North West
Hospital and Health Service

Health Equity Progress Report

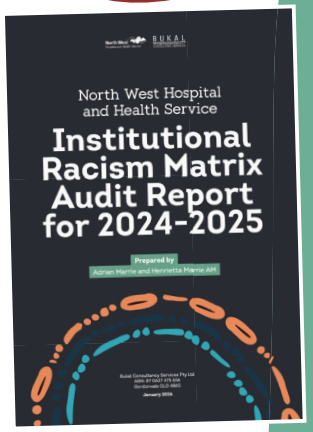
January-June 26

Contents

Priority Area 1:

Actively eliminating racial discrimination and institutional racism

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
1.1	**Evidence that endorsed recommendations arising out of the Marrie Matrix review have been implemented and incorporated into organisational policy, systems and processes.**	NWHHS Board have endorsed all recommendations arising from the Marrie Matrix Audit that relate directly to NWHHS. These recommendations are now being implemented across organisational systems and processes and further updates will be provided in the next reporting period.	Board papers	N/A	N/A	
	Improved score from initial baseline score in 2014-2015 to re-audited assessment in 2024-2025.	NWHHS Audit Score (2014-2015): 31/140 NWHHS Audit Score (2024-2025): 105.5/140	NWHHS Institutional Racism Matrix Audit Report 2024-2025	Level of institutional Racism: Very High (2014-2015)	Level of institutional Racism: Low (2024-2025)	



What this score means

The objectives of the audit released in 2017 were to promote transparency in implementation and accountability to Close The Gap; provide a framework and discussion about institutional racism in the public health sector; establish baseline scores from which to monitor progress; and contribute to the national goal of a public health system free of racism and inequality. In the 2025 re-audit, NWHHS received a score of 105.5 out of 140, placing it within the "Low" level for institutional racism – a 240% improvement. Whilst a limitation to the audit is that it is not designed to address individual or casual racism within a HHS, the Report does demonstrate NWHHS's progress over the past 10 years, increasing the transparency within NWHHS, promoting public accountability regarding federal and state policies designed to Close the Gap particularly with regard to health disparities between Aboriginal and Torres Strait Islander people and the rest of the population.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
1.2	**Increased % of staff and patients who report feeling culturally safe to raise concerns or experiences relating to racism and/or discrimination.**	First Nations consumers now account for 37% of all complaints in 2025/26, up from 27% in 2024/25; while their share of compliments has fallen from 22% to 17% over the same period. The volume of First Nations complaints nearly doubled between 2024–25 and 2025–26 (36 to 88), outpacing the overall rise in complaints (134 to 237) - indicating this isn't just growth proportional to activity, but a disproportionate increase. This warrants deeper analysis of patient experience/cultural safety areas (e.g. by issue/theme, by service type, by facility) to identify some of the key drivers underpinning this trend before the next reporting period. It should also be noted that this recent spike in complaints is also a strong indicator that our Aboriginal and Torres Strait Islander consumers are feeling increasingly confident to speak up. They are navigating the system with a sense of safety, knowing they can voice their concerns without fear of reprisal. We view every piece of feedback as a vital tool for improvement. We will continue to actively encourage our community to share their experiences so we can keep building a fairer, more responsive system for everyone.	Risk Man	FN share of complaints: 37%, FN share of compliments: 21.5%	Align First Nations complaint and compliment shares with their proportional representation across the NWHHS population by 2028.	
1.3	**Increased % of new starters who have completed the First Nations: Cultural Safety and Equity in Healthcare online training and the face-to-face Cultural Practice Program within 90 days of commencement.**	NWHHS continues to monitor compliance against all mandatory training requirements, including the statewide online course, and the locally delivered Cultural Practice Program. First Nations: Cultural Safety and Equity in Healthcare online training: as at **June 2026 93.8%** completion rate. Cultural Practice Program: as at **June 2026 78.9%** completion rate.	North West Learning On-Line (LOL)	First Nations: Cultural Safety and Equity in Healthcare online training: 84% (G6 Mandatory) Cultural Practice Program: 84%	First Nations: Cultural Safety and Equity in Healthcare online training: 80% completion rate Cultural Practice Program: N/A	

Why complaints rising isn't only bad news

A rise in complaints can mean people feel safer speaking up, not just that more is going wrong. We're looking closely at what's driving the increase so we can act on it.

Cultural Safety Training

In addition to training being a staff requirement, NWHHS Executive Leadership Team is committed to supporting a culturally safe organisation and these programs are a couple of important mechanisms contributing to this, as well as providing staff with the tools and confidence to work across difference.

Looking ahead at KPI 1

KPIs to commence reporting in future reporting periods

KPI 1: Actively eliminating racial discrimination and institutional racism

YEAR 2

1.2 Number and proportion of complaints from Aboriginal and Torres Strait Islander patients relating to racism or culturally unsafe care (initial increase followed by decrease).

1.4 Develop and implement policy on racism and discrimination to support managers in addressing complaints.

YEAR 3

1.4 Development and successful implementation of the reporting processes.

Priority Area 2

Increase access to healthcare services

2.1 Maternal and Child Health Services

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.1.1	**Increased frequency and duration of midwifery outreach visits to remote First Nations communities.**	Mount Isa: If current trends continue, we are on track to see a 56% increase in the number of in-person visits compared to 2024/25FY Doomadgee: If current trends continue, we are on track to see a 132% increase in the number of in-person visits compared to 2024/25FY Mornington Island: If current trends continue, we are on track to see a 174% increase in the number of in-person visits compared to 2024/25FY	DSS Total number of days on site in each community	2024/25: Doomadgee: 53 days on site Mornington Island: 43 days on site	100% increase in total number of days on site in each community	
	Increased % of mothers pregnant with a First Nations baby who are not smoking after 20 weeks' gestation.	2023/24: 48% not smoking after 20 weeks gestation 2024/25: 48% not smoking after 20 weeks gestation 2025/26: If current trends continue, tracking at 48% not smoking after 20 weeks gestation (no change) Identified as a priority issue. Actions needed include: • Strengthened cessation programs • Workforce capability uplift • Improved coordination of existing initiatives Director of Maternal Child Health is engaging with other comparable HHS to identify most effective strategies.	Perinatal Data Collection (PDC)	48% not smoking after 20 weeks gestation	60% not smoking after 20 weeks gestation	

Why a known midwife matters

Most of our maternity care relies on women getting to know their midwife across their pregnancy. Evidence shows continuity of care – seeing the same midwife – makes a real difference to how women engage with antenatal care and to birth outcomes. That's why growing our outreach visits to remote communities matters.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.1.1 cont.	**Increased proportion of Aboriginal and/or Torres Strait Islander babies who are born at a healthy birth weight (more than 2.5 kg/ less than 4 kg).**	2023/24: 89% Aboriginal and/or Torres Strait Islander babies born at healthy birth weight 2024/2025: 91% Aboriginal and/or Torres Strait Islander babies born at healthy birth weight 2025/26: If current trends continue, we are on track for 93% Aboriginal and/or Torres Strait Islander babies to be born at a healthy birth weight.	Perinatal Data Collection (PDC)	91% Aboriginal and/or Torres Strait Islander babies born at healthy birth weight	91% Aboriginal and/or Torres Strait Islander babies born at healthy birth weight	
	Increased % of maternity care staff who have completed the mandatory training in administering the Kimberley Mums Mood Scale (KMMS) screening tool.	Almost all maternity care staff have now completed the mandatory training in administering the culturally-safe KMMS screening tool, with 12 staff having successfully completed all modules. The remaining staff yet to complete include three graduate midwives, who will be completing this training in the coming months.	Midwifery and Nursing Director, Women and Children	KMMS was previously not a mandatory training requirement.	80% of midwifery workforce have completed KMMS training.	

Healthy Birth Weights

Babies born within a healthy weight range are less likely to face health complications early in life.
The birth weights across our region have been steadily strong, which is a positive sign for mums and bubs in the North West.

What is KMMS?

The Kimberley Mums Mood Scale is a culturally-safe screening tool that helps identify mums who may need extra support with their emotional wellbeing during and after pregnancy.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.1.1 cont.	**Year-on-year increase % of First Nations babies aged 12mths with registered birth**	FY 2025–26: 65.7% of First Nations babies registered (92 of 140) across NWHHS region Given the decline in % First Nations babies registered across the NWHHS region, NWHHS Midwifery and Maternal and Child Health teams have now implemented a systemised referral process to the Ngukuthati Birth Registration team to ensure all First Nations families are supported to complete the documentation required for birth registration. NWHHS worked in partnership with Ngukuthati Children and Family Centre, Gidgee Healing and 54 Reasons to host Welcome Baby to Community and Birth Registration events in June/July 2026 to promote the importance of birth registration, provide practical support to families to assist with the registration process, and ensure First Nations children and families have access to their birth certificate. The impact of these new referral processes and support systems will continue to be monitored through data provided by Queensland Registry of Births, Deaths and Marriages (BDM) and will be included in the next reporting period.	Queensland Registry of Births, Deaths and Marriages	FY 2024–25: 80.4% of First Nations babies registered (168 of 209) across NWHHS region	Year-on-year improvement in the % First Nations babies with a registered birth at 12 months	

Why birth registration matters

A registered birth certificate is often needed to access Medicare, enrol in school, and access other services later in life. NWHHS and partners are working to make sure every First Nations baby is registered.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.1.2	**Childhood immunisation:** **- Increased % of First Nations children fully immunised at year 1, 2 and 5yrs.** **- Increase in Aboriginal and Torres Strait Islander Health Practitioners and Health Workers taking up immunisation courses.** **School-based immunisations:** **- Increase % of parental consent form return rates.** **- Increase % of Yr7 and Y10 immunisations.**	Childhood immunisation delivery is shared between primary health care providers and Hospital and Health Service child health teams. Responsibility does not rest with a single agency, requiring active cross-agency communication and joint effort to improve coverage. Current immunisation rates across NWHHS region are as follows: 1 yr: 82% 2 yrs: 74% 5 yrs: 90.4% Identified as a critical and urgent priority Noted trends: • Decline in immunisation coverage since ~2021 • Coverage below herd immunity thresholds (<80% in some cohorts) Contributing factors: • Post-COVID changes in vaccination attitudes • Removal of Centrelink-linked requirements • Health literacy gaps • Need for improved recall/reminder/follow-up system Consequences: • Increased risk and emergence of preventable diseases (e.g. diphtheria) Agreed Actions: • Establish regional Immunisation Working Group • Pursue the CTG target of 95% immunisation coverage across the NWHHS region • Immediate catch-up ("blitz") approach • Improved reminder/recall/follow-up system • Longer-term health literacy and trust strategies • Improve data visibility at community level	Immunisation Dashboard Public Health Intelligence Office of Indigenous Health/ Gidgee Healing/ Ngarnal ACCHS workforce data.	1 yr: 76.8% 2 yrs: 76% 5 yrs: 92.7%	95% immunisation coverage at 1, 2 and 5 years of age.	
	Increase in Aboriginal and Torres Strait Islander Health Practitioners taking up immunisation courses.	The Benchmarque Group offers the *Immunisation Course for Health Professionals* via both online and face-to-face modalities on a regular basis. NWHHS is currently working to encourage additional ATSIHPs to enrol and complete this course, including those working with Gidgee Healing and Ngarnal ACCHS.	Immunisation Dashboard Public Health Intelligence	2 Aboriginal Health Practitioners are currently immunisation-endorsed across NWHHS.	Increased number of ATSIHPs working across the region who are immunisation-endorsed. Target: 4 ATSIHPs endorsed by 2028	

Why 95% immunisation coverage?

Health experts recommend at least 95% coverage to maintain 'herd immunity' in order to protect the whole community, including babies too young to be vaccinated, from serious diseases like measles and whooping cough.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.1.3	**Increased % of First Nations children who have a current Health Check (Medicare item 715).**	MBS Health Assessment & Chronic Disease Management Activity (Gidgee Healing) - 1 Jan to 30 Jun 2026: • 977 ATSI Health Assessments (Item 715) were completed, supported by 220 conducted via telehealth (Item 92004). • 495 GP Chronic Condition Management Plans (GPCCMP) were completed (Items 965/967), with a further 162 delivered via telehealth (Items 92029/92030). Age distribution: Of the 1,854 total services recorded: • 114 were for children 0–5 years (12.7% of active patients) • 252 for young people 6–15 years (14.1% of active patients) • 1,374 for clients 16 years and over (20.3% of active patients) • Age was not recorded for 114 services (6% of total).	Gidgee Healing	% First Nations active patients who have received an annual health check/GP Chronic Condition Management Plan in the reporting period. 0-5 years: 12.7% 6-15 years: 14.1% 16 years +: 20.3%	Increased % of First Nations patients who have completed an annual health check/GP Chronic Condition Management Plan	
2.1.4	**Child Development Service program is established and has commenced operations by 2027.**	Service expansion is currently underway through Putting Queensland Kids First (PQKF) funding. Key features: • Multidisciplinary, outreach-based model • Local collaboration with existing service providers Next steps: • Co-design of models suited to individual communities • Recruitment of staff • Data Dashboard to be established Considerations: • Workforce sustainability • Strong integration with primary care and education sectors	Executive Director, Allied Health Services	Service in establishment phase	Service in establishment phase	

What's a 715 Health Check?

A free annual health check for Aboriginal and Torres Strait Islander people of all ages, designed to catch health issues early and connect people with follow-up care.

2.2 Mental Health and Suicide Prevention

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.2.1	**Increased access to culturally-competent mental health, AOD and Social and Emotional Wellbeing services, for First Nations people across the region, as defined by the metrics included in the NWHHS Mental Health, Alcohol and Other Drugs Strategic Plan 2026-2030.**	MHAOD team have recently increased the utilisation of the Cultural Information Gathering Tool (CGIT) to promote culturally capable assessment and culturally safe care.	NWHHS Mental Health, Alcohol and Other Drugs Strategic Plan 2026-2030	To be established	To be established	
	Reduced % First Nations presentations to the Emergency Department for mental health and behavioural disorders.	NWHHS monitors the First Nations ED presentations for the following conditions on a monthly basis: • Suicide ideation: 514 (+24% compared to 2024/25) • Alcohol and Other Drugs: 721 (+2% compared to 2024/25) • Depression, Anxiety, Stress and Mood 495 (-6% compared to 2024/25) FN patients make up the vast majority of suicidal ideation presentations across the NWHHS region - 77% of all presentations in 2024/25, rising to 79% in 2025/26, which is significantly disproportionate to the population share: • The 19–33 year age group carries the greatest burden across every condition, making this cohort a critical focus for targeted early intervention and culturally appropriate service design • The rise in Suicidal Ideation in 2025/26 is the most significant trend emerging from this reporting period and warrants prioritised clinical and community response	Office of Indigenous Health/ EDIS	Region-wide First Nations presentations 2024/25: Suicide ideation: 415 AOD: 706 Depression, Anxiety, Stress and Mood: 527	Sustained reduction in ED presentations related to suicide ideation; alcohol and other drugs; and depression, anxiety stress and mood.	

Why we're watching this closely

A rise in presentations isn't only about worsening distress – it can also reflect more people reaching out when they need help. NWHHS is prioritising the 19–33 age group, where the need is greatest, for early, culturally appropriate support.

Linking Cultural Considerations to Clinical Care

While cultural safety centres on the experiences of the patient, cultural competence focuses on the capacity of the health professional to improve health status by integrating culture into the clinical context. As an example, grief and loss in the context of death and dying for Aboriginal and/or Torres Strait Islander people can sometimes extend beyond what is perceived at presentation. As an example, hearing the voice of a deceased relative/ancestor, or seeing their image, could be interpreted clinically as auditory hallucinations/delusion if the cultural characteristics associated with the Aboriginal and/or Torres Strait Islander view of sorry business are not identified and considered, particularly at initial contact with the service. Tools like the Cultural Information Gathering Tool help staff build a fuller picture of a person's circumstances and assist with the areas of cultural information that may have clinical relevance when providing care to an Aboriginal and/or Torres Strait Islander patient.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.2.1 cont.	**Increased % completion of training to ensure all frontline staff are trauma-informed and aware.**	22 staff (7 of whom identify as Aboriginal and/or Torres Strait Islander) from Mental Health, Alcohol and Other Drugs (MHAOD) team completed Dr Tracey Westerman's 3-day training course "Indigenous Mental Health, Complex Racial Trauma and Attachment" in July 2026.	Office of Indigenous Health/ MHAOD	To be established	Annual increase in % frontline staff who have completed training in trauma-informed care	
	Significant and sustained reduction in suicide of First Nations people towards zero.	NWHHS consistently monitors the statewide Health Equity KPIs in partnership with the First Nations Health Office (FNHO)	FNHO Analytics and Evidence Team Cause of Death Unit Record File, Australian Coordinating Registry, available from Statistical Services Branch	44.2 ASR ASR = Age standardised rates per 100,000 for 2019-2023	Zero * This key performance indicator and target is in alignment with the National Agreement on Closing the Gap.	

Why suicide reduction is important to us

Every number in this measure represents someone's family member, friend or community member.
It's tracked nationally under the Closing the Gap agreement, and reducing it toward zero is a shared responsibility across health services, community and government.

2.3 Rheumatic Heart Disease

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.3.1	**Regional RHD Implementation Plan endorsed and operational by June 2026.**	The due date for the completion of the Regional RHD Implementation Plan has been extended to September 2026. An update on this will therefore be included in the next reporting period.	ADON,C&PHC	Regional RHD Implementation Plan under development	Regional RHD Implementation Plan endorsed and operational by September 2026	
2.3.2	**Increased % First Nations school-aged children in target communities screened annually for GAS skin and throat infections (like sore throats and skin sores).**	Skin swab screening for GAS (Group A Strep) among First Nations children (<15 years) has grown substantially. Swab numbers rose from 335 in 2022–23 to 620 in 2025–26 (an 85% increase over three years). Positivity rates have remained relatively stable, though with a very slight downward drift between 2024/25 and 2025/26 (65.5%→63.9%). The consistently high positivity rate supports the need for sustained skin health/RHD prevention, screening and treatment.	North West Skin Health dashboard	Number of swabs 2024/25: 524 swabs Positivity 2024/25: 65.5%	20% increase in number of GAS swabs by 2027–28 Sustained reduction in positivity while maintaining/ increasing screening levels	
	Increase in Skin Health/ARF/ RHD screening and community education activity particularly in discrete communities.	ED presentations for the 4 monitored skin-related conditions (scabies; impetigo; headlice/fungal infection/strep; rash) rose from 967 (2023/24) to a peak of 1,063 (2024/25), before falling to 747 in 2025/26, an early signal that target of "decreasing ED presentations for skin-related conditions" is tracking in the right direction.	North West Skin Health dashboard	2024/25: 1,063 presentations for skin-related conditions	Sustained reduction in First Nations ED presentations for skin-related conditions.	

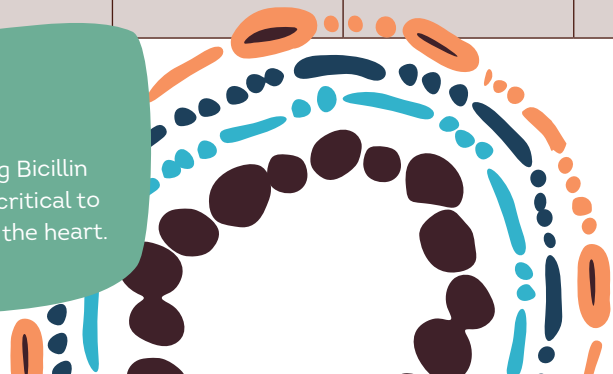
Why skin and throat screening matters

Untreated skin sores and throat infections caused by Group A Strep bacteria can lead to Rheumatic Heart Disease which is a serious, lifelong heart condition. Regular screening and treatment in childhood is one of the most effective ways to prevent it.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.3.3	**Increased % of patients with known ARF/RHD receiving scheduled prophylaxis doses (Bicillin) at the right time.**	2025/26: 38.98% Overall prophylaxis adherence is improving (+8.6%) in the 2025/26 FY compared with the year prior, with 38.98% of patients achieving the selected threshold of 80% adherence. Despite improvement, less than half the patients currently meet the 80% threshold, indicating that adherence remains inconsistent across the region.	Public Health Intelligence Analytics: ARF/RHD Register Overview and Population Profile	% of patients achieving 80% prophylaxis (Bicillin) adherence: 2024/25: 30.38% +8.6% improvement	≥ 50% achieving 80% prophylaxis (Bicillin) adherence	
2.3.4	**Six monthly review and analysis of ARF/RHD Register Overview and Population Profile**	Number of active First Nations patients on the ARF/RHD Register: 430 (+4.4%) Currently 430 active patients on the ARF/RHD Register who identify as First Nations, representing an increase of 18 patients (+4.4%) since 2025. Patients with RHD account for 253 of the active cohort (60.1%). Among those patients with RHD, 64 are classified as Severe or Stage D (25.3%). 73.7% of active patients are currently requiring Bicillin. Median age at initial RHD diagnosis is 19 years. Among patients currently classified as Severe or Stage D, median age at diagnosis is 31 years.	Public Health Intelligence Analytics: ARF/RHD Register Overview and Population Profile	2024/25: Number of active First Nations patients on the ARF/RHD Register: 412 Number/% First Nations patients on Register with RHD: Data being sourced from RHD Register Number/% First Nations RHD patients classified as Severe or Stage D: Data being sourced from RHD Register % First Nations patients requiring Bicillin: 71.6%	Decreased % of First Nations patients diagnosed with RHD Decreased % First Nations RHD patients classified as Severe or Stage D Decreased % First Nations patients requiring Bicillin	
2.3.5	**Increased % staff who have completed RHD orientation training, including Aboriginal Health Workers in high-risk remote communities.**	The structure of the mandatory RHD orientation training has recently been streamlined from five courses to one course. The compliance rate for the prior course structure was sitting at 61.22% as at June 2026.	Human Resources	Baseline to be established now that new course structure has commenced.	80% of staff required to complete RHD training have done so.	

Why Bicillin injections are important

For people already living with ARF/RHD, getting Bicillin injections on time, usually every 3–4 weeks, is critical to stop the condition progressing and to protect the heart.



2.4 Chronic Disease Management

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.4.1	**Increased % of eligible First Nations adults have received an annual health check.**	MBS Health Assessment & Chronic Disease Management Activity (Gidgee Healing) - 1 Jan to 30 Jun 2026: • 977 ATSI Health Assessments (Item 715) were completed, supported by 220 conducted via telehealth (Item 92004). • 495 GP Chronic Condition Management Plans (GPCCMP) were completed (Items 965/967), with a further 162 delivered via telehealth (Items 92029/92030). Age distribution: Of the 1,854 total services recorded: • 114 were for children 0–5 years (12.7% of active patients) • 252 for young people 6–15 years (14.1% of active patients) • 1,374 for clients 16 years and over (20.3% of active patients) • Age was not recorded for 114 services (6% of total).	Gidgee Healing	% First Nations active patients who have received an annual health check/GP Chronic Condition Management Plan in the reporting period. 0-5 years: 12.7% 6-15 years: 14.1% 16 years +: 20.3%	Increased % of First Nations patients who have completed an annual health check/GP Chronic Condition Management Plan	

Why annual health checks matter

A free annual health check helps catch conditions like diabetes, heart disease and kidney disease early so treatment can start sooner.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.4.2	**Increased % First Nations patients with a chronic disease have a documented GP Management Plan that includes engagement/reviews with multi-disciplinary teams.**	MBS Health Assessment & Chronic Disease Management Activity (Gidgee Healing) - 1 Jan to 30 Jun 2026: • 977 ATSI Health Assessments (Item 715) were completed, supported by 220 conducted via telehealth (Item 92004). • 495 GP Chronic Condition Management Plans (GPCCMP) were completed (Items 965/967), with a further 162 delivered via telehealth (Items 92029/92030). Age distribution: Of the 1,854 total services recorded: • 114 were for children 0–5 years (12.7% of active patients) • 252 for young people 6–15 years (14.1% of active patients) • 1,374 for clients 16 years and over (20.3% of active patients) • Age was not recorded for 114 services (6% of total).	Gidgee Healing	% First Nations active patients who have received an annual health check/GP Chronic Condition Management Plan in the reporting period. 0-5 years: 12.7% 6-15 years: 14.1% 16 years +: 20.3%	Increased % of First Nations patients who have completed an annual health check/GP Chronic Condition Management Plan	
2.4.3	**Joint reporting of chronic disease outcomes to First Nations community leaders/ representatives.**	NWHHS and our ACCHS partners are jointly committed to strengthening the quality, completeness and timeliness of health data and reporting to ensure a better understanding of the chronic disease burden across the region, and drive evidence-based improvements in health outcomes for First Nations communities. This has been identified as a priority to be progressed by the Joint Health Equity Advisory Group throughout the life of the Strategy.	Joint Health Equity Advisory Group	Health Equity Strategy and Implementation Plan 2025-2028 (including 6-monthly Progress Reports)	Progress reports provided to First Nations community Leaders/ Representatives on a six monthly basis	

Why a GP Management Plan matters

A GP Management Plan brings your GP together with other health professionals such as dietitians, diabetes educators or physiotherapists into one coordinated plan, so a chronic condition is managed as a team rather than through separate, disconnected appointments

2.5 Renal Care

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
2.5.1	**Increased % of First Nations adults with diabetes or hypertension screened for kidney disease annually.**	Gidgee Healing currently finalising data for number of *715 - Health Assessment for Aboriginal and Torres Strait Islander People* (the "715 Health Check") and MBS Item Number 92004 - *Aboriginal and Torres Strait Islander Health Assessment,* telehealth (video) undertaken during the reporting period.	Gidgee Healing	Data yet to be provided	Data yet to be provided	
2.5.2	**Increased % of First Nations CKD Stage 1-3 patients have an active, co-designed management plan including follow-up schedule, medication, and dietitian review.**	All active renal patients are reviewed annually by a pharmacist and a dietitian. However disease progression can be monitored across the cohort and/or the KPIs related to renal services can be monitored and/or reported, there are some operational systems and processes related to data input and availability that are being progressed in the first instance. These include: • Temporary administration support to audit and update the records for all active CKD patients . • Confirm number of active FN patients in each CKD Stage • Further discussions required with EDMS and other key stakeholders around the benefit of adopting REDCap (Research Electronic Data Capture): a secure, web-based application used by several other hospitals/ HHS to manage renal patient databases and improve clinical registries, as well as having the capacity to track progression of patients.	NWHHS Renal Team	To be established after review of records for all active CKD patients	To be established after review of records for all active CKD patients	

Kidney Screening

Chronic Kidney Disease often has no symptoms early on. Annual screening for people with diabetes or high blood pressure means problems can be caught and managed before they become serious.

Looking ahead at KPI 2

KPIs to commence reporting in future reporting periods

KPI 2: Increase access to healthcare services

2.1 CHILD AND MATERNAL HEALTH SERVICE

YEAR 2

2.1.4 Increased % of eligible First Nations children who receive developmental screening or assessment each year.

2.1.5 Increased % of First Nations children identified with developmental needs who receive ongoing therapy or intervention within recommended time frames.

YEAR 3

2.1.5 Increased % of First Nations children to thrive in their early years and be on track to meet the developmental milestones defined by the Australian Early Development Census (AEDC) by 2028.

2.2 MENTAL HEALTH AND SUICIDE PREVENTION

YEAR 2

2.2.2 Evidence MHAOD programs are co-designed with First Nations staff, community members and ACCHS partners.

2.2.2 Improved patient and community satisfaction with mental health and wellbeing services.

2.2.3 Increased number and proportion of First Nations staff working in Mental Health/AOD services.

2.2.3 Increased scope of practice and retention rates within MHAOD First Nations workforce.

2.2.4 Establish an integrated multidisciplinary Mental Health/ SEWB service that provides support across clinical and non-clinical community settings.

2.2.4 Quarterly cross-agency review meetings between NWHHS and ACCHS partners.

2.2.4 Increased cross agency referrals.

2.2.5 Quarterly review of First Nations MHAOD data sets with results tabled at ELT.

2.2.5 Annual First Nations MHAOD performance reports tabled at Board.

2.2.5 Annual First Nations Mental Health & Wellbeing Outcomes Report, tabled at Board.

Looking ahead at KPI 2

KPIs to commence reporting in future reporting periods

KPI 2: Increase access to healthcare services

2.4 CHRONIC DISEASE MANAGEMENT

YEAR 2

2.4.2 Reduced % First Nations people with Potentially Preventable Hospitalisations related to chronic disease complications.

2.5 RENAL CARE

YEAR 2

2.5.4 Increased % of First Nations patients with moderate to severe CKD have multidisciplinary team reviews at least annually.

YEAR 3

2.5.3 Reduced % First Nations people with preventable progression from CKD Stage 3 to Stage 5 (dialysis stage).

2.5.5 Increased % of First Nations program participants demonstrate improved knowledge of kidney disease risk factors and prevention (pre/post survey).

2.6 CONTINUITY OF CARE FOR THOSE IN CUSTODY

YEAR 2

2.6.1 Formal health information sharing agreement signed by all partner agencies.

2.6.1 Increased % of First Nations detainees supported by HITH have their medical summary transferred to prison or community services within 48 hours of movement.

2.6.2 Family communication protocols co-designed with local Elders and community representatives and implemented (where there is consent).

YEAR 3

2.6.1 Increased % of detainees released from custody have their discharge summary shared with their nominated primary care or ACCHS within 72 hours.

Priority Area 3

Broader determinants of health

Ngarnal Aboriginal Community Controlled Health Service, Mornington Island

Commencing on 1 July 2026, Ngarnal Aboriginal Community Controlled Health Service is now the primary health care provider on Mornington Island, in partnership with the RFDS, who will provide clinical care five days a week.

Ngarnal Chairperson Susan Sewter has spoken about the importance of consistency in the Primary Health Care service; having the same doctors and nurses so the community can build a relationship with the medical team.

This model sees RFDS delivering clinical care on the island for the next two years, when the parties can renegotiate.

A key milestone of the partnership was the opening of the door between Mornington Island Hospital and Ngarnal Primary Health Care Clinic. There is no wrong door to healthcare on Mornington Island, with community supported by both agencies to receive the care they need.

Women's Health Circle Care on Country Program

Through the Care on Country Program, Dr Cecelia O'Brien (Obstetrician Gynaecologist) and Angelina Caspani (Sonographer) deliver prenatal care and specialised ultrasound services to remote communities across the Lower Gulf of Carpentaria.

This maternal-fetal medicine outreach team brings advanced imaging and diagnostic screening directly to community – improving clinical equity, reducing maternal health disparities, and meaning women no longer have to leave community during pregnancy to receive this care.

The circuit covers Mornington Island, Karumba, Normanton and Doomadgee (plus Palm Island, outside NWHHS), more than 1,000km from the team's base in Townsville.

As well as 3D and 4D ultrasounds, the team offers gynaecological services – from cervical biopsies to PCOS and endometriosis scanning – most of which aren't otherwise available locally, at no cost to local women. The program is run in collaboration with CheckUP and local health services, complementing NWHHS's own outreach visits.

Without this service, many women would need to fly or drive over 1,000km – often away from family and community – just to access specialist pregnancy and women's health care.

Looking ahead at KPI 3

KPIs to commence reporting in future reporting periods

KPI 3: Broader determinants of health

YEAR 2

3.1 Healthier homes:
Maintenance issues addressed i.e. fixing hot water systems, replacing clothes lines, and addressing unsanitary food preparation areas.
Improved home hygiene practices, i.e. washing and drying of towels and linen, and improved first aid availability in participating households.

3.1 Community engagement:
Improved health promotion and educational messaging with specific focus on skin sore prevention and treatment.

YEAR 3

3.1 Capacity building:
Improved health literacy of households and strengthened the capacity of local services to support health outcomes.

3.2 Support improved environmental health capability across the North West region

Priority Area 4

Deliver sustainable, culturally safe and responsive healthcare services

4.1 Patient Travel and Accommodation

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
4.1.1	**An increased percentage of First Nations patients report feeling culturally safe and respected when accessing travel services.**	NWHHS continues to listen and respond to patient and community feedback about their experiences with the PTSS, and is actively addressing some of the coordination and communication issues that underpin the issues of concern. These include: • Financial hardship from out-of-pocket costs • Poor communication and short notice on travel arrangements • Long delays in PTSS reimbursement • Lack of cultural safety for First Nations patients • Unsuitable/unsafe accommodation	NWHHS Community Liason Officer	No. of complaints received from First Nations people in relation to PTSS	Reduce no. of complaints received from First Nations people in relation to PTSS	
	All recommendations arising from the Review of Patient Travel Subsidy Scheme that are endorsed by NWHHS are implemented across the region.	The review has been completed. The 2026 Queensland Government review of the Patient Travel Subsidy Scheme (PTSS) delivered an increase to the private motor vehicle rate Fuel subsidy rate: Increased from 34 cents to 45 cents per kilometre Accommodation rate: Remained at $70 per night North West HHS will continue to work on reimbursement speed to reduce processing times for reimbursement; and will continue to provide additional support to families that require this. Gidgee Healing, and Nukal Marra Health Support Services are also continuing to provide additional support to patients who require support over what PTSS scheme provides.	Statewide Health Service Directive: Patient Travel Subsidy Scheme (and accompanying mandatory Guidelines)	Waiting recommendations of PTSS review	NWHHS has endorsed and will be implementing all recommendations arising from the PTSS review	

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
4.1.3	**Increased access to culturally appropriate, affordable accommodation for First Nations people required to travel away from home to access health care.**	The Office of Indigenous Health has commenced a scoping study of existing accommodation models supporting First Nations patients travelling for care. Site visits: Mookai Rosie (Cairns) and Yumba Meta's Karingal Patient Transition Accommodation (Townsville), both are Aboriginal Community Controlled Organisations. Scoping will assess facility design, services, workforce, and funding/revenue models. It will also provide an opportunity for in-depth discussions with the First Nations Board members/staffing team to understand the strengths, challenges, opportunities and risks that would need to be considered if a similar patient accommodation service were to be established in Mount Isa.	Office of Indigenous Health, NWHHS	Current reliance on general PTSS accommodation options (e.g. motels), however these are very limited. No formal culturally appropriate accommodation partnership currently exists for patients travelling to Mount Isa from remote communities.	Stage 1: Initial Scoping Study: Patient Accommodation complete by December 2026	

Why patient travel support matters

Many families in the North West travel hundreds of kilometres to reach specialist care. The Patient Travel Subsidy Scheme helps cover travel and accommodation costs so distance isn't a barrier to getting care.

Looking ahead at KPI 4

KPIs to commence reporting in future reporting periods

KPI 4: Deliver sustainable, culturally safe and responsive healthcare services

YEAR 2

4.1.2 A well-coordinated, standardised travel process across all facilities. SOP implemented and reviewed annually.
20% reduction in Missed Opportunity To Treat (MOTT) rates within 12 months.

4.1.3 At least one partnership agreement for long-stay accommodation established by Year 2.

4.1.4 Continuous improvement of the patient travel system through quarterly review of related data, including staff and consumer feedback/recommendation.

Priority Area 5

Work with First Nations people to design, deliver, monitor and review health services

5.2 Partnerships and Collaboration with Aboriginal Community Controlled Health Services across the North West region

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
5.2.1	**Signed MOUs (or similar) between NWHHS and each ACCHS by 2026.**	NWHHS and Gidgee Healing are currently reviewing and updating the renewed Collaboration Agreement.	NWHHS/ Gidgee Healing Collaboration Agreement	NWHHS/ Gidgee Healing Collaboration Agreement 2025	New NWHHS/ Gidgee Healing Collaboration Agreement to be finalised and endorsed by December 2026	
	Joint NWHHS-ACCHS Health Equity Partnership Group established and meeting quarterly by 2026	The Health Equity Advisory Group (HEAG) has been established, with guiding Terms of Reference, to provide oversight of the North West Health Equity Strategy and Implementation Plan 2025-2028. Membership includes representatives from: • NWHHS • Gidgee Healing • Ngarnal ACCHS • NWRH • RFDS • Yellagundgimara Aboriginal Health Council	HEAG Terms of Reference HEAG Agenda/ Minutes	HEAG was meeting on an annual basis	Minimum of 4 HEAG meetings per annum until 2028	

Why the ACCHS partnership matters

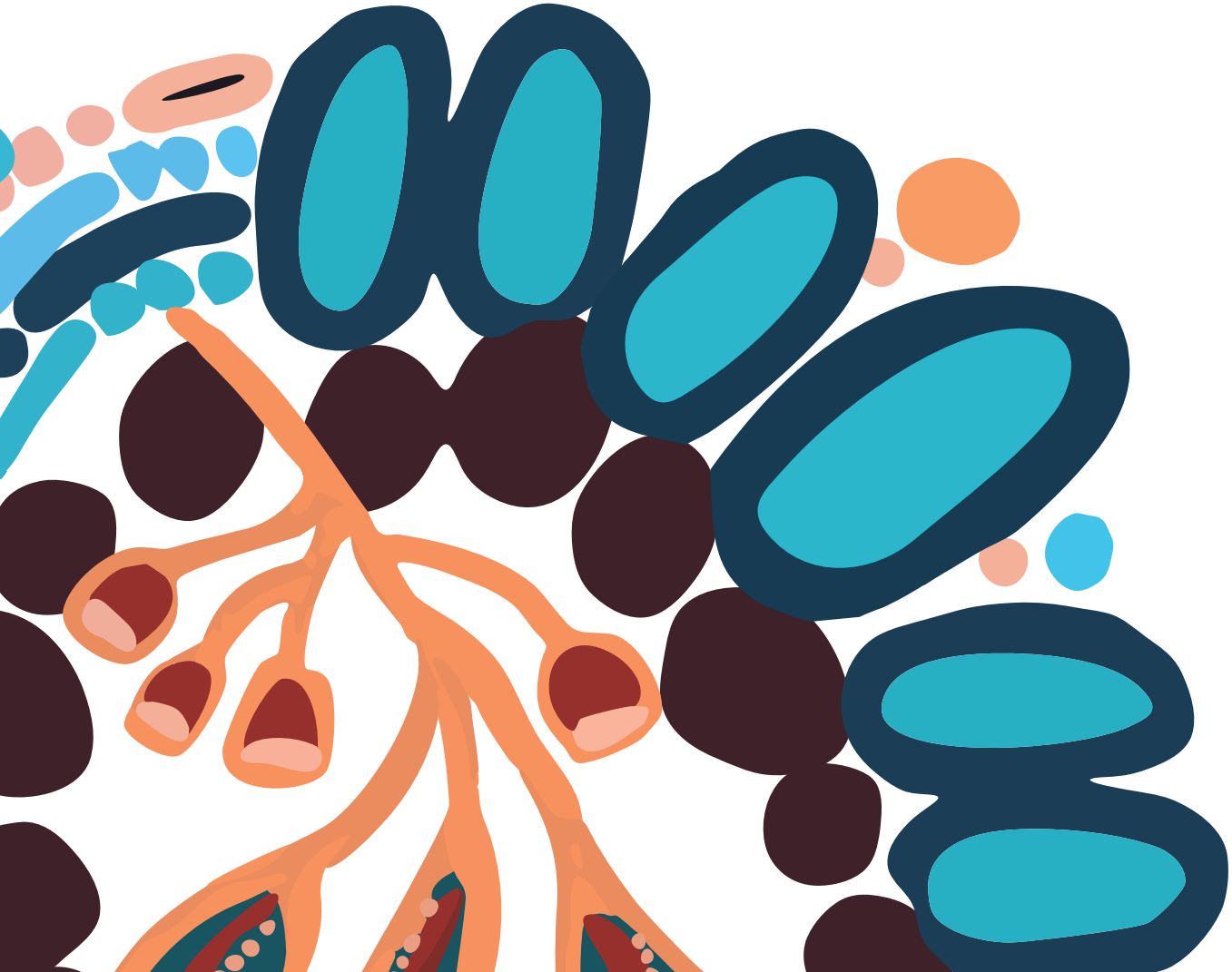
Health equity works best when the Hospital and Health Service and Aboriginal Community Controlled Health Services work side-by-side, sharing knowledge, resources and decision-making with community.

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
5.2.2	**Joint Maternal and Child Health pilot program co-designed and implemented by June 2026.**	NWHHS has significantly expanded the reach and capacity of our child and maternal health services through additional investment received from Growing Deadly Families, Maternity Appraisal Review and Putting Queensland Kids First Strategy. In addition to more frequent visits to remote First Nations communities (weekly), NWHHS is now delivering outreach midwifery services in community-based locations such as Ngukuthati Children and Family Centre, and will soon be commencing the delivery of midwifery services from Gidgee Healing's clinic in Mount Isa. In addition to co-location with GP/primary health care services in Doomadgee (Gidgee Healing) and Mornington Island (Ngarnal ACCHS).	Office of Indigenous Health	Maternal and child health services being delivered in silos and less coordinated.	Integrated and well-coordinated maternal and child health services being delivered across hospital, community and primary health care settings.	
	Integrated pathway design completed in partnership with NWHHS and ACCHS maternity/ child health providers by end of 2026.	NWHHS continues to work side-by-side with our ACCHS partners to identify our shared priorities as they relate to the delivery of maternity care services across the region and all agencies are committed to working collaboratively to address some of the barriers to access encountered; and to streamline/ enhance the sharing of information between hospital-based maternity care services and the Primary Health Care sector. We have also extended the integration of our maternal and child health services by jointly developing and implementing strategies to address the declining immunisation rates across the region and improve birth registration processes. The establishment of the new Child Development Service will also enhance the integration of maternal, child and family health services across the region.	Office of Indigenous Health	Fragmented and siloed service delivery across Hospital, Community and Primary Care settings	Integrated care pathways across Hospital, Community and Primary Care settings with increased referrals, coordinated handover and shared care planning	

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
5.2.3	**≥ 50 First Nations staff from NWHHS and ACCHS partners participate in joint training or leadership programs by 2028.** 	In March 2026, 13 people participated in the First Nations Leadership Program held at JCU Murtupuni Centre for Rural and Remote Health and facilitated by the Department Centre for Leadership Excellence, Clinical Planning and Service Strategy. Invitations were also extended to our ACCHS partner agencies, and it was pleasing to have representation from NWHHS, Gidgee Healing and Ngukuthati Children and Family Centre. Supporting the program was Roslyn Von Senden who provided a formal Welcome to Country by Kalkadoon Community, Shaun Solomon (Murtupuni Centre for Rural and Remote Health), and this year's keynote speaker was Natasha Storey, Regional Jobs Committee Project Manager, Mount Isa City Council. Further training that has been opened up to ACCHS partners include the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) delivered locally as a pilot in partnership with JCU Murtupuni Centre for Rural and Remote Health and Central Queensland University. Ngarnal Aboriginal and Community Controlled Health Service has a staff member enrolled in this with further places being explored with Gidgee Healing.	Office of Indigenous Health	To be established	≥ 50 First Nations staff from NWHHS and ACCHS partners have participated in leadership programs by 2028.	
	Increase proportion of leadership roles held by First Nations staff by 2028.	Office of Indigenous Health is currently developing a First Nations Workforce Matrix to support enhanced monitoring and reporting of key workforce priorities, including: • Recruitment • Retention • Vacancies • Professional development/leadership opportunities • Education, training and qualifications • Credentialling • Workforce trends of specific priority This action will be further progressed in the next reporting period.	Office of Indigenous Health	To be established	Improved capability to monitor workforce trends and actively support the development of NWHHS' First Nations workforce.	

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
5.2.7	**Shared Regional Outreach Service Coordination Calendar developed and implemented by 2025.**	A shared Outreach Calendar has been established and is managed by the NWHHS Outreach Coordinator.	North West Outreach Coordinator	Siloed outreach coordination	Integrated cross-agency coordination of outreach services	●
	Increased % of visiting services coordinated through the shared scheduling system by end 2025.	The shared Outreach Calendar includes all visiting services provided by NWHHS, Gidgee Healing, NWRH, RFDS and other visiting medical specialists supported by CheckUP.	North West Outreach Calendar	50% visiting health services included on the outreach calendar	100% visiting health services included on the outreach calendar	●
	Increased % of communities receive at least 1 month advance notice of visiting specialist clinics (ideally 3-6 months notice) by June 2026.	The calendars are now distributed on a weekly basis to each of the remote communities, and provide 6 months advance notice. These shared outreach calendars are distributed via email to all stakeholders/community organisations/local Councils/ interested parties on a weekly basis to Doomadgee/Burketown, Mornington Island, Cloncurry, Normanton/Karumba and Julia Creek and provide. There is also a calendar for Mount Isa. These calendars are also distributed to all NWHHS staff via the Comms team as well. Additional communication strategies are also being explored currently to strengthen coordination of visiting services; promote awareness at the local level; increase referrals; and subsequently enhance uptake of these much-needed services.	North West Outreach Calendar	Ad hoc frequency and distribution	100% remote sites receive notification of all visiting health services at least fortnightly, with 3-6 months advance notice for all.	●
	Increased % satisfaction rate among local health staff regarding coordination and communication of visiting services.	Evaluation of the impact of the above actions will be progressed in the next reporting period (July to December 2026).	North West Outreach Coordination Satisfaction Survey	To be established after initial survey responses collated	90% satisfaction rate among survey participants	●
5.2.8	**NWHHS maintains active participation in the Mornington Island Health Partnership, demonstrated by at least 90% attendance at scheduled Mornington Island Health Partnership meetings.**	NWHHS has been an active and committed participant on the Mornington Island Health Partnership since it's inception, with usual representation from HSCE, EDFNH and EDRHS.	Minutes - Mornington Island Health Partnership	100% attendance by either HSCE, EDFNH or EDRHS nominated proxy	100% attendance by either HSCE, EDFNH or EDRHS nominated proxy	●

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
5.2.8 cont.	**Documented joint transition planning actions agreed with Ngarnal ACCHS.**	During the 2025/26FY, most of the Partnership meetings have focused on the transition of PHC services from Gidgee Healing to Ngarnal ACCHS, which successfully occurred on 1 July 2026.	Minutes - Mornington Island Health Partnership	Ngarnal ACCHS Transition Plan	Evidence NWHHS has fulfilled all commitments to support the transition from Gidgee Healing to Ngarnal ACCHS in a timely manner.	



Looking ahead at KPI 5

KPIs to commence reporting in subsequent reporting periods

KPI 5: Work with First Nations people to design, deliver, monitor and review health services

YEAR 2

5.1.1 Campaign materials and messages co-designed or approved by local community representatives.

5.1.1 Establish First Nations Health Education Reference Group (or similar) to inform the design and development of the health literacy campaign

5.1.2 Signed MOU between NWHHS and Health and Wellbeing Queensland and other key stakeholders by 2026.

5.1.2 Joint planning and implementation of health promotions/education campaign

5.1.3 Year-on-year increase % First Nations participation in preventive health programs (e.g., screening, immunisation) by 2028.

5.1.4 Pre/post campaign assessments show improved self-reported health literacy levels across target communities.

5.2.4 Percentage increase in the number of General Practitioners (GPs), Medical Officers, and Registrars placed in remote First Nations communities under the Shared Medical Workforce initiative.

Looking ahead at KPI 5 cont.

KPIs to commence reporting in future reporting periods

KPI 5: Work with First Nations people to design, deliver, monitor and review health services

YEAR 2 CONT.

5.2.5 Percentage of Medical Officers and treating clinicians (including non-HHS services) with active access to The Viewer or equivalent shared health information systems.

5.2.5 Percentage of front-line staff who have completed training in shared information exchange platforms, privacy legislation, and consent-based record sharing.

5.2.8 By June 2027, an integrated primary and secondary care service model will be operational on Mornington Island, evidenced by at least three formalised shared-care pathways (e.g. chronic disease, maternal/ child health, and Mental Health/ SEWB services) between Ngarnal ACCHS, NWHHS hospital services, and visiting specialists, with quarterly monitoring of continuity-of-care outcomes.

YEAR 3

5.2.2 Increased % of participating First Nations families report improved quality, coordination and cultural safety in MCH services.

5.2.6 High level of clinician satisfaction based on ease of use and reliability (>80% positive feedback in surveys).

5.2.6 Improved timeliness of documentation sharing between NWHHS and primary health care partners (100% within one week of consultation).

Priority Area 6

Strengthen the First Nations health workforce

NOT MET
ON TRACK
MET

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
6.1	**Increased number of First Nations students participating in health career programs within the region by 2027.**	Successful implementation and continuation of Deadly Start School-Based Traineeships; Tertiary Cadetship Program; and Dental Traineeship Program. Deadly Start School-Based Traineeship Program: 2025/26 cohort: • Certificate II Health Support Services: 15 secondary students completed • Certificate III Health Services Assistance: 6 students completed, with 2 of the students based in Cloncurry • Certificate III Allied Health Assistance: 1 student completed 2026/27: • Has commenced with 8 students, with one of the students based in Cloncurry. • Certificate III Health Services Assistance: 7 students undertaking this • Certificate III Health Administration: 1 student undertaking this • A further three (3) Aboriginal and Torres Strait Islander students are enrolled in the North West HHS Traineeship program studying a Certificate III Health Administration, totalling eleven (11) First Nations students studying for 2026/27	Office of Indigenous Health	In 2024/25: 2 secondary students completed the Deadly Start Traineeship	Year on year increase in no. of First Nations students completing Traineeships and/or Cadetships	

2025/2026 Deadly Start School Based Traineeship graduation

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
6.2	**100% of Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP) credentialled by the end of 2026.**	There is currently 13FTE Aboriginal and Torres Strait Islander Health Practitioners across the NWHHS region. 10 of these positions are currently filled. Of those 10, five (5) ATSIHPs are endorsed by the Aboriginal and Torres Strait Islander Scope of Practice and Credentialling Committee. The remaining 5 ATSIHPs are in the process of submitting relevant documentation/evidence and this will be progressed in the next reporting period.	Minutes - Aboriginal and Torres Strait Islander Scope of Practice and Credentialling Committee Office of Rural and Remote Health C-Gov portal	As at June 2026, North West HHS had 4 credentialled Aboriginal and Torres Strait Islander Health Practitioners	100%	
	Approved Aboriginal and Torres Strait Islander Health Practitioner credentialling processes endorsed by NWHHS Executive and embedded in all relevant clinical governance documents by 2026.	The ATSIHP credentialling process is formally documented and embedded in all relevant policy, protocol and/or clinical governance mechanisms.	Annual HWF Staff Survey	Not applicable	Complete	
6.3	**First Nations Educator and Trainee Model established and operational.**	NWHHS has partnered with Central Queensland University (CQU) and James Cook University (JCU) to deliver the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) locally in Mount Isa. The 18-month course combines online external learning, supported by CQU and NWHHS's First Nations Senior Educator, with face-to-face practical placements twice a year, using JCU infrastructure. 22 HHS staff members are enrolled across two intakes (16 in July, 6 in August), drawn from across the North West district, plus one Central West HHS staff member enrolled in the July intake. Enrolment support included in-person sessions for local staff on 8 and 10 June 2026, and individual Teams meetings with detailed pre-briefing materials for remote staff to ensure a smooth process. The cohort commenced study on 13 July 2026, with the online portal opening a week earlier on 6 July. Staff continue to be supported through offer acceptance, orientation registration, and CQU's Indigenous support team.	Office of Indigenous Health	Prior to this partnership, no locally delivered Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) career pathway existed for NWHHS staff; staff wishing to pursue this qualification had no local study or placement option.	A locally delivered Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) career pathway is established in Mount Isa in partnership with CQU and JCU >80% of the 22 enrolled staff members successfully complete the qualification by January 2028 (expected completion date)	

REF	KPI	PROGRESS UPDATE	DATA SOURCE	BASELINE	TARGET	STATUS
6.4	**Quarterly HWF workforce meetings**	Quarterly meetings are held and all First Nations staff employed under the HWF stream are invited to participate.	Minutes - HWF Quarterly Meetings	Not applicable, newly commenced initiative	A minimum of 4 meetings held per annum	
	Increased % First Nations participation in professional development opportunities provided by NWHHS and Centre for Leadership Excellence	In March 2026, 13 people participated in the First Nations Leadership Program held at JCU Murtupuni Centre for Rural and Remote Health and facilitated by the Department Centre for Leadership Excellence, Clinical Planning and Service Strategy. Invitations were also extended to our ACCHS partner agencies, and it was pleasing to have representation from NWHHS, Gidgee Healing and Ngukuthati Children and Family Centre. Supporting the program was Roslyn Von Senden who provided a formal Welcome to Country by Kalkadoon Community, Shaun Solomon (Murtupuni Centre for Rural and Remote Health), and this year's keynote speaker was Natasha Storey, Regional Jobs Committee Project Manager, Mount Isa City Council. Further training that has been opened up to ACCHS partners include the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) delivered locally as a pilot in partnership with JCU Murtupuni Centre for Rural and Remote Health and Central Queensland University. Ngarnal Aboriginal and Community Controlled Health Service has 2 staff members enrolled in this with further places being explored with Gidgee Healing.	Office of Indigenous Health	Not applicable, newly commenced initiative	≥ 50 First Nations staff from NWHHS and ACCHS partners have participated in leadership programs by 2028.	

Why growing the First Nations health workforce matters:

Aboriginal and Torres Strait Islander health staff bring cultural knowledge and trusted relationships that help community feel safe accessing care and are powerful role models for the next generation.

Looking ahead at KPI 6

KPIs to commence reporting in future reporting periods

KPI 6: Strengthen the First Nations health workforce

YEAR 2

6.1 Year-on-year increase in the number of First Nations health-career scholarships or cadetships available in the region.

6.4 Delivery of six-monthly group workshops aimed at improving participants' capacity to prepare competitive employment applications, including resumes and tailored responses to selection criteria.

YEAR 3

6.2 Annual staff survey shows an increased % of Aboriginal and Torres Strait Islander Health Practitioners report they can work to their full scope of practice.

Glossary

ACRONYM	FULL TERM
ACCHS	Aboriginal Community Controlled Health Service
AEDC	Australian Early Development Census
AOD	Alcohol and Other Drugs
ATSIHP	Aboriginal and Torres Strait Islander Health Practitioner
ARF	Acute Rheumatic Fever
BDM	Births, Deaths and Marriages
CDS	Child Development Service
CKD	Chronic Kidney Disease
CTG	Close The Gap
DSS	Decision Support System
ED	Emergency Department
EDFNH	Executive Director First Nations Health
EDRHS	Executive Director Remote Health Services
FNHO	First Nations Health Office
GAS	Group A Streptococcus
GP	General Practitioner
GPCCMP	GP Chronic Condition Management Plan
HEAG	Health Equity Advisory Group

ACRONYM	FULL TERM
HHS	Hospital and Health Service
HITH	Hospital in the Home
HSCE	Health Service Chief Executive
JCU	James Cook University
KMMS	Kimberley Mums Mood Scale
KPI	Key Performance Indicator
MBS	Medicare Benefits Schedule
MHAOD	Mental Health, Alcohol and Other Drugs
MOTT	Missed Opportunity To Treat
NWHHS	North West Hospital and Health Service
NWRH	North West Remote Health
PDC	Perinatal Data Collection
PQKF	Putting Queensland Kids First
PTSS	Patient Travel Subsidy Scheme
RFDS	Royal Flying Doctor Service
RHD	Rheumatic Heart Disease
SEWB	Social and Emotional Wellbeing
SOP	Standard Operating Procedure