



Aboriginal and Torres Strait Islander Health Directorate

Metro South Health: First Nations Health Equity Implementation Plan

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Aboriginal and Torres Strait Islander people are advised that this publication may contain words, names and descriptions of people who have passed away.

More information

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Metro South Health: First Nations Health Equity Implementation Plan

Summary

Metro South Hospital and Health Service (Metro South Health) is redesigning the way it develops and delivers its services to embed health equity into health policy, models of care and clinical practice. The [Metro South Health First Nations Health Equity Strategy 2022-2025](#) (the Health Equity Strategy) is the roadmap for how Metro South Health will achieve health equity and eliminate institutional racism.

Metro South Health is committed to making a difference to the health outcomes of First Nations peoples and, as part of this commitment, Metro South Health is seeking to develop an Implementation Plan for the Health Equity Strategy in partnership with the First Nations peoples of the region and key stakeholders. Accordingly, Metro South Health is developing the Implementation Plan using co-design and co-delivery approaches, remaining responsive to the voices of First Nations peoples.

To truly make a difference to the health of First Nations people it is essential that Metro South Health focuses on developing meaningful and tangible actions to deliver upon the Health Equity Strategy. This will require us to be creative and ambitious and determined in our drive to generate activity that has a lasting and genuine effect. It will also require us to be mindful of what we can achieve and to be flexible to leverage existing activity and expertise and to direct our efforts wisely.

Health equity is everybody's business

First Nations health equity is not just the business of First Nations Australians; health equity is everybody's business, everybody's responsibility. At Metro South Health, every part of the organisation can play a role in removing preventable differences in the burden of disease, injury, oppression and opportunities that stand in the way of achieving optimal health. Metro South Health is committed to delivering safe and effective healthcare for everyone and giving everyone the opportunity to attain their full health potential.

In order to truly embed health equity into the operation of Metro South Health, every Metro South Health facility will include health equity within their operational plan and will report quarterly on progress against the National Safety and Quality Health Standards relevant to First Nations health equity.

Partnering with Consumers Standard:

Action 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

Clinical Governance Standard:

Action 1.2 The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.

Action 1.4 The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people.

Action 1.21 The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients

Action 1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people

Comprehensive Care Standard:

Action 5.8 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.

Methodology in developing the implementation plan:

The [Metro South Health First Nations Health Equity Strategy 2022-2025](#) (the Health Equity Strategy) was developed by the Aboriginal and Torres Strait Islander Health Directorate in consultation with prescribed stakeholders and endorsed by the Metro South Hospital and Health Board in April 2022. The consultation process undertaken is detailed in the [Walking Tracks to Health Equity Consultation Report](#).

The Health Equity Strategy is part of a broader policy and strategic framework across Queensland and nationally. Sitting within the context of the *National Agreement on Closing the Gap 2020*, the Health Equity Strategy complies with the *Health Legislation Amendment Act 2020*, which prescribes that each Hospital and Health Service develop a Health Equity Strategy.

The approach to developing this implementation plan is to provide repeated opportunities to all stakeholders to discuss the details of implementation, including which improvement initiatives will be prioritised as well as who will be responsible for delivery and the necessary resources allocation. Thus, the Implementation Plan will be a living document, regularly updated and adjusted according to internal and external stakeholder feedback and to remain responsive to opportunities as they arise. More detailed methodology is outlined in Appendix 1.

Methodology in developing the implementation plan:

This implementation plan has been developed over more than eight months of internal and external consultation by the MSH Aboriginal and Torres Strait Islander Health Directorate. We aimed to provide several ongoing opportunities to all stakeholders to discuss the details of implementation, including which improvement initiatives will be prioritised as well as who will be responsible for delivery and the necessary resources allocation. The intention is that the Implementation Plan is a living document, regularly updated and adjusted according to reflect our ongoing relationship with our stakeholders including the South-East Queensland First Nations Health Equity Strategy.

1. Implementation planning workshops

A series of four workshops were held throughout November 2022. Workshop participants were recruited by the Aboriginal and Torres Strait Islander Health Directorate based on their interest, sector experience, knowledge and/or lived experience through a nomination process. All Metro South Health facilities and executive leads were asked to nominate workshop participants. Similarly, external prescribed stakeholders of Metro South Health were invited to nominate participants to attend each workshop.

To ensure that all participants were appropriately informed and prepared to participate in activities, participants were provided with background information at the beginning of each workshop about the development of the Health Equity Strategy and relevant data concerning Aboriginal and Torres Strait Islander health status and outcomes. As each workshop focused on one or more priority areas within the Health Equity Strategy, some workshops presented information, research, and data specific to the topics being discussed.

The purpose of the workshops was to discuss and develop meaningful and tangible actions to deliver upon the Health Equity Strategy; to be creative and ambitious and generate ideas that will deliver truly impactful results. The goal of each workshop was to collate diverse perspectives and ideas which will inform the development of the Implementation Plan for the Health Equity Strategy.

Participants of these workshops included our prescribed stakeholders, Metro South Health hospitals, Community and Oral Health and Addiction and Mental Health.

Workshop	Date	Priority Area	Participants
Workshop 1	Wednesday 2 November	Priority Area 4: Deliver sustainable, culturally safe and responsive healthcare services; Priority Area 5: Work with First Nations peoples, community and organisations to design, deliver, monitor and review health services	40 participants
Workshop 2	Friday 4 November	Priority Area 5: Work with First Nations peoples, community and organisations to design, deliver, monitor and review health services.	36 participants
Workshop 3	Tuesday 8 November	Priority Area 3: Influence the social cultural and economic determinants of health.	44 participants
Workshop 4	Tuesday 15 November	Priority Area 1: Actively eliminate racial discrimination and institutional racism within the service; Priority Area 6: Strengthen the First Nations Workforce	80 participants

2. Stakeholder consultations

Following the four implementation planning workshops, the Aboriginal and Torres Strait Islander Health Directorate held stakeholder consultations with internal and external stakeholders who expressed an interest in taking forward improvement initiatives. In addition, key stakeholders were identified who were already leading healthcare improvement initiatives or who may potentially take responsibility for new initiatives. The Health Equity Project Team coordinated meetings and sought to develop relationships in order to progress the activities to be included in the Implementation Plan.

There are ongoing opportunities for internal and external stakeholders to engage with the Health Equity Project Team at all stages of the Implementation Plan development.

3. Feedback

In the spirit of genuine co-design, there will need to be ongoing iterative consultation and communication to enable our prescribed stakeholders to inform and be included in the Implementation of this Plan. Placing our First Nations people at the centre of these processes and providing a culturally appropriate format to discuss and share ideas and experiences is essential for the successful buy in of our community into our Implementation Plan.

Implementation Plan:

The first draft of the Implementation Plan is a register of improvement initiatives that are currently being scoped by Metro South Health for inclusion in the Implementation Plan.

Priority Area 1: Actively eliminate racial discrimination and institutional racism within the service					
<ol style="list-style-type: none"> 1. Embed cultural safety and cultural capability programs which are co-designed with First Nations people across all Metro South Health Directorates. 2. Embed First Nations voices in corporate governance and decision-making. 3. Ensure service improvement activities are oversighted by both clinical and cultural governance arrangements 					
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Review the Cultural Capability Framework	<ul style="list-style-type: none"> • Develop a Cultural Capability Framework Implementation Plan including costings. • Participate in the current and ongoing State-wide review of the Cultural Capability Framework whilst continuing the ongoing implementation of the Cultural Capability Framework. • Continue to review the Cultural Capability Training (including consideration of how to improve uptake across MSH). • Design Cultural Audit tools and embed into routine review and evaluation processes. • Ensure Cultural Capability Training will conform to the minimum standard requirements training program and is codesigned with First Nations stakeholders. • Align cultural capability training with racial awareness training and prioritisation will be given to new staff and to MSH areas with First Nations staff. • Review and act on feedback from participants of the training and identify areas to build on skills and knowledge as required. • Enhance awareness of the distinction between Aboriginal peoples and Torres Strait Islander peoples' cultural protocols. • Collaborate with Brisbane South PHN to ensure people who are accessing mainstream (non-AMS) services are included. 	<ul style="list-style-type: none"> • Cultural Capability Framework Implementation Plan is endorsed and resourced by MSH by 2025. • Staff participation in cultural capability training is increased and meets the minimum standards by 2025. • Participant feedback evaluation reports demonstrate an increase in staff identifying cultural capability training meets their work area needs and professional development. • Identify reduced racism using the institutional racism index score (ref). • Greater numbers of patients reporting that their cultural and spiritual needs are being met (PREMS). • Decreased potentially avoidable deaths. • Sustain a decreased rate and count of First Nations suicide deaths. 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Directorate • Director, Training and Learning • Director, MSH Clinical Governance • MSH Professional leads of Medicine, Allied Health and Nursing and Midwifery • Brisbane South PHN 	2023 – 2025 Priority areas 1,2,3,4,5	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity

Action	Activity	Measure	Responsible Officer	Time frame	Costings
<i>Develop a sustainable Courageous Conversations About Race Training program that is available across all of Metro South Health.</i>	<ul style="list-style-type: none"> Implement Courageous Conversations About Race Beyond Diversity (2 day) workshops as a routine training option for all staff at MSH. Ensure staff attending the Courageous Conversations about Race Training are provided with relevant support and advice. Prioritise Courageous Conversations About Race training for First Nations staff in identified roles, HHS senior executive and areas who are looking to employ First Nations trainees and cadets. Implement Courageous Conversations Practitioner Programme as an opportunity to upskill a subset of staff with a view to increasing the number of Courageous Conversations About Race facilitators at MSH. 	<ul style="list-style-type: none"> MSH has a strong sustainable team of Courageous Conversations About Race facilitators by 2025. Target is twelve facilitators by 2025. MSH has CCAR Coaches who can train our own facilitators and run our own Courageous Conversations About Race Practitioner Programme by 2025. MSH employees indicate that MSH is an employer of choice for First Nations peoples (as measured by working for QLD Staff Survey). MSH trains additional 300 staff in Courageous Conversations About Race by 2025. 	<ul style="list-style-type: none"> Co-ordinator, Cultural Capability Director, Training and Learning Director, Aboriginal and Torres Strait Islander Health Directorate Director Strategic Partnerships 	2023 – 2025 Priority 1	\$260,000 2022/23 (non-recurrent) \$55,000 (Recurrent from 2025)
Action	Activity	Measure	Responsible Officer	Time frame	Costings
<i>Develop a Reconciliation Procurement Action Plan for Metro South Health.</i>	<ul style="list-style-type: none"> Establish a Reconciliation Action Plan working group . Begin the RAP process with an Innovate or Stretch RAP (rather than a Reflect RAP). Develop a First Nations Procurement Policy and Procedure for MSH. Develop MSH wide Aboriginal and Torres Strait businesses register to promote Aboriginal and/or Torres Strait Islander owned and operated business. Implement pathway for the consistent use of this register across all MSH facilities for procurement. Collaborate with Brisbane South PHN to ensure people who are accessing mainstream services are included. Ensure RAP Procurement Plan links with the Implementation of the Cultural Capability Framework. 	<ul style="list-style-type: none"> MSH Reconciliation Action Plan and Procurement Policy/procedure is endorsed by 2025. MSH register of Aboriginal, and Torres Strait Islander owned, and operated businesses is created. Increased spending on First Nations led business. By 2025 developed the MSH Aboriginal and Torres Strait businesses register. 	<ul style="list-style-type: none"> Director, Aboriginal and Torres Strait Islander Health Directorate Executive Director, MSH Procurement and Supply Brisbane South PHN 	2025 Priority 1	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity

Action	Activity	Measure	Responsible Officer	Time frame	Costings
Develop additional anti-racism training programs and policies for roll out in Metro South Health.	<ul style="list-style-type: none"> Adopt appropriate anti-racism campaigns at MSH. Engage broadly across MSH. Engage with Directors of Medicine and Clinical training to develop lunchtime learning opportunities for medical staff. Introduce an anti-discrimination and institutional racism statement in MSH Media and communications, and all related documents including position descriptions, key selection criteria for staff recruitment, and interview questions. 	<ul style="list-style-type: none"> Increased anti-racism education campaigns adopted and rolled out across MSH. MSH learning has multiple opportunities for anti-racism training by 2025. Greater numbers of patients reporting that their cultural and spiritual needs are being met (PREMS). 	<ul style="list-style-type: none"> Executive Director, HR Chief People, Engagement and Research Officer Director, Aboriginal and Torres Strait Islander Health Directors of Medical Services, Nursing and Midwifery Services and Directors of Allied Health Services Directors of Clinical Education 	2025 Priority 1	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Tracks to Treaty and Truth Telling in Metro South Health.	<ul style="list-style-type: none"> Work closely with the office of the Chief Aboriginal and Torres Strait Islander Health Officer and other Departments to help progress Tracks to Treaty reforms. Embed Tracks to Treaty truth-telling into the Making Tracks to Health Equity Governance Structure. Align with State-wide directions. 	<ul style="list-style-type: none"> Tracks to Treaty and Truth Telling are visible in the Terms of Reference of all Making Tracks to Health Equity Committees within Metro South Health. 	<ul style="list-style-type: none"> Director, Aboriginal and Torres Strait Islander Health Directorate Chief People, Engagement and Research Officer 	2025 Priority 1	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Raise the profile of racial equity as a value for all Metro South Health staff	<ul style="list-style-type: none"> Support and promote inclusiveness in Metro South Health HR policy and procedures. Introduce First Nations Health Equity as a standing agenda item on all MSH Directorate level meetings. Review the MSH Strategic plan to include the core value of Racial Equity. Introduce an anti-racial discrimination and institutional racism statement in HR documentation such as position descriptions, key selection criteria for recruitment and interview questions. 	<ul style="list-style-type: none"> Metro South Health HR policies and procedures are updated by 2025. Racial Equity assessed in the selection process for senior positions. Completion of mandatory Cultural Capability Training by senior staff is reviewed annually. MSH Strategic plan has been reviewed. Activities are reported and recorded at the Making Tracks to Health Equity Committee Meetings. 	<ul style="list-style-type: none"> Executive Director, HR Chief People, Engagement and Research Officer Director, Aboriginal and Torres Strait Islander Health Directorate 	2023 – 2025 Priority 1	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity

	<ul style="list-style-type: none"> Develop a cultural events calendar to increase awareness of Aboriginal and/or Torres Strait Islander days of significance and support localised events. 	<ul style="list-style-type: none"> A cultural events calendar has been developed and available to MSH staff. 			
Action	Activity	Measure	Responsible Officer	Time frame	Costings
<i>Develop processes to improve visibility of Institutional and interpersonal racism and support and encourage staff to report and intervene on incidents.</i>	<ul style="list-style-type: none"> MSH will contribute to the state-wide review of Riskman, including: <ul style="list-style-type: none"> Review current complaints and feedback opportunities with a view to making improvements. Include racism as a reportable incident in RiskMan. Investigate, monitor and review reported racism incidents across MSH. Review pathways for reporting, recording and monitoring incidents of racism and discrimination for both consumers and staff. Review all existing MSH HR policy and process on reportable racial discrimination and abuse to ensure alignment with current Human Rights and Anti-Discrimination acts/legislation. Use the Institutional Racism Matrix audit annually to guide the business of the Making Tracks to Health Equity reforms and the MSH Making Tracks to Health Equity Governance structure. 	<ul style="list-style-type: none"> By end 2025 an improved process for identifying and dealing with racism and racial discrimination will be available through RiskMan. Improved institutional racism matrix score. Greater numbers of patients reporting that their cultural and spiritual needs are being met (PREMS). MSH employees indicate that MSH is an employer of choice for First Nations peoples (as measured by working for QLD Staff Survey). Improved uptake of First Nations Workforce participating in the Working for Queensland Survey. Improvement of Metro South current score within the Institutional Racism Matrix audit (see attached). 	<ul style="list-style-type: none"> Executive Director, Clinical Governance Risk and Legal MSH Aboriginal and Torres Strait Islander Health Directorate 	2025 Priority 1	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity
Action	Activity	Measure	Responsible Officer	Time frame	Costings
<i>Develop processes to acknowledge and show respect towards First Nations people within MSH.</i>	<ul style="list-style-type: none"> Create Acknowledgment of Country and Traditional Custodians Statements relevant to facility locations and local First Nations Heritage. Correct usage of Welcome to Country and Acknowledgment of Traditional Custodians at MSH. Consider Aboriginal and Torres Strait Islander perspectives in the design of new facilities. Ensure MSH Facility Environments are culturally inviting by including First Nations Artwork in hospital capital works projects. Consider the use of Traditional Language names of existing Hospitals and MSH Service facilities and new capitol works projects. 	<ul style="list-style-type: none"> All MSH Hospitals, Satellite Hospitals and Community Health Care Centres have a welcome statement specific to their geographical location and local First Nations Heritage. Welcome statements are included as BAU in the acknowledgment of traditional owners and country at all meetings and events held within MSH. Visibility of art concepts in new builds, development projects. Evidence that First Nations consumers and communities have been engaged and consulted. 	<ul style="list-style-type: none"> Chief Operating Officer MSH Directorate Executives Aboriginal and Torres Strait Islander Directorate MSH Senior Director of Infrastructure Planning Clinical Governance – Consumer Partnering 	2024 Priority 1	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity

Priority Area 2: Increase access to healthcare services

1. Establish models of care that deliver care closer to home in partnership with Community Controlled Health Services.
2. Improve integration of care by strengthening the interface between primary, community and secondary care.
3. Work with Community Controlled Health Services and other primary care providers to improve discharge following a hospital admission.
4. Improve local engagement and partnerships between Metro South Health, the community, community-controlled health organisations and other stakeholders to address identified needs and service gaps.

Action	Activity	Measure	Responsible Officer	Time frame	Costings
<i>Develop opportunities to deliver improved access for First Nations peoples to specialist outpatient services and tertiary hospital services.</i>	<ul style="list-style-type: none"> • Investigate new opportunities within the existing outpatient reform project led by Clinical Improvement Unit. • Clinical Improvement Unit to investigate opportunities/projects within MSH for progression and implementation into ongoing services (e.g. MaTCH Project). • Build working relationships with our community led medical services to address needs in gynaecology, psychiatry and dental amongst other areas. • Collaborate with IUIH to develop pathways and networks with MOBLink to enable efficient access of MSH Services. • Develop a process and pathway to link community support workers across MSH directorates, IUIH and other community providers. • Develop a community services network of service providers in the community who have a significant catchment of First Nations clientele, such as First Nations Hostels, housing, long day care, QCOSS services and others. • 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. • Contribute to existing successful community networks and partnerships and share resources to deliver services that meet community needs. • Improve the utilisation of virtual care/ telehealth in culturally and clinically appropriate scenarios. 	<ul style="list-style-type: none"> • By 2025 specialist outpatient services are delivered in partnership with ATSICHS and Yulu-Burri-Ba. • New services will be scoped, detailed budget and project documentation prepared. • Existing Partnerships are continued throughout MSH. • Specialist outpatient – decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment. • Reduced rates of Discharge Against Medical Advice. • Increased number of outpatient occasions of service happening within community. • Increase in number of joint partnerships. • Elective surgery – increased proportion of First Nations patients treated within clinically recommended time. • First Nation community provider network established and developing improved links to MSH services. • Patient transport and parking options identified. 	<ul style="list-style-type: none"> • Chief Operating Officer • Outpatient Reform Team (Clinical Improvement Unit) • MSH Directorate Executives • ATSICHS • Yulu-Burri-Ba • IUIH • Aboriginal and Torres Strait Islander Directorate • Brisbane South PHN 	Priority 1,2	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity

	<ul style="list-style-type: none"> Review opportunities to relieve transportation and parking costs to patients attending SOPD. Collaborate with Brisbane South PHN to ensure people who are accessing mainstream (non-AMS) services are included. Strengthen connections between Logan Health Living and local Aboriginal and Torres Strait Islander Health Services to improve access for the prevention and management of Type 2 diabetes. 				
Action	Activity	Measure	Responsible Officer	Time frame	Costings
<i>Establish a MSH working group to decrease rates of Discharge Against Medical Advice (DAMA)</i>	<ul style="list-style-type: none"> Use the innovation training methodology to investigate possible solutions to reduce rates of Discharge Against Medical Advice (DAMA). Recruit participants including HLOs to a working group to review and investigate reasons for DAMA and make proposals to decrease the rates of DAMA in First Nations Patients at MSH. Engage with our community-controlled health organisations and Brisbane South Primary Health Network to reduce DAMA. Develop and propose methodologies to reduce DAMA. Expand the current parameters of the MSH Aboriginal and Torres Strait Islander Data Dashboard and update naming conventions to align with First Nations Health Equity reforms. 	<ul style="list-style-type: none"> The working group will have developed innovative solutions to DAMA. Reduced Discharge Against Medical Advice. Reduced Failure to Attend. Reduce readmissions. Decrease potentially avoidable deaths. Sustain a decreased rate and count of First Nations suicide deaths. Clinical/outcomes data have been measured, reviewed and steps taken to identify areas of concern. Dashboard parameters are expanded. Dashboard is renamed. 	<ul style="list-style-type: none"> Chief Operating Officer Executive Director, Safety, Quality Risk and Legal MSH Directorate Executives 	2023 Priority 1,2	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity
Action	Activity	Measure	Responsible Officer	Time frame	Costings
<i>Develop detailed patient journey maps for continuum of care for First Nations Patients</i>	<ul style="list-style-type: none"> Establish strong bidirectional communication pathways between MSH and community-controlled health services and primary care providers related to discharge. Identify and engage with all stakeholders related to discharge including (family, carers, transportation, community support, pharmacy, care in the home, accommodation, NDIS - for safe discharge including ADL support, equipment, home modification, support workers). 	<ul style="list-style-type: none"> By 2025 MSH will have developed detailed discharge journey maps in partnership with our community controlled and Brisbane South PHN. Reduced Discharge Against Medical Advice. Reduced readmissions. 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. 	<ul style="list-style-type: none"> Director Strategic Partnerships Chief Operating Officer MSH Directorate Executives MSH Community and Oral Health Brisbane South PHN ATSICHS 	2025 Priority 1	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity

	<ul style="list-style-type: none"> Support the expansion of community-controlled aftercare services to support patients upon discharge from hospital and improve coordination of care between our partners and stakeholders. Work with the Department of Health to explore a state-wide agreement to enable patient travel subsidy scheme (PTSS) gap payments to be modified for those who identify as Aboriginal and/or Torres Strait Islander. Provide holistic care drawing on evidence-based pathways already developed, e.g., Australian Government and Cancer Council Queensland endorsed Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer. Create individual case management and integrated care plans (including care pathways) for all Aboriginal and Torres Strait Islander health consumers and patients. 		<ul style="list-style-type: none"> Yulu-Burri-Ba Aboriginal and Torres Strait Islander Directorate (COE and First Nations Nursing and Midwifery Network) 		
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Improve coordination and integration of cancer detection and treatment for First Nations patients.	<ul style="list-style-type: none"> Explore opportunities to enhance screening in the community relating to breast cancer, cervical cancer, bowel care, diabetes and chronic kidney disease. Collaborate with UIIH to improve coordination and integration of cancer screening services and community controlled primary health care and improve access to cancer screening and diagnostic services for First Nations people. 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. Ensure discharge procedures include consultation with NDIS for safe discharge including ADL support, equipment, home modification, support workers. Build links with the NDIS and First Nations-specific NDIS services so that consumers 	<ul style="list-style-type: none"> Improved early cancer detection in First Nations patients across MSH in the community health setting. Number of First Nations people participating in cancer screening. Post-care survey responses (PREMS). Fewer Did Not Attend (DNA). Fewer Possible Preventable Hospital Admissions (PPA) Reduced Discharges Against Medical Advice (DAMA). Decreased potentially avoidable deaths. Increased proportion of First Nations people completing Advance Care planning. Discharge procedures. 	<ul style="list-style-type: none"> Chief People, Engagement and Research Officer Chief Operating Officer Director of Cancer services UIIH 	Priority 1	FY24 CCP funding: \$1,010,000

	<ul style="list-style-type: none"> can more easily transition into and out of our health services. Ensure that Culturally Accessible Models of Care also consider disability access and participation needs (hearing, vision, speech, mobility, comprehension/memory etc). 				
Action	Activity	Measure	Responsible Officer	Time frame	Costings
BIOC Model	<ul style="list-style-type: none"> In partnership with the IUIH network, expand the BIOC model currently utilised in Logan and Beaudesert Hospitals. Ensure the inclusion of Indigenous midwifery navigator positions to support women who are cared for in sites to assist with women transferred to MSH hospitals. Accelerate collaborative efforts to Close the Gap in early childhood health and education outcomes. 	<ul style="list-style-type: none"> Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non-Aboriginal and Torres Strait Islander mothers with health birthweights. Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (PREMS). Increased numbers of women have access to Indigenous Midwives/Midwifery navigators. 	<ul style="list-style-type: none"> Executive Director Nursing and Midwifery Chief Operating Officer MSH Directorate Executives Chief People, Engagement and Research Officer 		<p>\$80,000</p> <p>Subject to a Business Case being provided by the Executive Director Nursing and Midwifery Services to the Executive Finance Committee and as endorsed at the July 2023 Executive Finance Committee.</p>
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Palliative Care Services	<ul style="list-style-type: none"> Evaluate palliative care services for Aboriginal and Torres Strait Islander families and communities. Collaborate with community-controlled organisations and Brisbane South Primary Health Network services to deliver culturally appropriate palliative care. Develop education programs to empower MSH staff to understand the cultural principles that apply to the delivery of palliative care to Aboriginal and Torres Strait Islander peoples. Create culturally safe palliative care rooms in MSH Facilities for Aboriginal and Torres Strait Islander families and communities. 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 and requirements. Partner with relevant organisations and non-government organisations to 	<ul style="list-style-type: none"> Increased patient satisfaction in the First Nations Community regarding Palliative Care Services. Number of First Nations consumer engagement activities including yarning circles Increased proportion of First Nations people completing Advance Care Planning 	<ul style="list-style-type: none"> Director of Palliative Care, MSH Chief Operating Officer Chief People, Engagement and Research Officer Director Strategic Partnerships 		<p>Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity</p>

	financially support taking deceased persons to their country.				
Action	Activity	Measure	Responsible Officer	Time frame	Costings
QVAD Support and Pharmacy Service	<ul style="list-style-type: none"> Partner with relevant organisations to support patients returning to country. Partner with relevant organisations to support patients returning to country. Engage with support services to ensure culturally safe, patient centred care. Develop workflows / processes to ensure equity of access to Voluntary Assisted Dying. Utilise QH Voluntary Assisted Dying Unit resources to support First nations people. 	<ul style="list-style-type: none"> Bereavement follow up to include patient satisfaction relating to cultural sensitivity. MSH VAD Support Unit survey to include question regarding culturally safe person-centred care. 	<ul style="list-style-type: none"> Director, MSH VAD Support Unit Nurse Manager, MSH VAD Support Unit 		Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Aboriginal and Torres Strait Islander Disaster and Recovery Team - Queensland Health Aboriginal and Torres Strait Islander Health and Mental Health staff working together within an Aboriginal and Torres Strait Islander Disaster and Recovery Team.	<ul style="list-style-type: none"> Support local Aboriginal and Torres Strait Islander community within a holistic concept of social & emotional early intervention & prevention, care, treatment and assistance in the duration of a natural disaster or community traumatic event. Facilitate Health Workers to have a unique and specialised role in supporting and engaging within Metro South Community environment with linkages to government, non-government and Aboriginal and Torres Strait Islander Services. Ensure families and community members receive the appropriate assessment, care, treatment and assistance with short-term supports to long-term outcomes. This model of care would be closer to home and develop partnerships, networks and culturally safe to enable efficient Queensland Health Aboriginal and Torres Strait Islander staff to refer onto Community Controlled Health Services, other Government Services and Non-government services. Contribute to existing successful community networks and partnerships and share resources to deliver services that meet the community needs. 	<ul style="list-style-type: none"> Scoping report is finalised 	<ul style="list-style-type: none"> Executive Director People Engagement and Research Executive Director Addiction and Mental Health Executive Director Corporate Services 		Existing MSH resources

Priority Area 3: Influence the social, cultural and economic determinants of health

1. Collaborate with our partners to develop and deliver health promotion and prevention programs which target the needs of First Nations people.
2. Ensure First Nations people have access to preventative public health interventions.
3. Collaborate with partners to develop a regional response to address the determinants of health

Action	Activity	Measure	Responsible Officer	Time frame	Costings
<p>Form a working group to focus on Priority Area 3</p>	<ul style="list-style-type: none"> • Form a working group to Investigate and act upon possible opportunities in influencing the social, cultural and economic determinants of health. • Conduct an audit of current health promotion and prevention programs in MSH to understand potential gaps/opportunities. • Review successful programs/initiatives and pursue partnership opportunities with external stakeholders. • Work collectively to enhance MSH influence and power to implement improvement initiatives. • Consider and incorporate ways to link First Nations people with the National Disability Insurance Scheme – and culturally competent NDIS providers. • Collaborate with NDIS to include First Nations disability stakeholders in partnerships, working groups and stakeholder consultations. • Develop a MSH NDIS service directory of agency's that provide NDIS specific services. • Expand community smoking cessation and nutrition programs across MSH. 	<ul style="list-style-type: none"> • By 2025 two new partnerships are developed and maintained. • By 2025 two new proposals are developed to progress activities related to this Priority Area. • By 2025 one new network will be created to further progress activities related to this Priority Area. 	<ul style="list-style-type: none"> • Executive Director Allied Health • Director Strategic Partnerships. • Director, Public Health Unit • Executive Director, Community and Oral Health • Health and Wellbeing QLD • Brisbane South PHN • IUIH • Aboriginal and Torres Strait Islander Directorate 	<p>2025</p> <p>Priority area 3</p>	<p>AO6 1FTE project officer Strategic Partnerships</p> <p>AO7 1.5 FTE Public Health</p> <p>\$356,388 yr 1 year Non-recurrent</p> <p>Subject to a Business Case being provided by the Public Health Unit to the Executive Finance Committee and as endorsed at the July 2023 Executive Finance Committee.</p>

Priority Area 4: Deliver sustainable, culturally safe and responsive healthcare services

1. Deliver high quality and safe healthcare to First Nations people.
2. Provide consumers information about their rights and feedback mechanisms that enable them to report their experiences of healthcare in Metro South Health.
3. Develop mechanisms to improve completion rates of First Nations status identification across all patient systems.

Action	Activity	Measure	Responsible Officer	Time frame	Costings
<p><i>Develop a Metro South First Nations model of Hospital Liaison and Support Service</i></p>	<ul style="list-style-type: none"> • Develop a sustainable culturally safe hospital liaison service throughout all aspects of the patient journey in MSH facilities. • Codesign new hospital liaison service with our First Nations prescribed stakeholders. • Incorporate best practice culturally and clinically safe models of care and continue to respond to patient expectations for liaison services including after hours and weekend support. • Increase the hospital liaison workforce across all MSH facilities. • Improve the support for hospital liaison officers by establishing senior hospital liaison managers and senior Operational Director position in MSH. • Develop a Business Case for Change for the new hospital liaison services and bring existing HLO positions into the newly established service model. • Link to Banyu Nyargu (Be well, Stay well) Initiative – Improving Access Alternative and Service Delivery for Beaudesert Hospital and other interagency networks. • Establish Networks of First Nations Hospital Liaison Officers and Health workers. • Align with the Cultural Capability Framework and implementation plan. 	<ul style="list-style-type: none"> • Metro South First Nations Hospital Liaison Services are developed ensuring First Nations Cultural Integrity and competencies are evident within the acute hospital setting. • Decrease in discharge against medical advice. • Decrease in ‘not stated’ upon admissions into the acute hospital settings. • Decrease in readmissions. • Decrease in potentially avoidable deaths. • Increase proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (PREMS). • Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population. • Fewer Possible Preventable Hospital Admissions (PPA). • Fewer Fail to Attend (FTA) across all Outpatient Clinics. 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Directorate • Executive Director People, Engagement and Research Office 	<p>Priority 1,2,4,5</p>	<p>11 x A04 (Increase HLO’s) 6 x A04 after hours 3 x A06 (HLO service managers) 1x A07 (HLO Operations Manager)</p> <p>= \$2,792,184</p> <p>Subject to a Business Case being provided by the Director of Aboriginal and Torres Strait Islander Health as per the July 2023 Executive Finance Committee noting that operational funds relating to future capital expansion will take into account HLO positions to allow for growth in this area.</p>
Action	Activity	Measure	Responsible Officer	Time frame	Costings
<p><i>Closing the Gap medication subsidy scheme expansion across all MSH facilities and adoption as business as usual</i></p>	<ul style="list-style-type: none"> • Broadly inform MSH staff and community of the implementation of the CTG medication subsidy program. • Continue to work with the PAH Pharmacy to ensure smooth implementation of this program at all MSH facilities. 	<ul style="list-style-type: none"> • Increased proportion of First Nations people who have cultural and spiritual needs met (PREMS) • Reduction in readmission rates • Positive indications for First Nations Patients in medication related PREMS responses 	<ul style="list-style-type: none"> • Executive Director Medical Services, MSH • Director, Pharmacy, PAH 	<p>BAU</p>	<p>Nil</p>

Action	Activity	Measure	Responsible Officer	Time frame	Costings
<p>Ensuring services from First Nations Nurse Navigators are resourced to provide culturally and spiritually safe models of care</p>	<ul style="list-style-type: none"> Support staff to deliver holistic services that integrate cultural and clinical models of care (e.g. Marumba Medicine). Incorporate Aboriginal and Torres Strait Islander staff into multidisciplinary teams. Enhance patient experience through responsive service delivery. Incorporate Aboriginal and Torres Strait Islander practitioner roles into culturally and clinically safe models of care. 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. Develop a multi-disciplinary team/positions to sit with the existing two First Nations Nurse Navigators. 	<ul style="list-style-type: none"> Fewer Possible Preventable Hospital Admissions (PPA) Reduced Discharges Against Medical Advice (DAMA). Fewer Fail to Attend (FTA) across all Outpatient Clinics. Staff are culturally educated. Increased proportion of First Nations people who have cultural and spiritual needs met (PREMS). Decreased potentially avoidable deaths. Increase in WAUs. 	<ul style="list-style-type: none"> Director, Aboriginal and Torres Strait Islander Health Directorate Chief People, Engagement and Research Officer 	<p>2023 – 2025</p> <p>Priority area 1,2,3,4,5,6,</p>	<p>4 x HP4 Allied Health Multi-disciplinary team 2x A04 Community Liaison Officers</p> <p>\$981,532 (recurrent)</p> <p>Subject to a Business Case being provided by the Director of Aboriginal and Torres Strait Islander Health to the Executive Finance Committee and as endorsed at the July 2023 Executive Finance Committee.</p>

Priority Area 5: Work with First Nations peoples, community and organisations to design, deliver, monitor and review health services

1. Establish strong engagement structures, communication processes and cultural protocols to ensure First Nations people are involved in co-designing the way health services are planned and delivered in Metro South Health.
2. Develop action plans to ensure Metro South Health embeds a consolidated approach to the implementation of the National Safety and Quality Health Standards (NSQHS).
3. Build on and replicate effective service delivery partnership models already established in Southeast Queensland.

Action	Activity	Measure	Responsible Officer	Time frame	Costings
Yarning Circles	<ul style="list-style-type: none"> • Engage Health Consumers Queensland to facilitate yarning circles to learn from community and listen to views. • Focus topics for yarning circles on current actions within this implementation plan. • Ensure that First Nations people with disability and their family/carers are actively recruited and engaged within Yarning Circle opportunities. • Establish reporting parameters to reflect on various cohorts of the First Nations community – e.g., questions such as “how many First Nations people with disability took part in the Yarning Circles?” 	<ul style="list-style-type: none"> • Consumers and community are engaged in a culturally appropriate and meaningful way. • Feedback from the yarning circles is incorporated into the business of the Aboriginal and Torres Strait Islander Health Directorate. • Yarning Circle reports are distributed to the Making Tracks to Health Equity Committees across the MSHHS. 	<ul style="list-style-type: none"> • Director, Aboriginal and Torres Strait Islander Health Directorate 	<p>2023</p> <p>Priority area 1,2,3,4,5,6,</p> <p>BAU</p>	<p>\$30,000</p> <p>(recurrent)</p>
Develop a First Nations Engagement Framework with First Nations Elders, Traditional Owners and Consumers.	<ul style="list-style-type: none"> • Continue engagement with the First Nations Elders and Consumers Advisory Committee. • Continue to seek broad representation from all First Nations groups within MSH catchment. • Ensure that First Nations people with disabilities and their family/carers are actively recruited and engaged for representation within the First Nations Elders and Consumers Advisory Committee. • Continue to seek advice from this committee on all areas of Health Equity. • Map stakeholders and communication pathways including protocols and procedures and pathways into the governance structure. • Build visibility and report on KPIs with committees annually. • Build links with First Nations Disability Organisations (such as the Aboriginal and Torres Strait Islander Disability Network of Qld). • Establish culturally appropriate principles to guide MSH governance. • Ensure First Nations consumers are involved 	<ul style="list-style-type: none"> • First Nations Elders and Consumers voices are heard and acted upon. • Feedback from the First Nations Elders and Consumers is incorporated into the implementation plan. • First Nations people report that they feel there is open dialogue and engagement. • MSH governance committees have clear understanding and commitment to culturally appropriate governance. • MSH clinical governance arrangements are reviewed and opportunities for incorporating cultural elements are reviewed and acted upon. • Improved Institutional Racism Matrix score. 	<ul style="list-style-type: none"> • Director, Aboriginal and Torres Strait Islander Health Directorate • MSH Directorate Executives • Chief People, Engagement and Research Officer 	<p>2023</p> <p>BAU</p> <p>Priority area 1,2,3,4,5,6,</p>	<p>Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity</p>

Action	Activity	Measure	Responsible Officer	Time frame	Costings
	at all levels of governance.				
Develop a media and communications plan for Health Equity at MSH	<ul style="list-style-type: none"> Engage with media and communications on a communications plan. Distribute regular updates on projects and events. Develop a website for the Aboriginal and Torres Strait Islander Health Directorate Develop branding for MSH Making Tracks to Health Equity Collaborate with our partners to ensure consistent messaging and joint messaging where appropriate. 	<ul style="list-style-type: none"> Improved awareness and engagement with First Nations Health Equity from other areas of MSH. Improved awareness and engagement with First Nations Health Equity from MSH community. Clear communication channels are created across MSH. Health Equity events and programmes are well attended. Joint messaging with our partners is released in the MSH catchment. 	<ul style="list-style-type: none"> Executive Director of Media and Communications Chief People, Engagement and Research 	Priority 1	AO6 (1FTE) media & comms \$167,869 (non-recurrent 1yr) Branding & artwork \$50,000 (recurrent) Subject to a Business Case being provided by the Executive Director Media and Communications to the Executive Finance Committee and as endorsed at the July 2023 Executive Finance Committee.
Support First Nations Research within MSH	<ul style="list-style-type: none"> Include a policy/procedure in the MSH Research Department 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. Establish partnerships between MSH, the UIIH network and universities. Establish research grant opportunities that require a collaboration between MSH and community control / primary care organisations. Collaborate with our partners on joint research opportunities. 	<ul style="list-style-type: none"> Increased number of First Nations Health Research projects commenced within MSH. New models of care are based on evidence and best practice. Joint research opportunities are acted upon. 	<ul style="list-style-type: none"> Director, Research Development, MSH Research Chief People, Engagement Chief Research Officer Health and Wellbeing QLD 	2023-2025	AO6 (1.25 FTE) research navigators \$503,607 (non-recurrent for 2 years) <u>PO3 (1 FTE)</u> <u>PO4 (1 FTE)</u> <u>research officers</u> \$318,863 (recurrent) Metro South Research and the Chief Finance Officer provide supports for the expansion of research funding from external funding bodies.

Priority Area 6: Strengthen the First Nations Workforce

1. Contribute to the development of a SEQ regional workforce strategy.
2. Develop and implement a MSH First Nations Workforce Strategy that leverages the regional strategy.
3. Ensure the First Nations Workforce is supported by cultural models of supervision, mentoring, and peer support.

Action	Activity	Measure	Responsible Officer	Time frame	Costings
Review the First Nations Workforce Strategy	<ul style="list-style-type: none"> • Participate in the current and ongoing State-wide review of the First Nations Workforce Strategy. • Participate in the SEQ collaboration review and working group on the First Nations Workforce. • Share the learning from these groups to the broader MSH especially First Nations Staff • Release a revised MSH First Nations Workforce Strategy. • Establish a register to support First Nations people's applications for employment within MSH. • Improve awareness of cultural leave. 	<ul style="list-style-type: none"> • The State-wide Strategy will be reviewed and includes MSH input. • The SEQ working group will include MSH representation for the duration of the review process. • The reviewed workforce strategy will be shared and socialised within MSH and especially with First Nations staff. • First Nations staff will report better recruitment processes and improved scores as measured by working for Queensland survey. • A state-wide talent pool for 'job ready' candidates. • Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population. 	<ul style="list-style-type: none"> • Director, Aboriginal and Torres Strait Islander Health Directorate • Executive Director, HR • MSH Professional Leads for Medicine, Allied Health, and Nursing 	Priority area 1,2,4,5,6	
Establish a First Nations Workforce Network.	<ul style="list-style-type: none"> • Establish a First Nations staff network group to participate in all areas of the Health Equity implementation planning. • Provide a safe space to meet with colleagues and discuss issues. • Investigate opportunities to develop into a mentorship programme. • Recruit guest speakers to attend sessions • Organise quarterly cultural events at each facility. • Develop models for non-Indigenous leaders to improve capabilities. • Recognise the value and expertise of the Aboriginal and Torres Strait Islander workforce. • Focus on all levels of positions, including allied health, nursing and Medical by actively recruiting students from undergraduate and post graduate university courses through the 	<ul style="list-style-type: none"> • First Nations staff report and improvement in their feelings of cultural safety and support mechanisms. • First Nations workforce pipeline and pathways projects and traineeship programs are implemented with support from existing First Nations staff. • Fewer incidents of racism reported via RiskMan • MSH will become an employer of choice amongst First Nations people. • Increased number of First Nations staff and patients will feel comfortable to identify themselves. 	<ul style="list-style-type: none"> • Director, Aboriginal and Torres Strait Islander Health Directorate 	Priority area 1,6 BAU	Team building and quarterly cultural events \$25,000 (recurrent)

	use of active mentoring programs led by Indigenous staff in all areas.				
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Progressively increase the proportion of First Nations Participation in the Workforce	<ul style="list-style-type: none"> Revise Role Descriptions to recognise First Nations knowledge as a requirement across positions and disciplines. Enhance First Nations representation on selection panels for senior positions across the health service. As part of the merit selection processes with MSH, ensure that First Nations candidates are supported. Establish a Workforce Equity Unit to support recruitment, development, and retention of Aboriginal and Torres Strait Islander peoples in the MSH workforce. Create culturally appropriate interview processes, supported by MSH HR policy. 	<ul style="list-style-type: none"> Achieve workforce targets for First Nations Peoples in MSH. 0.2% increase in First Nations employment per year. Greater number of senior MSH positions occupied by First Nations people. Recruitment processes, including interview processes are reviewed and revised to improve cultural appropriateness. Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population. 	<ul style="list-style-type: none"> Executive Director HR MSH Chief Operating Officer Executive Directors of Services across facilities 	2023-2025 Priority areas 1,2,4,5,6,	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity
Action	Activity	Measure	Responsible Officer	Time frame	Costings
Nursing and Midwifery pipeline project	<ul style="list-style-type: none"> Implement a nursing recruitment pathway developed by Nursing and Midwifery. Create two new First Nations Nursing positions (Director of Nursing and Midwifery, First Nations Identified and Associate Director of Nursing and Midwifery, First Nations Identified) to provide mentoring and support and First Nations leadership in Nursing and Midwifery. This would be subject to the consideration by the Executive Director Nursing and Midwifery Services. Investigate opportunities for transferring this pathway to other areas, e.g., Allied Health. Provide wrap around cultural mentoring and anti-racism training to staff with First Nations Nursing and Midwifery students. Collaborate with UIIH to establish rotational employment opportunities. 	<ul style="list-style-type: none"> First Nations people report greater opportunities to enter Nursing and Midwifery roles in MSH. First Nations Nursing and Midwifery staff report feeling safe and supported in the Working for Queensland survey. An increase in the allocated trainee/cadet positions will be offered employment with MSH. Increased proportion of the Nursing and Midwifery workforce identify as First Nations. First Nations Nursing and Midwifery mentor network established. 	<ul style="list-style-type: none"> Executive Director, Nursing and Midwifery Director of Aboriginal and Torres Strait Islander Health 	Priority areas 1,2,4,5,6	1 ADON 10.2 1 DON 11 \$442,703 (recurrent) Subject to a Business Case being provided by the Executive Director Nursing and Midwifery Services to the Executive Finance Committee and as endorsed at the July 2023 Executive Finance Committee.

Action	Activity	Measure	Responsible Officer	Time frame	Costings
Metro South Health establishes a traineeship program (Deadly Starts)	<ul style="list-style-type: none"> MSH adopts and adapts the Deadly Starts program. Provide wrap around cultural mentoring and anti-racism training to staff who will supervise First Nations trainees. Collaborate with IUIH to establish rotational employment opportunities. Support students, their families and key school contacts through mentoring and engagement with the First Nations Network. Develop a First Nations Mentoring Program for students. 	<ul style="list-style-type: none"> Cultural capability of MSH will increase as measured by survey of the trainees. All trainees will be offered employment within MSH upon successful completion of their traineeship. The number of Deadly Start trainees will increase from 2024 to 2025. Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population. 	<ul style="list-style-type: none"> Executive Director, HR Directors HR Services Director, Aboriginal and Torres Strait Islander Health Directorate 	Priority 1,6	
Build a pipeline for First Nations Employment	<ul style="list-style-type: none"> Formalise an agreement with IUIH to manage a development pipeline for First Nations Peoples. Collaborate with IUIH to jointly fund, develop and deliver education programs for First Nations Peoples. Provide streamlined access to MSH management and leadership development programs. 	<ul style="list-style-type: none"> Increased attendance at Education programs. Increased employment of First Nations peoples across the health sector. Attendance in the program increases each year. 0.2% increase in First Nations employment per year. Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population. 	<ul style="list-style-type: none"> Chief People, Engagement and Research Officer Director, Aboriginal and Torres Strait Islander Health Directorate 	2023-2025	Aboriginal and Torres Strait Islander Directorate – First Nations Health Equity