

## Implementing the recommendations and findings from the investigation into Torres and Cape Hospital and Health Service (Part A)

9 August 2024

I want to sincerely thank lead Investigator Professor Cindy Shannon AM and her team for their diligent work in preparing this report into the Torres and Cape Hospital and Health Service (TCHHS).

The Health Service Investigation (HSI) was approved in August 2023 and has two parts, with the Part A Report released in August 2024 and the Part B Report currently forecast to be completed in late 2024.

I would also like to sincerely thank all the people who were consulted and provided their personal experiences and input through the investigation phase. I acknowledge their commitment of time to share their truth to help improve our services.

Their contributions have been invaluable in forming the report findings and recommendations that provide the platform for health care improvements for all people who live in the Torres and Cape.

In Part A, the investigators were required to examine the current health status and the performance and quality of the care delivered by TCHHS to First Nations people in the region as requested under the terms of reference. They were requested to form an opinion as to whether the approach to the delivery of primary health care by TCHHS is effective and fit for purpose.

Additionally, investigators were also asked to consider whether there are aspects of the previous Torres and Cape Model/s of Care that are not captured within the current approach to service delivery which, if adopted, would be beneficial to the overall service delivery approach applied by the TCHHS. The full Terms of Reference are available at <https://www.health.qld.gov.au/research-reports/reports/review-investigation/investigation-into-torres-and-cape-hospital-and-health-service>

To ensure the report provided a holistic view across all stages of life and to reflect and represent the varied geographic, cultural, ethnic, gender and demographic settings, the investigators obtained data, information and evidence from a range of sources. These include: Queensland Health; TCHHS; local governments; community groups; not-for-profit and other entities delivering health services in the region; various unions; Queensland's Health Ombudsman; the Queensland Human Rights Commissioner; community representatives; consumers; and patients.

To meet the needs of the community and in recognition of the broad and varied data sources acknowledging there was some limitations, the methodology adopted and applied included:

- investigator-led briefing sessions and site visits with key stakeholders and representatives;
- information and evidence gathering activities;
- analysis and review of the relevant information and evidence;
- forming observations, findings and recommendations; and
- undertaking consultations with affected persons and entities in order to discharge natural justice requirements.

The importance of this investigation cannot be understated, and the report is a culmination of interviews with more than 70 people, a large number of data sources spanning many decades, and a review of over 400 separate documents and records which have impacted on the collation and presentation.

I'd like to put on record my formal thanks to Professor Shannon AM and her team for their hard and diligent work.

This document is the commitment to implementing the recommendations and key findings from the Part A Report.

Michael Walsh  
Director-General  
Queensland Health

## **Recent and ongoing enhancements to improve health outcomes for Aboriginal peoples and Torres Strait Islanders living in the Torres Strait, Northern Peninsula and Cape York, by the Torres and Cape Hospital and Health Service**

At the time of commencing the TCHHS Health Service Investigation in August 2023, it was clear the improvements in the engagement with communities and staff and strengthening of the primary care focused models of care needed to occur immediately and could not wait for the investigation to be completed. It was also recognised that these improvements needed to be responsive to culture and different for each community.

The TCHHS has continued to make improvements during the investigation and is well placed to enhance and accelerate these activities to implement the recommendations and key findings.

The TCHHS has commenced the establishment of a new First Nations governance structure to ensure cultural input in planning and decision making. This is part of progressing the Health Equity Strategy across all the communities of the TCHHS.

A new Chief Executive commenced in January 2024, and a new Board Chair and some new Board members commenced in April 2024. This provides the opportunity to bring new thinking, new approaches, increased collaboration and greater engagement with community.

In the last 18 months, there have been more than 50 public health education sessions conducted by the TCHHS. Other recent improvements include:

- the reopening of Weipa birthing in May 2024;
- the establishment of a temporary Primary Healthcare Centre in Wujal Wujal following the flooding from Cyclone Jasper in December 2023;
- the official launch of the Public Health Unit in August 2023;
- the launch of the Care Coordination Service Centre in November 2023;
- the launch of the Child Development Service in April 2024; and
- the launch of the Infant Mental Health Program in June 2024.

Since July 2023, 72 staff have commenced at TCHHS including:

- seven new doctors;
- 50 new nurses;
- 11 new Allied Health staff; and
- four new Aboriginal and Torres Strait Islander Health Workers.

Currently across the TCHHS, 302 staff (26.49%) identify as Aboriginal and/or Torres Strait Islander. The Chief Executive and Board are committed to further increasing this through a range of “growing-our-own” initiatives including the Deadly Start School Based Traineeship

Program, the First Nations Student Scholarship Program and Cadetship Program and training opportunities for current staff.

Over the last 12 months, there has been a range of clinical improvements, infrastructure upgrades and new technology including expansion of the Thursday Island Emergency Department, Maternity Unit and introduction of CT scanner.

Other key developments include the recent announcement of the \$200 million Cooktown Redevelopment and establishment of the Kowanyama Renal Facility.

The TCHHS is working with their staff and communities to build on the strong and established foundations with a heightened focus on:

- the critical role of health workers and a strong Aboriginal and Torres Strait Islander workforce;
- current and future partnerships and how they coexist to maximise care pathways and quality care outcomes;
- access and quality of care consistency; and
- community voices to co-design and record the health journey.

### Overview of recommendations, key findings, and committed actions

The investigators made a range of recommendations and findings in Part A of its report. A comprehensive list of these is available in the report itself. Below is a summary and the response I have requested.

Recommendation / Key Finding	Commitment to Implementing the Recommendations and Key Findings
<p><b>Recommendation:</b></p> <p>The investigators recommend that the Office of Health Ombudsman’s (OHO) recent momentum in engaging with Indigenous communities to provide awareness about the role of OHO and the rights of community members in relation to their healthcare is encouraging and should be continued.</p>	<p>Queensland Health values the important role the OHO provides in ensuring that patients and or families can seek independent advice should they be dissatisfied with the care provided.</p> <p>OHO will be formally encouraged to continue its awareness and education activities to increase community knowledge of the OHO’s role and the rights of community members in relation to their healthcare.</p>
<p><b>Recommendation</b></p> <p>The Investigators recommend that consideration should be given to increasing the frequency of the Morbidity and Mortality Review Committee meetings in the East and West to align with those of the Northern Committee.</p>	<p>The Department of Health’s Best Practice guide to Clinical Incident Management provides guidance and support for Queensland Health staff responsible for or involved in managing, analysing and learning from patient safety incidents in healthcare settings.</p> <p>To ensure consistency of approach in line with best practice, the TCHHS will increase the frequency of the Morbidity and Mortality Review Committee meetings across the HHS.</p>
<p><b>Recommendation</b></p> <p>The Investigators recommend that the current informal model for morbidity and mortality review in midwifery units in Thursday Island and Cooktown should be adopted across the TCHHS to standardise the clinical governance for the Maternity</p>	<p>Thursday Island and Cooktown Midwifery Units introduced an informal model for morbidity and mortality reviews.</p> <p>In recognition of the positive impact of these reviews, the TCHHS will adopt and implement this approach across the TCHHS Region to standardise the clinical governance for the Maternity Services Midwifery Group Practice Model of Care.</p>

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<p>Services Midwifery Group Practice Model of Care.</p>	
<p><b>Recommendation</b></p> <p>The Investigators recommend that orientation and induction processes are strengthened to ensure all new staff are adequately prepared for the cultural, community and health service context in which they will be operating. This training needs to be tailored to the specific needs of each community and cannot be a one-size-fits-all approach.</p>	<p>Queensland Health is committed to building the cultural capability of the workforce.</p> <p>TCHHS will strengthen its orientation and induction processes to ensure all new staff are adequately prepared for the cultural, community and health service context in which they will be operating.</p> <p>These processes will be specifically tailored to the specific needs of each community and is not a one-size-fits-all approach in consultation with community partners.</p>
<p><b>Recommendation:</b></p> <p>The Investigators recommend that a comprehensive analysis of service provision across every community in the Southern TCHHS Region be undertaken.</p>	<p>The unique characteristics of the many communities and the need to ensure equity of access is acknowledged.</p> <p>The TCHHS will lead a comprehensive analysis of service provision across every community in the Southern TCHHS Region, collaboratively with relevant community-controlled partners and the Department of Health (through the First Nations Health Office) providing support.</p>
<p><b>Recommendation:</b></p> <p>The Investigators recommend, whilst not interfering with the work of TORCH, the progress to date, and the steps moving forward, that TORCH-related decision-making processes, where both appropriate and practical, have regard to best practice PHC principles in undertaking coordination activities.</p>	<p>On 1 July 2024, the Torres and Cape Health Care Community-Controlled Commissioning Entity was established.</p> <p>TORCH (now known as Cape and Torres Health Commissioning – CaTHC) is a joint commitment by the Australian and Queensland Governments in partnership with the Queensland Aboriginal and Islander Health Council, and community leaders for health system reform for the Torres and Cape region. CaTHC is on a development path over coming years to deliver on the goals of the community lead commissioning vision.</p>

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	<p>The Department of Health will include an obligation in the Funding Agreement with CaTHC that its work is undertaken in a way that is consistent with best practice Primary Health Care principles, where appropriate and practical.</p>
<p><b>Recommendation:</b></p> <p>The Investigators have reached an overarching recommendation that an approach to comprehensive health service delivery across the TCHHS region should be formally documented. Any formal documentation should be inclusive of the requirement to consider community and cultural variations within the TCHHS region.</p>	<p>The investigators clearly recognised the rich culture and community strengths in making their recommendations to ensure care pathways continue to consider the unique needs of all peoples who live across the Torres and Cape.</p> <p>This recommendation provides the opportunity to build on the strong established foundations by recording how we do business, recognising the community and cultural variations across the HHS with a heightened focus on:</p> <ul style="list-style-type: none"> <li>• Whole of community considerations.</li> <li>• The critical role of health workers and maintaining and developing a strong and sustainable Aboriginal and Torres Strait Islander workforce supported by a First Nations leadership model.</li> <li>• Clinical governance and human resource management arrangements.</li> <li>• Current and future partnerships and how they coexist, integrate and collaborate to maximise care pathways and quality care outcomes.</li> <li>• Access and quality of care consistency.</li> <li>• Environmental and preventative health education and programs.</li> </ul> <p>TCHHS will undertake appropriate and extensive consultation with staff, consumers and other relevant stakeholders to identify the best way to record and progress the models of care across the TCHHS.</p>
<p><b>Recommendation:</b></p> <p>When formally documenting an approach, the Investigators recommend that consideration be</p>	<p>The recording of the model of care that is unique to the Torres Strait will include the strengths summarised in the report as well as available oral and written material.</p>

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<p>given to the incorporation of the following:</p> <ul style="list-style-type: none"> <li>(i) The key strengths of the Torres Model of Care which are set out in paragraph (c) of the summary of the Investigators’ observations above, noting that when doing so, consideration should be given to incorporating a degree of flexibility to ensure these strengths of the Torres.</li> <li>(ii) The additional elements relating to robust clinical governance and administrative processes as set out in paragraph (e) of the summary of the Investigators’ observations above.</li> </ul>	<p>Care will be taken to ensure the core primary care elements of the model of care remain at the forefront of service delivery, and supported by sound clinical practice and governance.</p>
<p><b>Finding:</b></p> <p>The Investigators’ recommendations in this regard have been informed by their observations as to the likely consequences if an approach to service delivery is not formally documented, which may include:</p> <ul style="list-style-type: none"> <li>(i) the continued use of the undocumented Torres Model of Care, which, while strongly recognised for its success as a historical model of care in the Northern TCHHS Region, is now used as a divisive measure in both the community and the TCHHS, whereby this model may continue to be used by some to support a particular view or position as to how healthcare should be delivered. The Investigators observed that the use of the</li> </ul>	<p>The recording of the model of care that is unique to the Torres Strait will include the strengths summarised in the report as well as available oral and written material.</p> <p>Care will be taken to ensure the core primary care elements of the model of care remain at the forefront of service delivery, and supported by sound clinical practice and governance.</p>



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<p>Torres Model of Care in this manner undermines the work of dedicated staff in the system and causes confusion for new staff, which negatively impacts on community perceptions of the health system and its outcomes;</p> <p>(ii) the continued use and reliance on elements of the Torres Model of Care which are inconsistent with modern practice, particularly given the range of structural, workforce and technological changes which have occurred over the past 30 years; and</p> <p>(iii) continued references to a historic and poorly understood model may limit the opportunity for current leadership (particularly First Nations leadership) to assert themselves in their roles and to develop and define their approach to leadership, service delivery and best practice.</p>	
<p><b>Finding:</b></p> <p>The Investigators identify key issues in relation to data availability and accessibility of health status and quality of care measures.</p>	<p>Accurate and targeted health specific data is critical in planning and delivering healthcare.</p> <p>The Department of Health will actively engage with the TCHHS in relation to the ongoing availability of health status and hospital utilisation data to enable the HHS to proactively identify, plan and respond to meet the health needs across Torres and Cape.</p>
<p><b>Finding:</b></p> <p>There is scope to improve the uptake of 715 items, improve the timeliness of GP management Plans and to prioritise annual health checks as a</p>	<p>All eligible people in the TCHHS are encouraged to have a 715 Health Check. These checks help to ensure that Aboriginal and Torres Strait Islander people receive care matched to their needs. The checks also enable early detection,</p>

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<p>preventative health drive in the community for those not currently accessing the TCHHS services and those whose annual health assessment are not up to date.</p>	<p>diagnosis and early intervention for common and treatable conditions.</p> <p>TCHHS will accelerate its current focus on increasing assessments to leverage off the current 20% increase by building the practice of 715 Health Checks into core service provision arrangements across TCHHS.</p>
<p><b>Finding:</b></p> <p>Vaccination coverage across the TCHHS region is highly variable, and in some communities, notably below the recommended rates of vaccination and not aligned to outcomes for First Nations children across Queensland.</p>	<p>Vaccinations are critical in supporting good health especially for Aboriginal and Torres Strait Islander people.</p> <p>TCHHS aims for a population that is 95% immunised.</p> <p>The TCHHS will work with the Chief Health Officer and First Nations Health Office to ensure education materials are available, accessible, and clinically and culturally sound so that vaccination uptake is maximised.</p>
<p><b>Finding:</b></p> <ul style="list-style-type: none"> <li>(i) There has been a diminished prominence of IHW</li> <li>(ii) There is no consistent approach across the region to the role that IHW play in service delivery</li> <li>(iii) Leadership development has not been actively pursued for a number of IHW in management positions.</li> <li>(iv) persistently high vacancy rates for IHW</li> <li>(v) diminished focus on the retention and career development of IHW subsequent to the withdrawal of vocational and tertiary education providers in the region.</li> </ul>	<p>Queensland Health recognises the critical role of Indigenous Health Workers (IHWs) in improving access to services and supporting the provision of culturally appropriate care.</p> <p>TCHHS is currently progressing a range of initiatives to strengthen the role and function of IHWs in establishing key leadership positions, increasing training opportunities and developing career pathways.</p> <p>TCHHS will continue to implement strategies to reduce the vacancy rate and will provide regular updates through established governance arrangements with the Department of Health.</p>
<p><b>Finding:</b></p> <p>Demand for oral health services is increasing across the TCHHS region.</p>	<p>Queensland Health is committed to increasing access to oral health services.</p>

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<p>Only 70-80% of First Nations patients are seen within the target wait period. A major limiting factor in this regard is the availability of an oral health workforce, along with barriers to access these services, which arises via eligibility limitations with respect to the PTSS.</p>	<p>TCHHS will collaborate with the Office of the Chief Dental Officer to explore strategies in relation to managing waitlist times and the increased demand for oral health services.</p>
<p><b>Finding:</b></p> <ul style="list-style-type: none"> <li>(i) From the information reviewed, the Investigators have formed the view that the TCHHS has met its performance requirements for FY22-23 as against the TCHHS Service Agreement.</li> <li>(ii) The current level of financial and performance reporting to the Board is inadequate and is a critical issue in terms of the Board meeting its governance obligations and ensuring that TCHHS complies with its service agreement.</li> <li>(iii) In undertaking this assessment, the Investigators have noted several matters concerning the information that is placed before the Board and ultimately referenced by the Board as it assesses and monitors its capacity to satisfy performance requirements, including those relevant to the TCHHS Service Agreement 2023-2023 to 2024-2025. The Investigators have made several high level observations in relation to these matters (see below).</li> </ul>	<p>Accurate and reliable data is critical in planning and delivering healthcare. A recent review of the HHS's finance and performance reporting and current service need analysis and mapping will enable increased transparency and evidence to support improvements including providing the Director-General with a six-monthly update on progress.</p> <p>In addition, TCHHS will liaise with the Department of Health and the Chair, Queensland Hospital and Health Boards Chairs' Forum to obtain independent advice on how to improve current board processes in line with best practice good governance.</p> <p>TCHHS will also participate in the newly developed Safety and Quality Board Simulation training course developed by Clinical Excellence Queensland and delivered by the Australasian Institute of Clinical Governance.</p>

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<p>The Investigators observe that the reports, including financial and/or performance reports they reviewed:</p> <ul style="list-style-type: none"> <li>(i) Only included extracts from a reporting system operated by the TCHHS with no evaluative commentary or analysis;</li> <li>(ii) Were largely presented as a set of financial accounts or financial datasets, not management reports with no analysis included;</li> <li>(iii) In circumstances where the report/s seeks to examine the trends of a certain indicator, or trends as between indicators over time, the timeframes considered are inconsistent from report to report; and</li> <li>(iv) The data contained in the reports is also general in nature and often does not contain a monthly breakdown or a comparison with the year-to-date figures.</li> </ul>	
<p><b>Finding:</b></p> <ul style="list-style-type: none"> <li>(i) The health system has the greatest impact at the individual level in terms of facilitating behavioural change to address risk factors and improving health literacy and health seeking behaviours.</li> <li>(ii) Opportunities to empower families are increasing in areas such as child health, aged care, disability support, mental health and other behavioural related issues.</li> </ul>	<p>Queensland Health has a strong commitment to healthy lifestyles and progressing initiatives that support changes through food and exercise.</p> <p>TCHHS will explore opportunities through strengthened and formalised relationships, including with Health and Wellbeing Queensland to progress preventative health opportunities.</p>

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<p>(iii) Community level change is often associated with population-based approaches and in this region, would need to be within a cultural context.</p> <p>(iv) Given that there are vast cultural differences across the region, initiatives such as this would need to be at a local community level.</p> <p>(v) While there is some evidence of community-based initiatives, there is a lack of primary prevention work that could empower individuals and families to facilitate behavioural change and improve health seeking behaviours.</p>	
<p><b>Finding:</b></p> <p>The Investigators consider that there is sufficient population size in the Northern TCHHS Region to explore the feasibility of a fully-funded community-controlled health or other primary health care service provider in the region.</p>	<p>Queensland Health will explore the feasibility of a fully-funded community-controlled health or other service provider in the Torres Strait and Northern Peninsula region. This would include options in relation to governance and partnerships with other service providers.</p>

## A final note

Finally, a note to the communities on the Torres and Cape York, and the hard-working staff in the region.

We are committed to providing equitable access to safe and high-quality health care for all Queenslanders, no matter where they live. As the world's oldest, surviving cultures, it's fundamentally important that First Nations peoples have access to high-quality, respectful and culturally appropriate health care.

Delivering care in a region as vast and as geographically and culturally diverse as the Torres Strait and Cape York is complex. Queensland Health appreciates the work all our staff do and the care they bring when doing it.

The Torres and Cape Hospital and Health Service serves more than 26,000 people in a 130,000km<sup>2</sup> catchment spanning from Wujal Wujal in the lower Cape to Boigu Island in the far north of the Torres Strait.

While almost 70 per cent of the people living in this region identify as Aboriginal and/or Torres Strait Islander, each individual community has its own cultural identity and health challenges.

The Part A Report and our commitment to implementing the recommendations and key findings will help the TCHHS to bring the best healthcare to the communities across the region. The communities in the Torres and Cape deserve the best possible care, and we are committed to delivering it.

Michael Walsh  
Director-General  
Queensland Health