

B. Audit scope and methods

Performance engagement

This audit has been performed in accordance with the *Auditor-General Auditing Standards* and the Standard on Assurance Engagements ASAE 3500 *Performance Engagements*, issued by the Auditing and Assurance Standards Board. This standard establishes mandatory requirements and provides explanatory guidance for undertaking and reporting on performance engagements.

The conclusions in this report provide reasonable assurance that the objectives of our audit have been achieved.

Audited entities

- Department of Health
- All 16 Queensland hospital and health services (HHSs)

We collectively refer to these entities as Queensland Health.

Audit methods and approach

We used multiple audit methods to understand this complex topic. Wherever possible, we sought stakeholder observations and experiences to provide valuable context to our audit findings. We present these throughout the report.

Field visits

We visited Queensland Health facilities to understand the service delivery environment, both in major hospitals and in remote clinics. Our team travelled over 13,500 kilometres during the audit, including visits to:

- Cairns and Hinterland region
- Torres and Cape region
- North West region
- South East Queensland.

Interviews

We met with a diverse range of stakeholders to understand the consumer and clinical perspectives on improving First Nations health outcomes. We held over 85 interviews with:

- First Nations community representatives and health advocates
- clinical staff, including doctors, surgeons, nurses, and other health workers
- health system administrators, including senior First Nations health officials in both the Department of Health and individual HHSs.

Document review

We reviewed key documents, including Queensland Health's frameworks, strategies, and plans to improve First Nations health outcomes across a range of measures. This included administrative and clinical guidelines. We also reviewed health equity strategies and associated documents across all 16 HHSs.



This was complemented by research from other jurisdictions, national bodies, academia, and non-government organisations.

Data analytics

We analysed a range of data to measure proxy indicators for how Queensland Health delivers culturally appropriate care, like rates of missed appointments, potentially preventable hospitalisations, and discharges from hospital against medical advice. We also used Queensland Health's data to provide insights on the First Nations health workforce and the Patient Travel Subsidy Scheme.

Cultural experts

We engaged an independent First Nations organisation to provide cultural advice on this topic.

Audit objective and criteria

The objective of the audit was to examine the effectiveness of Queensland Health's strategies to improve health outcomes for First Nations people

. We addressed this through the following sub-objectives and criteria.

Sub-objective 1:			
Are health services accessible for First Nations people across Queensland?			
	Criteria		Detailed criteria
1.1	First Nations people can equitably access health services that meet their needs.	1.1.1	Selected HHSs understand the accessibility of services to meet the health needs of First Nations people in their region and use this information to improve health outcomes
		1.1.2	Patient travel and transfer arrangements are effectively coordinated to manage local gaps in accessibility
		1.1.3	Patient travel and transfer arrangements are adequate to deliver equitable health care for First Nations people

Sub-objective 2:			
Are health services culturally appropriate for First Nations people?			
	Criteria		Detailed criteria
2.1	Selected HHSs have implemented effective First Nations leadership initiatives to drive cultural capability.	2.1.1	Selected HHSs have implemented First Nations leadership initiatives
		2.1.2	First Nations leadership strategies have adequate governance and support arrangements
2.2	Selected HHSs have identified and addressed key barriers to culturally appropriate care within their services.	2.2.1	Selected HHSs have identified the key barriers to culturally appropriate care for First Nations people within their services
		2.2.2	Selected HHSs have developed and implemented initiatives to address key barriers to culturally appropriate care within their services
		2.2.3	Selected HHS's cultural capability initiatives are effectively addressing barriers to culturally appropriate care within their services

Sub-objective 3: Is the department effectively conducting its role as the health system manager to improve outcomes for First Nations people?			
Criteria		Detailed criteria	
3.1	The department effectively manages key system-level barriers to culturally appropriate care.	3.1.1	The department has identified and is addressing the key system-level barriers to culturally appropriate care for First Nations people
		3.1.2	The department ensures lessons are effectively shared between HHSs to improve health outcomes for First Nations people
3.2	Health funding arrangements support equitable health outcomes for First Nations people.	3.2.1	The department has a process to equitably distribute health funding to each HHS to address the health needs of its First Nations population
		3.2.2	The department has a process to monitor that health funding for First Nations people is spent as intended.

Scope exclusions

Our audit did not assess:

- overall progress under the *Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033: Policy and Accountability Framework*
- Queensland’s progress under Closing the Gap commitments, priority areas, and initiatives
- the overall quality or appropriateness of each HHS’s health equity strategy
- health literacy or health promotion
- integration with the community-controlled health sector
- social and economic determinants linked to health outcomes, such as employment and economic factors.

