Aboriginal and Torres Strait Islander Health Equity Strategy Implementation Plan 2025-2028

This plan outlines the priority actions that will continue to drive health equity reform throughout CHQ's services over the next three years. It will enable our ongoing commitment to build a future where every Aboriginal and Torres Strait Islander child and young person has the opportunity to thrive. Self-determination, leadership, accountability and ambition forms the foundation CHQ will build upon in realising our responsibility for providing world-class health care for the State's future cultural custodians. CHQ's previous successes, challenges and learnings will continue to be monitored and strengthened, all while driving new and necessary actions that push system reform forward. We will continue to build on CHQ's accountability and responsibility through enhancing governance, reporting, community engagement and partnerships.

Governance and Accountability

Governance, founded on transparency, accountability, fairness, stewardship and integrity are essential in driving CHQ's health equity reform agenda. CHQ's health equity governance will be built upon and strengthened with Aboriginal and Torres Strait Islander children, young people, their families and community voices embedded into CHQ's systems and governance. This means their voices will be not only heard but listened to in shaping care that is accessible, self-determined and aligned more closely with Aboriginal and Torres Strait Islander cultural values.

Children's Health Queensland Board	Accountable for overall success and performance
Health Service Executive Committee	Strategic oversight and governance alignment
CHQ Executive Leadership Team	Implementation, operations and performance tracking
South East Queensland Health Equity Strategy Governance Committee	Regional coordination and partnerships
Aboriginal and Torres Strait Islander children, families and communities	
CHQ Health Equity Council	Statewide stakeholder voice

Children's Health Queensland pays respect to the Traditional Owners of the lands on which we walk, work, live and learn. We acknowledge and pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.

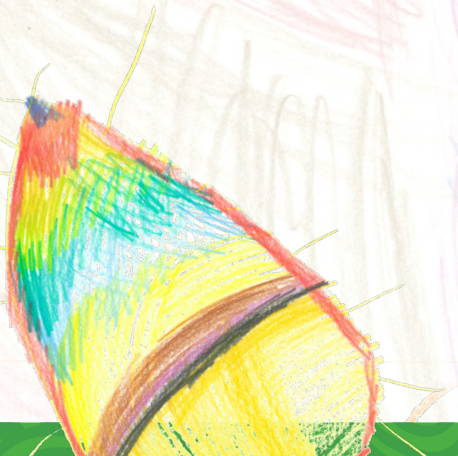
Queensland Government

KEY PRIORITY AREA: ACTIVELY ELIMINATE RACIAL DISCRIMINATION AND INSTITUTIONAL RACISM

ACTION	YEAR 1 (2025-2026)	YEAR 2 (2026-2027)	Year 3 (2027-2028)
1.1 ANTI-RACISM STAFF EDUCATION PROGRAM	Design and trial anti-racism learning and development package for all CHQ staff.	Evaluate and refine anti-racism learning and development package as necessary.	Anti-racism learning and development package continues to roll out and embedding into training requirements for all staff is explored.
1.2 RESPONSIVE COMPLAINTS SYSTEM	Develop processes to enable feedback on CHQ services, including a culturally safe complaints mechanism.	Embed and review processes developed in Year 1.	Evaluate the processes developed and implemented in Year 1 and 2 and embed this into reporting requirements.

PERFORMANCE MEASURES

- Overall score of the annual Internal Audit - Addressing institutional racism to improve health outcomes for Aboriginal and Torres Strait Islander children and young people at Children's Health Queensland.
- Percentage of CHQ staff that have completed the mandatory cultural capability (eLearning) training.
- Percentage of CHQ staff that have completed the mandatory cultural capability (face-to-face) training.
- Working for Queensland survey – proportion of CHQ First Nations staff who answer 'yes' to the question: "In the last 12 months, have you experienced racism?".



KEY PRIORITY AREA: INCREASE EQUITABLE ACCESS TO HEALTHCARE SERVICES

ACTION	YEAR 1 (2025-2026)	YEAR 2 (2026-2027)	Year 3 (2027-2028)
2.1 HEALTH EQUITY REVIEWS ACROSS CHQ	Develop tool and review process to assess health equity progress across all CHQ Divisions and Services.	Conduct health equity reviews.	Continue to work with Divisions and Services to support recommendations and/or implementation.
2.2 24 HOUR COORDINATED CARE FOR PATIENTS	Improve patient experience and access to services through culturally responsive patient pathways including exploring the feasibility of a dedicated Care Coordination Hub	Implement (including resourcing if required) and refining as needed.	Review effectiveness and explore opportunity to embed a Patient Coordinated Care Hub.

PERFORMANCE MEASURES

- Number of (First Nations/non-Indigenous) ready-for-care elective surgery patients waiting longer than the clinically recommended timeframe for their category.
- The number of (First Nations/non-Indigenous) ready for care patients waiting for initial Queensland Children's Hospital (QCH), community, mental health, specialist, and non-specialist outpatient appointment longer than the clinically recommended time for their urgency category.
- Percentage of (First Nations/non-Indigenous) QCH, community, mental health, specialist, and non- specialist outpatient occasions of service delivered by videoconference and telephone.
- Percentage of failure-to-attend (provide) of (First Nations/non-Indigenous) QCH, community, mental health, specialist, and non-specialist outpatient.
- Proportion of overnight (First Nations/non-Indigenous) separations from CHQ's acute mental health inpatient unit for which an ambulatory mental health service contact, in which the consumer participated face-to-face (that is, in person or via videoconference), occurred in the 1-7 days following that inpatient separation.
- Number of First Nations patients living in South-East Queensland referred to Mob Link.
- Percentage of (First Nations/non-Indigenous) patients who arrive at QCH emergency department, and who are subsequently admitted as an inpatient, the percentage of patients whose emergency length of stay (ELOS) was within four hours. The ELOS is calculated as the difference between the date and time of the first recorded contact between the patient and emergency department staff, and the date and time the patient physically departed the emergency department or service.
- Percentage of (First Nations/non-Indigenous) presentations at QCH emergency department who left between triage and being seen by a clinician.
- Relative Stay Index (RSI), including acute overnight only: RSI compares the actual aggregate bed days of all acute overnight stays to a benchmark. The benchmark is set using 2017/18 average length of stay across all inpatient episodes within all in-scope facilities for the respective planned and unplanned DRGs (version 10.0), excluding hospital acquired complications (HACs)and Hospital in the Home.
- The percentage of (First Nations/non-Indigenous) inpatient separations recorded as discharged from QCH against medical advice for patients.
- Count of Aboriginal and/or Torres Strait Islander identifier of 'not stated/unknown' as proportion of all non-border inpatient admissions, as well as QCH, community, mental health, specialist, and non- specialist outpatient appointments that were delivered in-person.

KEY PRIORITY AREA: INFLUENCE THE SOCIAL, CULTURAL AND ECONOMIC DETERMINANTS OF HEALTH

ACTION	YEAR 1 (2025-2026)	YEAR 2 (2026-2027)	Year 3 (2027-2028)
3.1 DATA INFORMED PREVENTION	Develop and publish a "State of Health" report of Aboriginal and Torres Strait Islander children and young people based on available CHQ data and identified key partners.	Using the "State of Health" report developed in Year 1, provide recommendations for a prevention partnership model including prevention strategies.	Review CHQ's "State of Health" report and prevention strategies and identify areas of priority for CHQ's next Health Equity Strategy (2028-2031).
3.2 RESPONSIVE SUPPORT FOR CHILDREN IN OUT OF HOME CARE AND/OR ISOLATED	Conduct an in-depth review of CHQ services that support children and young people in the justice system, out of home care and children disconnected from school and community.	Redesign and improve CHQ services based on review completed in Year 1.	Continue to review and make recommendations for improvement and/or maintenance of Year 2 progress regarding.
3.3 INFORMED DECISION MAKING	Review current referral pathways to community-based services (including MobLink) and options of care for Aboriginal and Torres Strait Islander children and young people.	Based on the review, redesign and/or develop referral pathways to community-based services and improve visibility of these to support informed decisions on options of care.	Evaluate effectiveness of referral pathways established in Year 2.

PERFORMANCE MEASURES

- Number of MobLink referrals made for Aboriginal and Torres Strait Islander children and young people
- Number of Aboriginal and Torres Strait Islander families accessing and utilising the Transport to Treatment program
- Strengthen and enhance established partnerships established between CHQ and community-based services

KEY PRIORITY AREA: DELIVER SUSTAINABLE, CULTURALLY SAFE, AND RESPONSIVE HEALTHCARE SERVICES

ACTION	YEAR 1 (2025-2026)	YEAR 2 (2026-2027)	Year 3 (2027-2028)
4.1 CULTURAL CARE GUIDELINES	Review and scope the cultural support currently available across CHQ services including where cultural care is currently delivered and improve visibility of this to families.	Develop and implement cultural care guidelines which inform the principles of care and cultural considerations needed when working with Aboriginal and Torres Strait Islander children and young people.	Review and evaluate the utilisation of the cultural care guidelines developed in Year 2, as well as review and evaluate the impact (positive or negative) it has had on the care received by Aboriginal and Torres Strait Islander children, young people and their families.
4.2 WELLBEING MODELS	Co-design and develop wellbeing models, focusing on Aboriginal and Torres Strait Islander children and young people (including social and emotional wellbeing and identity) as well as infant and perinatal (0-2 years) mental health for parents and caregivers.	Implement and trial wellbeing models developed in Year 1.	Review and evaluate the utilisation and effectiveness of wellbeing models, refining as necessary.
4.3 RESPECTFUL AND RESPONSIVE RESEARCH	Embed Aboriginal and Torres Strait Islander perspectives in CHQ research practices, including cultural safety protocols and utilisation of existing Aboriginal and Torres Strait Islander-led research.	Design a CHQ Aboriginal and Torres Strait Islander-led research plan based on prioritisation of need.	Implement the research plan developed in Year 2.

PERFORMANCE MEASURES

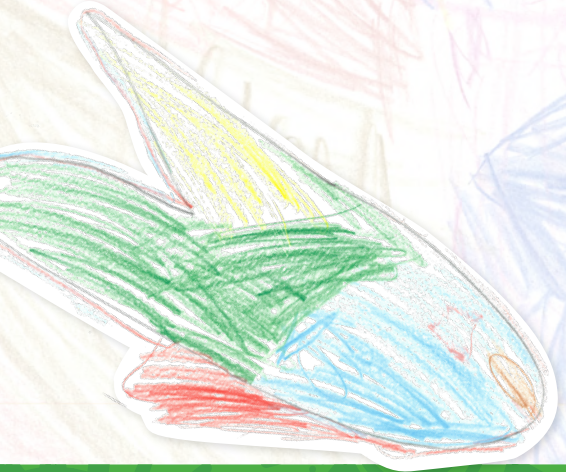
- Percentage of First Nations inpatient respondents (children/young people/parents/carers) who stated that their cultural and spiritual needs were met while being an inpatient at QCH.
- Percentage of (First Nations/non-Indigenous) inpatient PREM respondents (children/young people/ parents/carers) who stated that they were involved in decisions about their care and treatment at CHQ.
- Percentage of (First Nations/non-Indigenous) inpatient CBA respondents (children/young people/ parents/carers) who stated that they understood when CHQ staff spoke with them.
- Working for Queensland survey – proportion of CHQ First Nations staff who respond positively to the question: “Leaders across my organisation take responsibility for building cultural capability of employees.”

KEY PRIORITY AREA: WORK WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES TO DESIGN, DELIVER, MONITOR AND REVIEW HEALTH SERVICES

ACTION	YEAR 1 (2025-2026)	YEAR 2 (2026-2027)	Year 3 (2027-2028)
5.1 CULTURALLY SAFE SPACES	Endorse, implement and promote CHQ's design framework to improve places of care, promoting cultural connection and cultural safety.	Review use of CHQ's design framework across services.	Maintain the utility of CHQ's design framework and its priority when considering places of care.
5.2 COMMUNITY PARTNERSHIPS	Co-design community partnership mechanisms for Aboriginal and Torres Strait Islander community and services focusing on Elders and youth.	Establish community partnership mechanisms, including Elders and Youth advisory programs.	Maintain partnerships with a plan to review and embed in the next CHQ Health Equity Strategy (2028-2031).

PERFORMANCE MEASURES

- Working for Queensland survey proportion of staff who respond positively to the question: "My work unit consults Aboriginal and Torres Strait Islander staff in decision-making to ensure the delivery of culturally safe services to patients and families."



KEY PRIORITY AREA: STRENGTHEN ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE

ACTION	YEAR 1 (2025-2026)	YEAR 2 (2026-2027)	Year 3 (2027-2028)
6.1 SUPPORT IMPLEMENTATION OF CHQ WORKFORCE PLANS	Implement priority actions from the *CHQ Aboriginal and Torres Strait Islander Health Workforce Action Plan* 2024-2028 and *CHQ's Aboriginal and Torres Strait Islander Nursing Workforce Plan*.	Continue to implement and maintain priority actions from the *CHQ Aboriginal and Torres Strait Islander Health Workforce Action Plan 2024-2028* and *CHQ's Aboriginal and Torres Strait Islander Nursing Workforce Plan*.	Finalise the implementation and review priority actions from the *CHQ Aboriginal and Torres Strait Islander Health Workforce Action Plan 2024-2028* and *CHQ's Aboriginal and Torres Strait Islander Nursing Workforce Plan* and commence planning for next phase of these plans.

PERFORMANCE MEASURES

- Percentage of staff who identify as Aboriginal and/or Torres Strait Islander surveyed within the Equal Employment Opportunity composition profile (monthly workforce profile).
- Proportion of identified position FTE that are filled.
- Working for Queensland survey – proportion of First Nations staff who respond positively to the question: "I feel that my organisation provides a culturally safe work environment for Aboriginal and Torres Strait Islanders."