultancy) to promote, streamline and implement improved Connecting Care to Country service.
  - The Aboriginal and Torres Strait Islander people's diabetes working group connects with Diabetes Australia, IUIH and *My Health for Life* initiative to look at culturally appropriate referral pathways and resources within Non-Government Organisations and other service providers outside of Metro North available to patients within Metro North Health. These services are captured within the Diabetes Toolkit.
- 145 panel requests fulfilled for Aboriginal and Torres Strait Islander staff to be included on selection panels for A08 and above positions. Aboriginal and Torres Strait Islander Recruitment Guide and the Temp to Perm Pathway suitability assessment complete.
- 24 Aboriginal and Torres Strait Islander employees participated in the Aboriginal and Torres Strait Islander Leadership program.
- Metro North Talent Portal - 19 work ready candidates and 4 candidates successfully placed to date.

- Metro North Deadly Start - 25 students on track to complete the program.
- The Social and Emotional Wellbeing Program Model of Care was officially launched at the annual Aboriginal and Torres Strait Islander Staff Wellness Expo. The team have had 190 staff encounters with 79 that identify as Aboriginal and/or Torres Strait Islander.
- Better Together Staff Gathering occurred on 10 May, where 50 Aboriginal and Torres Strait Islander staff members and presenters attended the gathering.
- Metro North Cadetship Program – 14 cadets are on track to complete the program.
- Metro North includes the evaluation of Aboriginal and Torres Strait Islander procurement contributions in all tenders (Min weighting of 2% with a mandatory \$5M for activities over \$1M).
- Metro North has commenced engagement with Supply Nation to increase awareness of Metro North procurement opportunities for Aboriginal and Torres Strait Islander businesses.

## KPA 5

- Metro North Aboriginal and Torres Strait Islander Health Year in Review 2023 was launch in December 2023.
- Satellite Hospitals - Metro North Health successfully unveiled the Traditional co-names of Bribe Island Satellite Hospital (Yarun), Caboolture Satellite Hospital (Kabul), and Kallangur Satellite Hospital (Kalangoor) in partnership with the Kabi Kabi Peoples Aboriginal Corporation, marking a significant milestone in honouring local culture and recognising Aboriginal and Torres Strait Islander people as the First Peoples. This initiative reflects the Queensland Government's commitment to acknowledging shared history with Aboriginal and Torres Strait Islander communities.
- Redcliffe Hospital working with managing contractors, Traditional Owners and Cultural Capability Officers to co-design steps forward for the commencement of the Redcliffe Hospital Expansion.
- Redcliffe Hospital have been engaging Aboriginal and Torres Strait Islander peoples in the Redcliffe Hospital Expansion Project, to co-design new models of care and ensure consultation and collaboration.
- Community and Oral Health conduct a monthly Yarning Circle with the participation of Aboriginal and Torres Strait Islander Elders and the community.
- Our Better Together – Our Health, Our Way social media presence has grown significantly, with Facebook gaining 686 new followers and 20.9K engagement interactions, Instagram gaining 108 new followers and 1.1K content interactions, and LinkedIn seeing an increase of 283 new followers and 2,462 engagement interactions.
- Health Equity Community Consultation Day was held on 17 April, attended by over 200 Elders, community members, and Metro North Health staff, including key stakeholders. The event served as a platform for meaningful discussions and collaborative engagement.
- Metro North Health Equity Showcase was held on 26 of June with over 200 people in attendance.
- Health equity strategies and action embedded into Metro North Health Strategic Plan 2024-2028 and Metro North Health Disability Services Action Plan 2024-2029.

## 3.2 Outcome measures

Of the 26 measures reported in this category, approximately 32% have a status of “performing”, 32% with a status of “performance flag” and the remaining 36% with a status of “not performing”.

### **Outcome status: Performing**

The 32% of measures in this category are in the areas of oral health care; breast screening participation; category 3 people on specialist outpatients seen within clinically recommended timeframe; children fully immunised in year 1 and year 5; pregnant women who had 5 or more antenatal visits and increase in Aboriginal and Torres Strait Islander workers across workforce streams.

### **Outcome status: Performance flag**

The 32% of measures in this category are in the areas of potentially preventable hospitalisations – diabetes complications; Reduced Failure to Attend (FTAs); Increased proportion of First Nations elective surgery patients treated with clinically recommended time; telehealth utilisation; children fully immunised in year 2; decrease in number and proportion of ‘Did Not Wait’ in Emergency Department and annual (year on year) increased Aboriginal and Torres Strait Islander workforce representation to demonstrate progress toward achieving workforce representation at least commensurate to Aboriginal and Torres Strait Islander populations.

### **Outcome status: Not Performing**

The 36% of measures in this category are in the areas of Potentially Preventable Hospitalisations - non diabetes related conditions; proportion of completed Aboriginal and Torres Strait Islander peoples' health assessment; proportion of Aboriginal and Torres Strait Islander patients waiting longer than clinically recommended for their initial specialist outpatient appointment; Category 1 and 2 people on specialist outpatients seen within clinically recommended timeframe; pregnant women whose first antenatal visit is in the first trimester; pregnant women who were not smoking after 20 weeks gestation or stopping smoking whilst pregnant; and 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.

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

- The results for Decreased proportion of First Nations patients waiting longer than clinically recommended for their *initial* specialist outpatient appointment (from worst to best performing) are Caboolture Satellite Hospital (33.3%), Redcliffe Hospital (18.9%), Caboolture Hospital (18.6%), TPCH (15.6%), STARS (14.5%), RBWH (10.8%)
- The results for people on specialist outpatients seen within clinically recommended timeframe for *category 1* patients (from worst to best performing) are STARS (33.3%), Caboolture Hospital (42.9%), TPCH (44.1%), Redcliffe Hospital (63.6%) and RBWH (81.4%)
- The results for people on specialist outpatients seen within clinically recommended timeframe for *category 2* patients (from worst to best performing) are STARS (61.3%), Redcliffe Hospital (77.0%) TPCH (79.7%), Caboolture Hospital (80.0%) and RBWH (86.7%)

**Table 3: Outcome measures performance report**

Action	Measures	Target	Baseline 2021-22	Progress – 2022/23	Progress 2023-24	Performance
2.1 A	Potentially Preventable Hospitalisations – First Nations peoples: - Diabetes complications.	2.1%	2.5%	2.3%	2.5%	Performance flag
	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%	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	24,689	Performing
2.2 B,C,D	Reduced Failed to Attend (FTAs) outpatient appointment.	9%	10.2%	10.3%	10.0%	Performance flag
2.5 A	Potentially Preventable Hospitalisations (PPH) – non-diabetes related conditions.	7.4%	8.4%	8.9%	9.1%	Not Performing
2.5 B	Proportion of completed First Nations peoples' health assessment.	54%	2020-21 36.2%	2021-22 30.5%	2022-23 31.8%	Not Performing
	Number and proportion of breast screening participation.	60.7%	48.0%	52.9%	66.1%	Performing
	Number and proportion of bowel cancer screening.	20% improvement from previous year	670 kits returned	807 kits returned (+20.4%)	936 kits returned (+16.0%)	Performance flag
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 13.2%)	12.8% (12 Month Mean 14.2%)	Not performing
	People on specialist outpatients seen within clinically recommended timeframe by triage category.	90%	83.0%	80.0%	74.2%	Not Performing
	Category 1:					
	Category 2:	85%	63.0%	61.9%	67.4%	Not performing
	Category 3 :	85%	78.3%	81.6%	92.7%	Performing
	Elective Surgery – Increased proportion of First Nations patients treated with clinically recommended time.	100%	92.4%	88.0%	91.2%	Performance flag
2.7 A	Telehealth utilisation rates for non-admitted tele-health service events.	30%	25.9%	26.7%	26.5%	Performance flag

Action	Measures	Target	Baseline 2021-22	Progress – 2022/23	Progress 2023-24	Performance	
2.9 E	Children fully immunised by year 1,2 and 5.	1 year	88%	90.34%	91.2%	92.6%	Performing
		2 years	96%	90.82%	89.18%	89.6%	Performance flag
		5 years	96%	96.81%	96.3%	96.5%	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%	77.9% (All MN Residents)	Not Performing	
	Women pregnant with First Nations baby and First Nations women, who had 5 or more antenatal visits.	100%	92.4%	92.8%	90.6% (All MN Residents)	Performing	
	Women pregnant with a First Nations baby, and First Nations women, who were not smoking after 20 weeks gestation.	100%	73.8%	75.8%	78.3% All MN Residents	Not performing	
2.9 M	Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women stopping smoking whilst pregnant.	100%	29.6%	45.3%	27.8% All MN Residents	Not performing	
2.9 M	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.	73%	52%	54%	58.6%	Not performing	
3.2 A	Decrease in number and proportion of “did not wait” in ED.	3.2%	6.1%	5.5%	4.5%	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%	1.91%	Performance flag	
4.3 F	Increase in Aboriginal and Torres Strait Islander workforce across all workforce streams.	>0% Increase year on year	312	+25%	+19%	Performing	

### 3.3 Impact measures

Of the five measures reported in this category, 40% have a status of “performing”, 40% with a status of “not performing” and results are not available for one measure.

#### Outcome status: Performing

The performing measures are for health of Aboriginal and Torres Strait Islander babies.

#### Outcome status: Not Performing

The measures in this category are for decreased potentially avoidable deaths and decreased suicide deaths.

**Table 4: Impact measures performance report**

Action	Measures	Target	Baseline 2021-22	Progress 2022-23	Progress 2023-24	Performance
2.5 A	Decreased potentially avoidable deaths.	92.5 ASR per 100,000	185.1 ASR per 100,000 (2019)	226.00 ASR per 100,000 (2020)	ASR 240.2 per 100,000 (2021)	Not Performing
2.9 E	Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights.	≥ 91%	89.5%	92.0%	91.4%	Performing
	Women pregnant with a First Nations baby, and First Nations	92.9%	90.1%	91.1%	91.0%	Performing

Action	Measures	Target	Baseline 2021-22	Progress 2022-23	Progress 2023-24	Performance
	women who delivered baby at full term.				All MN Residents	
	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%	N/A	
2.9 M	A decreased rate and count of First Nations suicide deaths.	0%	20.5 per ASR 100,000 (2016-2020)	NR	ASR 17.8 per 100,000 (2018-2022)	Not performing

## 4 Recommendation

- Accountable Officers for the activities associated with the measures reported as a “performance flag” and “not performing” (orange and red) scrutinise the results and take remedial action to improve implementation success.
- Further efforts from Accountable Officers and the project team (Aboriginal and Torres Strait Islander Leader Team and Health Service Strategy and Planning Team) 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	Progress as at 30 June 2024	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"> <li>Potentially Preventable Hospitalisations – First Nations peoples: <ul style="list-style-type: none"> <li>Diabetes complications</li> <li>Selected conditions (not relevant for Metro North)</li> </ul> </li> </ul> <p>(Service Agreement 22/23-24/25)<sup>1</sup></p>	2.1%	2.5% PPH Diabetes complications.	2.3% PPH Diabetes complications.	2.5% PPH Diabetes complications.	The target of 2.1% remains unmet, as the rate in 2023 and 2024 (2.3% and 2.5%, respectively) are above the target.
		<ul style="list-style-type: none"> <li>Increased proportion of First Nations adult patients on the general care dental wait list waiting for less than the clinically recommended time (Statewide KPI)</li> </ul>	85% <sup>2</sup>	100%	100%	100%	Sustained result in managing dental care for First Nations adults, with 100% performance rate in FY 2022, 2023 and 2024, exceeding the 85% target.

<sup>1</sup> 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*

<sup>2</sup> [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	Progress as at 30 June 2024	Comments
		<ul style="list-style-type: none"> <li>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).</li> </ul>	15,931-2023 16,090-2024 16,251-2025 (1% increase from previous financial year).	15,773 Weighted Occasion of Service (WOOS).	22,872	24,689	<p>Percentage increase (2022-2023), from baseline (15,772) to 2023 (22,872), the increase 45.0%.</p> <p>Percentage increase (2023-2024), from 2023 (22,872) to 2024 (24,689), the increase is 7.95%.</p>
	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 FTA's.	9%	10.2%	10.3%	10.0%	<p>Failed to Attend (FTA) outpatient appointments show a 0.5% increase from 2022 to 2023, followed by a 0.7% decrease in 2024. The target of 9% for FTAs has not been met, with the 2024 rate still 1% above the target at 10%.</p> <p>Although progress is being made (with a slight reduction in 2024), the current rate indicates that further efforts are required to reach the 9% target.</p>
	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						

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
	Undertake pre-planning for transport and accommodation, 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"> <li>Potentially Preventable Hospitalisations measure as in Action 2.1A.</li> </ul>	7.4%	Non-diabetes related PPH 8.4%.	Non-diabetes related PPH 8.9%.	Non-diabetes related PPH 9.1%.	<p>Non-diabetes related PPH Metro North not included in SEQ list. Metro North have included as a local target.</p> <p>Despite the target of 7.4% for non-diabetes related PPH, the rate has been increasing over the past two years: From 8.4% in June 2022 to 8.9% in June 2023, and 9.1% in June 2024. This trend is moving further away from the target, indicating a negative outcome in reducing potentially preventable hospitalisations for non-diabetes related conditions.</p>
		<ul style="list-style-type: none"> <li>Decreased potentially avoidable deaths.</li> </ul>	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.	ASR 240.2 per 100,000 2021.	<p>Change to target to align with SPR Health Equity dashboard.</p> <p>Metro North Health's performance in reducing potentially avoidable deaths is not on track to meet the target of 92.5 ASR per 100,000. The rate of potentially avoidable deaths has increased over the past</p>

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
							three years, moving further away from the desired target highlighting a critical need for increased focus on addressing the underlying factors contributing to this increase and implementing strategic interventions to reduce avoidable deaths.
	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"> <li>Proportion of completed First Nations peoples' health assessment (by the MBS item number) (SEQ measure).</li> </ul>	54% - highest Aus benchmark at Townsville (Metro North Health Target).	2020-21 Brisbane North rate – 36.2% <sup>3</sup> <a href="https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/data">https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/data</a>	2021-22 30.5%	2022-23 31.8%	While there has been a slight improvement in the proportion of completed health assessments for Aboriginal and Torres Strait Islander peoples, the rate of completion remains far below the target of 54%. The current rate of 31.8% is 41% lower than the target and highlights a significant gap that needs to be addressed.
		<ul style="list-style-type: none"> <li>Number and proportion of breast screening participation (SEQ measure).</li> </ul>	60.7%  National target is 70%.	48.0% 532 screens (50-74 Years Old) as per all screening clinics' physical location falling within Metro North Health catchment (Incl. 160 in Sunshine Coast Service as per BSQ jurisdiction).	52.9% 597 screens (50-74 Years Old) as per all screening clinics' physical location falling within Metro North Health catchment (Incl. 180 in Sunshine Coast Service as per BSQ jurisdiction).	66.1% 733 screens (50-74 years old) as per all screening clinics' physical location falling within Metro North Health catchment (Incl. 236 in Sunshine Coast Service as per BSQ jurisdiction).	Annual progress from 10.2% (June 2022 to June 2023). 25.1% (June 2023 to June 2024). As at 30 June 2024, Metro North has reached the target of 60.7%, which is substantial improvements from the baseline 48.0% in June 2022. However, the current progress is still far from the National Target of

<sup>3</sup> 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	Progress as at 30 June 2024	Comments
							70%, with a margin of 9.3% remaining. Note: Results are aligned with clinic location, may be adjusted in future iterations to reflect residence.
		<ul style="list-style-type: none"> <li>Number and proportion of bowel cancer screening.</li> </ul>	20% improvement from previous year (MN developed).	670 kits returned.	807 kits returned (+20.4%).	936 kits returned (+16.0%).	National Bowel Cancer Screening Program data provided by AIHW. The only data available is NBCSP kits returned. In-house target developed in the absence of a reliable denominator.
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"> <li>Reduced Did Not Responds (DNRs) and FTAs.</li> </ul>	9.0%	FTA 10.2%	FTA 10.3%	FTA 10.0%	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.						

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
	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 appropriate model to improve the outpatient journey.	Action 2.6 A Tailor outpatient appointment environment, processes and visits.	<ul style="list-style-type: none"> <li>Specialist outpatient – Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment (Statewide KPI).</li> </ul>	Zero long waits across all OPD waitlists (MN HES KPIs).	RFC Long Waits Jun 22 – 199 14.9% not waiting in time.	RFC Long Waits Jun 23 – 128 10.3% not waiting in time.	RFC Long Waits Jun 24 – 198 12.8% not waiting in time.	Over the last 12 months Caboolture Satellite Hospital (33.3%), Caboolture (18.6%) and Redcliffe Hospitals (18.9%) had the highest proportions of Aboriginal and Torres Strait Islander long waits. The long wait times for Aboriginal and Torres Strait Islander patients in specialist outpatient appointments showed positive progress in 2023, with a 6.3% reduction in the percentage of patients waiting longer than clinically recommended. However, the progress in 2024 has not been sustained, with an increase to 198 long waits (12.8%) as at June 2024. The target of zero long waits for Aboriginal and Torres Strait Islander patients has not been achieved, and further efforts are needed to

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
							reduce the proportion of patients waiting longer than clinically recommended.
		<ul style="list-style-type: none"> <li>People on specialist outpatients seen within clinically recommended timeframe by triage category (SEQ measure).</li> </ul>	Cat 1 – 90% Cat 2 & 3 – 85%	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%	All categories – 76.7% Cat 1 – 74.2% Cat 2 – 67.4% Cat 3 – 92.7%	While Category 3 (Non-Urgent) shows significant improvements and exceeds the target, the overall progress across all categories still falls far short of the target. The most concerning trend is the decline in Category 1 (Emergency) patients being seen within the clinically recommended time, dropping 10% from June 2022 to June 2024. This warrants further investigation into the factors causing delays in emergency care. Category 2 (Urgent) also showed a slight improvement but is still well below the target, requiring continued focus and resources to meet the 85% target.
		<ul style="list-style-type: none"> <li>Reduction in the proportion of Aboriginal and Torres Strait Islander Failure to attend (FTA) appointments (MN Service Agreement)</li> </ul>	9%	10.2%	10.3%	10.0%	

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
		2022-23 to 2024-25).					
		<ul style="list-style-type: none"> <li>Elective Surgery – Increased proportion of First Nations patients treated with clinically recommended time (Statewide KPI).</li> </ul>	Zero Long Waits – 100% Treated in Time.	92.4% Treated in Time (Metro North Health).	88.0% Treated in Time (Metro North Health).	91.2% Treated in Time (Metro North Health).	<p>As at Jun 2024 STARS (84.6%), RBWH (85.5%) and TPCH (85.7%) had the lowest percentage of Aboriginal and Torres Strait Islander patients treated in time.</p> <p>The percentage of Aboriginal and Torres Strait Islander patients treated within the clinically recommended time for elective surgery showed a decrease in 2023, with a 4.4% decrease from the baseline.</p> <p>However, the percentage improved by 3.2% in 2024, bringing the proportion to 91.2%, still short of the 100% target.</p> <p>The zero long waits target has not been met, and further efforts are needed to ensure 100% treatment within the clinically recommended time.</p>
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	<ul style="list-style-type: none"> <li>Telehealth utilisation rates for non-admitted tele-health service events<sup>4</sup></li> </ul>	30% (MN Target)	25.9%	26.7%	26.5%	The utilisation rates of non-admitted tele-health service events improved by 0.8% in 2023, moving from 25.9% to 26.7%. However, the

<sup>4</sup> Both a Service Agreement and SEQ measure (See Performance Measures Attribute Sheets 2022/23)

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
	commissioning from Community Controlled Health Services: e.g. Hospitals in the Home and shared specialist clinics, satellite hospitals.						target of 30% remains unmet. In 2024, there was a slight reduction of 0.2%, bringing the proportion to 26.5%, which is still below the target. Although there has been some progress, it has not been sufficient to meet the target. The target gap remains at 3.5%.
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.	<p>Action 2.9 E Create a one-stop shop clinic model that includes:</p> <ul style="list-style-type: none"> <li>• Ngarrama, Child Health and early childhood services such as immunisation.</li> <li>• Development of clinic space for each Ngarrama service (RBWH, Caboolture, Redcliffe).</li> <li>• Increase in Aboriginal and Torres Strait Islander positions within these teams.</li> <li>• Development of group programs such as,</li> </ul>	<ul style="list-style-type: none"> <li>• Children fully immunised by year 1,2 and 5 (SEQ measure).</li> </ul>	<p>1 year: 88% 2 year: 96% 5 year: 96%</p>	<p>2022 1 year: 90.34% 2 year: 90.82% 5 year: 96.81%</p>	<p>2023 1 year: 91.2% 2 year: 89.18% 5 year: 96.3%</p>	<p>2024 1 year: 92.6% 2 year: 89.6% 5 year: 96.5%</p>	<p><b>1 Year Immunisation Coverage:</b> The 92.6% coverage for 1 year old children is well above the national target of 88%, representing a 2.5% increase from 2022. This is a positive outcome, reflecting sustained improvement in immunisation rates.</p> <p><b>2 Year Immunisation Coverage:</b> The current coverage of 89.6% is below (6.4%) the national target of 96%. This shows a small decline of 1.34% over the past two years, indicating a need for focused strategies to address this gap.</p> <p><b>5 Year Immunisation Coverage:</b> Metro North result of 96.5% is slightly above the</p>



Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
	Mothers, Fathers and Playgroups.						national target of 96%. This 96.5%, is a small decrease of 0.32% from 2022, still above the target, indicating relatively stable performance.
		<ul style="list-style-type: none"> <li>Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights (Statewide KPI).</li> </ul>	Target 2: By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent. <sup>5</sup>	<p>Healthy birthweight – First Nations Babies 89.5%.</p> <p>Low birthweight (&lt;2500g) 8.7%. Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).</p>	<p>Healthy birthweight – First Nations babies 92.0%.</p> <p>Low birthweight (&lt;2500g) 6.4%. Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).</p>	<p>Healthy birthweight – First Nations babies 91.4%.</p> <p>Low birthweight (&lt;2500g) 8.6%. All Metro North Residents.</p>	<p>The target of 91% healthy birthweight by 2031 has already been surpassed in 2024 with 91.4%, demonstrating substantial progress in improving birth outcomes for First Nations babies.</p> <p>While the low birthweight rate shows a slight decrease (from 8.7% to 8.6%), continued efforts are needed to reduce this further. Even small improvements in this rate could lead to better long-term health outcomes for babies.</p> <p>The increase in the healthy birthweight rate, combined with a stable low birthweight rate, indicates success in the maternal and child health initiatives implemented by Metro North Health, but it also highlights areas where more targeted actions can</p>

<sup>5</sup> 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	Progress as at 30 June 2024	Comments
							still be taken to further reduce low birthweight and improve overall birth outcomes.
		<ul style="list-style-type: none"> <li>Women pregnant with a First Nations baby, and First Nations women who delivered baby at full term (SEQ measure – responsibility of IUIH and HHSs).</li> </ul>	92.9% Equal to non-Aboriginal and Torres Strait Islander babies (MN target 2023) Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).	Full term – 90.1% Premature births (<37 weeks). Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).	Full term – 91.1% Premature births (<37 weeks). Perinatal MN Datalake (Metro North Health Facilities, HHS Residents).	Full term – 91.0% Premature births (<37 weeks) (All Metro North Residents).	While there has been steady progress in increasing the proportion of full-term births among Aboriginal and Torres Strait Islander women, Metro North Health has not yet met the target of 92.9%. The current rate of 91.0% is a positive step, more work is required to close the gap and achieve the target. The slight decrease in premature births is encouraging, but the 9.0% rate in 2024 still represents a significant proportion of births that are occurring before 37 weeks of gestation.
		<ul style="list-style-type: none"> <li>First Nations babies and babies of First Nations women, not admitted to special care nursery (SCN) or neonatal</li> </ul>	46.7% Equal to non-Aboriginal and Torres Strait Islander babies (Metro North	Unqualified Neonate 49.7% of all births (public facilities) DSS <sup>6</sup> .	Unqualified Neonate 54.3% of all births (public facilities) DSS <sup>7</sup> .	Awaiting availability of private hospital data in QHAPDC.	

<sup>6</sup> Note – multiple births are included in ‘qualified’ category irrespective of if babies go to SCN or NICU

<sup>7</sup> 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	Progress as at 30 June 2024	Comments
		intensive care unit (NICU) (SEQ measure - both an IUIH and HHS measure).	Health target).				
		<ul style="list-style-type: none"> <li>Women pregnant with First Nations baby and First Nations women, whose first antenatal visit is in the first trimester (SEQ measure) – combined IUIH and HHS measure.</li> </ul>	100% (Metro North Health target).	FY22 82.6% first visit within 0-13 weeks (HHS Residents in Metro North Health Facilities).	FY23 82.7% first visit within 0-13 weeks (HHS Residents in Metro North Health Facilities).	FY24 77.9% first visit within 0-13 weeks (All Metro North Residents).	While the target of 100% for first antenatal visits in the first trimester has not been met, there has been minimal improvement from 82.6% to 82.7% from FY22 to FY23, though this is still far from the desired target. The decline to 77.9% in FY24 is concerning, particularly given that it represents a broader population, which could be a factor in the decreased percentage. Addressing the barriers preventing Aboriginal and Torres Strait Islander women from attending early antenatal visits is crucial, as timely care is vital for positive pregnancy outcomes.
		<ul style="list-style-type: none"> <li>Women pregnant with First Nations baby and First Nations women, who had 5 or more antenatal visits (SEQ measure) – combined IUIH</li> </ul>	100% (Metro North Health target).	5 or more visits – 92.4% Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).	5 or more visits – 92.8% Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).	5 or more visits – 90.6% (All Metro North Residents).	The proportion of First Nations women who had 5 or more antenatal visits showed minimal improvement in 2023, but there was a decrease in 2024, with the percentage decreasing from 92.8% in 2023 to 90.6% in 2024.

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
		and HHS measure.					Despite the small increase in 2023, the target of 100% has not been met, and the 2.2% decrease in 2024 indicates the need for further action. The current gap from the target suggests that improvements are necessary to ensure that more First Nations women receive the recommended 5 or more antenatal visits.
		<ul style="list-style-type: none"> <li>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).</li> </ul>	100% (Metro North Health target).				Data not available.
		<ul style="list-style-type: none"> <li>Women pregnant with a First Nations baby, and First Nations women, who were not smoking after 20 weeks gestation (SEQ measure –</li> </ul>	Zero (Metro North Health target).	Not smoking after 20 weeks - 73.8% Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).	Not smoking after 20 weeks - 75.8% Perinatal MN Datalake (HHS Residents in Metro North Health Facilities).	Not smoking after 20 weeks - 78.3% (All Metro North Residents).	Metro North Health has shown positive progress in reducing smoking among Aboriginal and Torres Strait Islander women during pregnancy. The percentage of women not smoking after 20 weeks gestation has

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
		measure for IUIH and HHSs).		Smoking during pregnancy (any time) 32.0% Perinatal MN Datalake (HHS Residents in Metro North Facilities).	Smoking during pregnancy (any time) 33.8% Perinatal MN Datalake (HHS Residents in Metro North Facilities).	Smoking during pregnancy (any time) 27.3% (All Metro North Residents).	steadily increased, from 73.8% in 2022 to 78.3% in 2024. At the same time, there has been a notable decrease in the percentage of women smoking during pregnancy, dropping by 6.5% from 33.8% in 2023 to 27.3% in 2024. However, while the trend is positive, the target of zero smoking has not yet been achieved. The data shows that a significant proportion of Aboriginal and Torres Strait Islander women are still smoking at some point during pregnancy, which poses risks to both maternal and infant health. Continued efforts are needed to further reduce smoking rates and support women in quitting.
		<ul style="list-style-type: none"> <li>Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women stopping smoking whilst pregnant (Metro North HES overarching priority).</li> </ul>	Zero (Metro North target).	29.6% Smoking before 20 weeks and Not smoking after 20 weeks  Perinatal MN Datalake (HHS Residents in Metro North Facilities).	45.3% Smoking before 20 weeks and Not smoking after 20 weeks  Perinatal MN Datalake (HHS Residents in Metro North Facilities).	27.8% Smoking before 20 weeks and Not smoking after 20 weeks (All Metro North Residents).	Efforts to reduce smoking among Aboriginal and Torres Strait Islander women during pregnancy showed initial progress in 2023, with a 15.7% increase in the percentage of women who stopped smoking after 20 weeks. However, the 17.5% decrease in 2024 indicates a backslide in these efforts, moving further from the

Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
							target of zero smoking during pregnancy. Despite the positive trend in 2023, the current data shows that the goal of achieving zero smoking during pregnancy remains unmet, with a 27.8% gap from the desired target. The decrease in 2024 raises concerns and highlights the need for a renewed focus on smoking cessation strategies.
	Action: 2.9 M Deliver culturally appropriate mental health services.	<ul style="list-style-type: none"> <li>A decreased rate and count of First Nations suicide deaths (Statewide measure).</li> <li>Reduction in the rate of suicide deaths (SEQ measure).</li> </ul>	Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero <sup>8</sup> .	ASR 20.5 per 100,000 2016-2020.	No update	ASR 17.8 per 100,000 2018-2022.	The reduction from 20.5 per 100,000 to 17.8 per 100,000 is a positive trend in the right direction, much more work is required to meet the target of zero suicides. The zero-suicide target is challenging, particularly given the complexities of the issue, but the trend suggests that interventions may be starting to have an impact.
		<ul style="list-style-type: none"> <li>Increased proportion of First Nations people receiving face-to-face community follow-up within</li> </ul>	73% highest Qld benchmark (Townsville 2022).	52%	54%	58.6%	While the proportion of Aboriginal and Torres Strait Islander people receiving face-to-face follow-up within 1-7 days of discharge has shown gradual improvement from 52% to 58.6%, the 73%

<sup>8</sup> 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	Progress as at 30 June 2024	Comments
		1-7 days of discharge from an acute mental health inpatient unit (Statewide KPI) <sup>9</sup> .					target set by the Queensland benchmark remains unmet. The progress achieved is positive, but there is a need for further action to close the gap, particularly in addressing the barriers to timely follow-up care.
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"> <li>Decrease in number and proportion of "Did Not Wait" in ED.</li> </ul>	3.2%	6.1%	5.5%	4.5%	The proportion of "Did Not Wait" (DNW) patients in the ED has decreased from 6.1% (FY22) to 4.5% (FY24). This represents a 26% reduction from the baseline and a 18% decrease from the previous year. While the reduction is positive, the 3.2% target remains unmet indicating that further improvements are needed.
4.3 Attract and grow our Aboriginal and Torres Strait Islander workforce.	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.	<ul style="list-style-type: none"> <li>Annual (year on year) increased Aboriginal and Torres Strait Islander workforce representation to demonstrate progress toward achieving workforce representation at least.</li> </ul>	At least 3 per cent of Metro North's workforce will be Aboriginal and/or Torres Strait Islander people. (MN32). For each HHS, percentage	1.41% as at Jun 22.	1.69% as at Jun 23.	1.91% as at Jun 24.	As of June 2024, the headcount of Metro North staff who have identified themselves via the EEO survey as Aboriginal and/or Torres Strait Islander is 465, representing 1.91% of the total staff headcount of 24,354. This marks a 19.5% increase in headcount from June 2023, where the count was 389 (1.69% of total Metro North staff).

<sup>9</sup> 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	Progress as at 30 June 2024	Comments																
		commensurate to First Nations populations (Statewide KPI). <sup>10</sup>	of HHS population that is Aboriginal and Torres Strait Islander.				However, the Aboriginal and Torres Strait Islander workforce needs to more than double to achieve the 3% target, highlighting the need for further targeted efforts to increase representation. With the statewide 2025 aspirational benchmark of 2.64%, Metro North Health is on the right track but will need to accelerate efforts to meet both the internal target of 3% and the broader sector-wide aspirations.																
	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"> <li>Increase in Aboriginal and Torres Strait Islander workforce across all workforce streams.</li> </ul>	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.	Nursing 175, Managerial and clerical 111, Operational 59, Professional and Technical 57, A&TSI Health Workforce 40, Medical inc VMOs 21, Trade and Artisans, 1.	<table border="1"> <tr> <td>Total Growth 2023-2024</td> <td>+19.3%</td> </tr> <tr> <td>Nursing</td> <td>+10.8%</td> </tr> <tr> <td>Managerial and Clerical</td> <td>+ 30.6%</td> </tr> <tr> <td>Professional and Technical</td> <td>+9.6%</td> </tr> <tr> <td>Operational</td> <td>+34.1%</td> </tr> <tr> <td>Medical inc VMO's</td> <td>-10.5%</td> </tr> <tr> <td>A&amp;TSI Health Workforce</td> <td>+33.3%</td> </tr> <tr> <td>Trade and Artisans</td> <td>0%</td> </tr> </table>	Total Growth 2023-2024	+19.3%	Nursing	+10.8%	Managerial and Clerical	+ 30.6%	Professional and Technical	+9.6%	Operational	+34.1%	Medical inc VMO's	-10.5%	A&TSI Health Workforce	+33.3%	Trade and Artisans	0%
Total Growth 2023-2024	+19.3%																						
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A&TSI Health Workforce	+33.3%																						
Trade and Artisans	0%																						

<sup>10</sup> This measure also aligns to this MN Service agreement measure: "First Nations representation in the workforce (MN Service Agreement 2022-23 to 2024-25)".



Strategy	Actions	Measures	Target	Baseline at 30 June 2022	Progress as at 30 June 2023	Progress as at 30 June 2024	Comments
							<p>Significant growth has been seen across all workforce streams since 2022, with the largest percentage increase in the Aboriginal and Torres Strait Islander (+344%) and Operational roles (+126%).</p> <p>Other notable increases include Professional and Technical (+50%) Managerial and Clerical (+25%) and Nursing (+35%), and Medical (5%)</p>