

# Health Service Directive

Directive # QH-HSD-053  
Effective Date: 1 August 2021  
Review Date: at least by 30 June 2023  
Supersedes: Nil

## First Nations Health Equity Strategy – Co-design and Mediation Process

### Purpose

The purpose of this Health Service Directive (HSD) is to achieve:

- A consistent and transparent process to the development of First Nations Health Equity Strategies with prescribed development stakeholders in accordance with the requirements outlined in the *Hospital and Health Boards Regulation 2012*;
- Comprehensive consultation and transparent decision-making processes with prescribed development stakeholders during the development of a Hospital and Health Service's (HHSs) First Nations Health Equity Strategy; and
- A consistent mediation and conflict resolution standard if disagreement arises about the development and/or implementation of the First Nations Health Equity Strategy.

### Scope

This HSD applies to all HHSs.

### Principles

- **Collaboration:** HHSs will work effectively and constructively with the prescribed development stakeholders under the *Hospital and Health Boards Regulation 2012*.
- **Transparency:** to enhance accountability through openness and increased participation leading to better-informed decision making.
- **Quality:** to enable and support safe, high quality delivery of health services to Aboriginal peoples and Torres Strait Islander peoples.
- **Consistency:** to ensure consistent approaches to the development and delivery of the First Nations Health Equity Strategies with prescribed stakeholders.
- **Alignment:** to be consistent with principles outlined in the *Hospital and Health Boards Regulation 2012*, National Agreement on Closing the Gap 2020, and Queensland Government Statement of Commitment to Reframe the Relationship between Aboriginal and Torres Strait Islander people and the Queensland Government 2019.

## Outcomes

HHSs included in the scope of this Directive shall achieve the following outcomes:

- Consistent and transparent process to the development of First Nations Health Equity Strategies with prescribed development stakeholders in accordance with the requirements outlined in the *Hospital and Health Boards Regulation 2012*;
- Comprehensive consultation and transparent decision-making processes with prescribed development stakeholders in the development of a First Nations Health Equity Strategy; and
- A consistent mediation and conflict resolution standard if disagreement arises about the development and/or implementation of the Health Equity Strategy.

## Mandatory requirements

### *Consultation Practice Standards*

- A First Nations Health Equity Strategy must be developed in accordance with the principles of continuous quality improvement, shared decision-making, collaboration and genuine partnership with each **development stakeholder**, in particular the Aboriginal and Torres Strait Islander community-controlled health sector.
- HHSs must provide a draft First Nations Health Equity Strategy to each **development stakeholder** and allow at least 30 days for the stakeholder to provide feedback to the HHS.
- Once feedback is received from the **development stakeholder**, the HHS must consider the feedback and provide a report back to the **development stakeholder** with respect to how their feedback has been incorporated, or not incorporated, into the First Nations Health Equity Strategy. Any feedback must be provided to the **development stakeholder** in written form within 90 days from the date the feedback was received.

### *Mediation and Determinations*

The Health Equity Strategies will significantly increase the ability of **prescribed stakeholders** – particularly, the Aboriginal and Torres Strait Islander community controlled health sector, Aboriginal and Torres Strait Islander peoples, consumers and organisations – to co-design and negotiate with HHSs with confidence knowing that their participation is legislated.

The **Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General** will provide mediation, when and if required in relation to disputed issues which arise about the development and/or implementation of Health Equity Strategies, as per steps outlined below. The parties are bound by the determination of the mediation process outlined. Therefore, where disagreement arises about the development and/or implementation of the Health Equity Strategy:

- **Step 1:** The parties attempt to resolve the disagreement through natural justice processes;
- **Step 2:** If parties are unable to resolve the dispute, the dispute is then elevated to the Health Service Chief Executive or Health Service Board Chair;
- **Step 3:** If parties are unable to resolve the dispute locally, the dispute is escalated to the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General for joint non-binding mediation; and



- **Step 4:** If parties remain unable to resolve the dispute, both parties are bound by the determination of the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General to achieve a resolution.

## Related or governing legislation, policy and agreements

- *Hospital and Health Boards Act 2011*
- *Hospital and Health Boards Regulation 2012*

## Supporting documents

- Health Equity Framework
- Health Equity Toolkit

## Business area contacts

Kiel Weigel, A/Manager; Jermaine Isua, Director; and Jess Oostenbroek, Senior Director Strategy Branch, Aboriginal and Torres Strait Islander Health Division, Queensland Health

## Review

This Health Service Directive will be reviewed at least every three (3) years.

**Date of last review:** N/A

**Supersedes:** N/A

## Approval and Implementation

### Directive Custodian

Haylene Grogan

Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General  
Aboriginal and Torres Strait Islander Health Division, Queensland Health

### Approval by Chief Executive

Dr John Wakefield

Director-General, Queensland Health

**Approval date:** 3 August 2021

**Issued under section 47 of the *Hospital and Health Boards Act 2011***

## Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
<b>Development Stakeholder</b>	Development stakeholders are prescribed under section 11D of the <i>Hospital and Health Boards Regulation 2012</i>	<i>Hospital and Health Boards Regulation 2012</i>
<b>Prescribed Stakeholders</b>	Means the persons prescribed by regulation in sections 11C [ <b>Service-Delivery Stakeholders</b> ], 11D [ <b>Development Stakeholders</b> ] and 13B [ <b>Implementation Stakeholders</b> ] the <i>Hospital and Health Boards Regulation 2012</i>	
<b>Chief Aboriginal and Torres Strait Islander Health Officer</b>	Means the public service officer employed in the Department of Health who is appointed as the Chief Aboriginal and Torres Strait Islander Health Officer	
<b>Continuous Quality Improvement</b>	Means a deliberate and defined quality management process that is responsive to community needs, and concerned with improving population health via incremental improvements in the practices and processes of health care for measurable improvements in: outcomes, efficiency, effectiveness, performance, accountability, and/or other quality indicators.	N/A
<b>Shared decision-making</b>	Means to work with the prescribed <b>Development Stakeholders</b> in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	N/A
<b>Collaboration</b>	Means the act of working together with other people and/or organisations to create or achieve something.	N/A
<b>Partnership</b>	Means a formal arrangement and/or collaborative relationship between two or more parties who have agreed to work together, that is based on trust, equality, and mutual understanding, and focuses on the pursuit of common goals and/or interests.	N/A

## Version Control

Version	Date	Prepared by	Comments
1.00	1 August 2021	Aboriginal and Torres Strait Islander Health Division	New Health Service Directive