



Independent Health Service Investigation

Closing out our response



COURAGE



ACCOUNTABILITY



RESPECT



ENGAGE



TABLE OF CONTENTS

From the Health Service Chief Executive **03**

Background **05**

Strengthening the foundations for long term change **07**

Delivering better outcomes: Bringing services closer to home **11**

Investing in First Nations leadership **14**

Recruitment, career pathways and professional development **15**

Thank you **16**

Appendix A - Our response to recommendations Part A **17**

Appendix B - Our response to recommendations Part B **22**



From the Health Service Chief Executive



Over the past three years, Torres and Cape Hospital and Health Service (TCHHS) has undertaken one of the most significant periods of reflection, reform and renewal in our history.

The Independent Health Service Investigation (HSI) has now concluded. Recommendations arising from Parts A and Part B have been implemented and embedded into the way we govern, lead and deliver care. The close-out response was considered and endorsed by the Torres and Cape Implementation Advisory Group (TCIAG), which included mayors, community members, the Minister's Board Advisor, Department of Health representatives and peak-body representation from the Aboriginal and Torres Strait Islander community-controlled health sector.

This milestone provides an important opportunity to reflect on the journey we have taken and recognise the significant progress we have made together. The HSI challenged us to listen deeply, strengthen relationships, and ensure cultural safety remains at the centre of everything we do.

It required honest conversations, careful reflection and a willingness to embrace change. It also provided important assurance about our systems and the care we deliver. The HSI nevertheless identified opportunities to further strengthen cultural capability, governance, accountability and community partnerships, which became the focus of our reform program.

Throughout this period, our staff continued to deliver exceptional care across one of Australia's most geographically complex and culturally diverse regions, while helping drive reforms that have strengthened our organisation, deepened our community partnerships and created new opportunities to improve health outcomes, for the people we serve.

This document looks at the progress that has been achieved and acknowledges the many contributions that have helped shape a stronger, more culturally responsive and community-focused Health Service.

The completion of the HSI does not signal the end of this work. In many ways, it marks the beginning of a new chapter. TCHHS is firmly committed to cultural capability, cultural safety and health equity. These are not standalone initiatives or short-term priorities. They are fundamental to how we deliver healthcare and central to who we are as an organisation.

Every member of our workforce has a role to play. Whether you are providing care at a patient's bedside, supporting operations behind the scenes, managing teams or welcoming people through our doors, your actions influence the experience patients, families and communities have with our

Health Service. Cultural capability is demonstrated in the way we listen, communicate, build relationships and respond to the needs of the people we serve. It is reflected in our willingness to learn, our respect for cultural knowledge and our commitment to working in genuine partnership with communities.

What gives me confidence for the future is the commitment I see across our organisation every day. I see staff embracing opportunities to learn, strengthening relationships with communities and finding new ways to deliver care that is safe, respectful and responsive.

Together, we are building a Health Service where cultural safety is not viewed as an additional responsibility, but as an integral part of quality healthcare.

“Culturally safe care is not an aspiration. It is an expectation.”

It is fundamental to quality healthcare, fundamental to health equity and fundamental to earning and maintaining the trust of the communities we are privileged to serve.”

Rex O'Rourke

Health Service Chief Executive



Background

An Independent HSI was commissioned by the former Director-General (DG) in August 2023, established under Part 9 of the *Hospital and Health Boards Act 2011 (QLD)*, to assess the health services provided by TCHHS to Aboriginal and Torres Strait Islander peoples, including whether these services are delivered in a culturally safe environment.

The HSI was commenced in response to alleged concerns examining the health status of Aboriginal and Torres Strait Islanders and health outcomes associated with health care delivered by TCHHS via different models of care over the past 20 years, and the actions of the TCHHS Executive Leadership Team (ELT) and Torres and Cape Hospital and Health Board (TCHHB) in supporting cultural safety and addressing allegations of racism and discrimination.

Part A of the HSI, which focussed on assessing health services provided by TCHHS, was publicly released on 9 August 2024. Part A showed that Health Service staff deliver excellent clinical care across the region and that robust clinical governance procedures are in place. The Report highlighted the need for a comprehensive approach to health service delivery that can be adapted to ensure all communities receive safe and culturally appropriate care.

In December 2024, the DG approved the establishment of a time-limited (12 months) Advisory Group to provide guidance on implementing actions in response to the HSI, ensuring service delivery is informed by strengthened relationships and collaboration with the Aboriginal and Torres Strait Islander community-controlled health sector.

The TCIAG was representative of key stakeholder groups, ensuring that the implementation of recommendations was reflective of the diverse cultures, local priorities, resources and community needs of the Torres and Cape region.

Part B of the HSI assessed the cultural safety of systems and processes provided by TCHHS to Aboriginal and Torres Strait

HSI Timeline

- August 2023 - HSI commissioned
- August 2024 - Part A of the HSI is publicly released
- December 2024 - Director General established TCIAG
- September 2025 - Part B of the HSI is publicly released
- June 2026 - TCHHS fully implements all HSI recommendations





Islander employees and peoples receiving care and was publicly released on 18 September 2025.

Part B confirmed no evidence that TCHHS systems or processes were culturally unsafe, confirming the reforms undertaken and progress made by the Health Service.

The TCIAG was established in January 2025 under the authority and delegations of the Health Service Chief Executive and TCHHB. The inaugural meeting was held on 13 February 2025.

Central to the Group's purpose was ensuring that TCHHS's delivery of reform programs was informed by and developed in partnership with community.

This was achieved through strengthening relationships and fostering community-controlled partnerships, with a particular focus on Aboriginal and Torres Strait Islander communities.

TCIAG membership was inclusive of TCHHS Executive General Managers (Northern and Southern Sectors), Queensland Health First Nations Health Office, Mayoral representatives from the Torres Strait, Northern Peninsula Area (NPA) and Cape York, TCHHS Consumer Advisory Committee Chair and Queensland Aboriginal and Torres Strait Islander Health Council Chief Executive.

A Special Ministerial Advisor to the TCHHB was appointed to ensure the Minister for Health and Ambulance Services remained closely updated on progress of implementation.

In addition to focussing on delivering outcomes in a coordinated and collaborative manner, TCIAG informed on

strategies to strengthen the sustainability of community-controlled health service delivery across the Torres Strait, NPA and Cape York communities.

The Final Report for Part A included eight recommendations and made various findings. The DG identified a variety of actions of which TCHHS was directed to undertake.

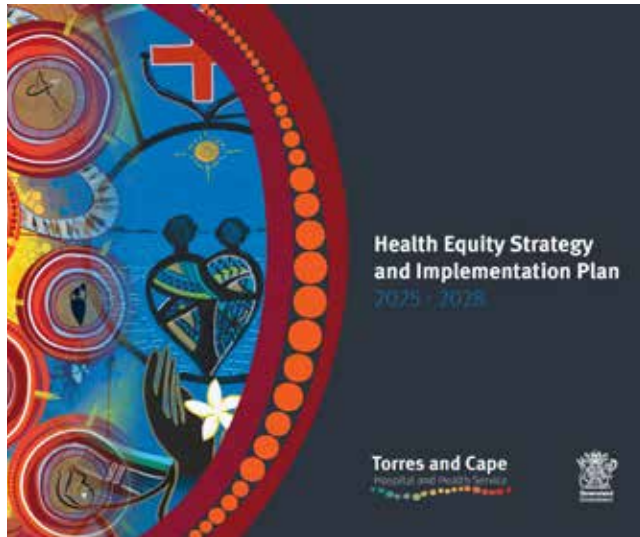
The HSI reforms outlined in Part A (Appendix A) have been fully implemented and embedded across TCHHS, resulting in sustained, system-wide improvements to governance, service delivery, and accountability.

The Report for Part B included 26 recommendations and made various findings. Implementation of Part B recommendations has resulted in a comprehensive transformation of governance, cultural safety, and workforce systems across TCHHS.

These reforms (Appendix B) have been systematically embedded, ensuring that equity, cultural capability, and organisational accountability are now central to all aspects of service delivery and decision-making.

TCHHS confirms that all recommendations arising from the HSI (Parts A and B) have been fully implemented.

Strengthening the foundations for long-term change



Health Equity Strategy 2025 - 2028

In 2025, we launched our refreshed Health Equity Strategy 2025–2028, shaped through consultation with more than 40 community yarns across Torres Strait and Cape York.

Community members, Elders, local leaders and frontline staff – more than 600 people, helped define the priorities that matter most: care closer to home, culturally safe experiences, stronger local workforce pathways and greater community voice in decision-making.

TCHHS Cultural Council

We established the TCHHS Cultural Council, bringing together leaders from community-controlled organisations, Traditional Owner groups, consumer representatives, local government and TCHHS. More than a consultative forum, the Cultural Council represents a significant step forward in strengthening cultural governance across our Health Service and ensuring community voice remains central to decision-making.

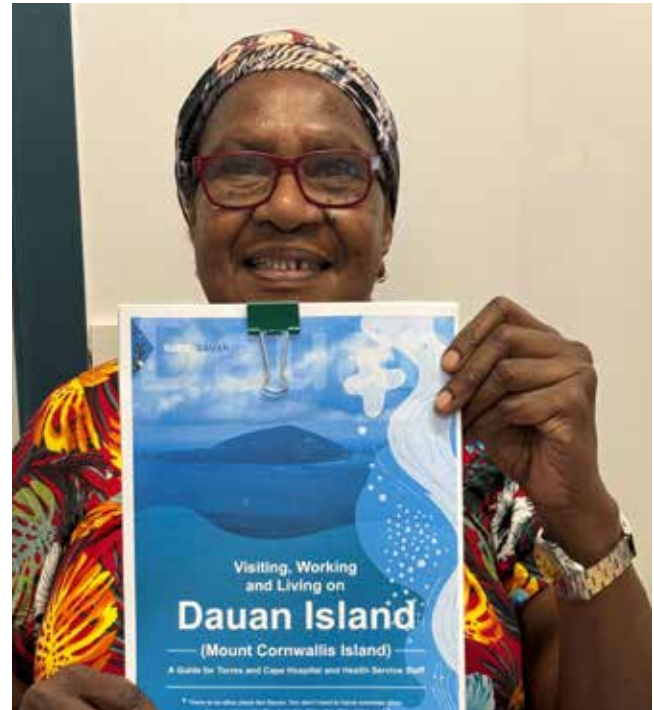
The Council provides a dedicated mechanism for cultural knowledge, lived experience and community priorities to directly inform the way healthcare is planned, delivered and evaluated.



TCHHS Community Guides

One of our most significant achievements has been the completion of Community Guides for 32 communities across Torres Strait, NPA and Cape York. Over 12 months, staff travelled across the region, undertaking community visits and more than 138 interviews and yarning sessions with Elders, Traditional Owners, local organisations and community members.

These guides are more than orientation resources. They capture the stories, history, languages, culture, strengths and aspirations of each community, helping staff to commence with a deeper understanding of the people they serve. They are practical tools that support culturally safe care and reflect a fundamental shift in how we think about cultural capability, ensuring our staff learn from communities rather than expecting communities to adapt to our systems.



Functional Realignment and implementation of the TCHHS Leadership Framework



We have undertaken significant organisational reform through the Functional Realignment process. Guided by extensive staff consultation and feedback, this work has focused on creating clearer accountability, strengthening alignment between services and ensuring our structure is better positioned to support the needs of our communities into the future. While change of this scale is never simple, the process reinforced the importance of listening to our people and involving our workforce in shaping the future direction of the organisation.

Another important milestone was the development and implementation of the TCHHS Leadership Framework. Developed in partnership with the Centre for Leadership

Excellence, the Framework provides a shared understanding of what effective leadership looks like across Torres and Cape. It is now embedded across recruitment, onboarding, learning and development, performance planning and succession planning processes, helping build stronger, more connected and values-led leadership throughout the organisation.

The Framework's recognition as a finalist in the Queensland Health Excellence Awards is a testament to the collaborative effort behind its development and the innovative work being undertaken across our Health Service.

The reforms have clarified roles and responsibilities, strengthened oversight frameworks and reinforced expectations of safety, respect, professionalism and cultural accountability throughout the Health Service. These changes are helping ensure community voice, cultural governance and organisational performance are embedded into how decisions are made and services are delivered.

Across our Health Service, we are seeing stronger partnerships with communities, increased local engagement and greater opportunities for people to receive care closer to home.

Community partnerships

A significant example of this approach is our partnership with Community Enterprise Queensland. Through a three-year agreement focused on preventative health, nutrition and equitable access to healthy food, we are working together to support healthier lifestyles and address the long-term drivers of chronic disease across Torres Strait, Cape York and the NPA.

We have strengthened place-based health planning through partnerships such as the Torres Strait and NPA Health Partnership Group, bringing together health providers, local authorities and community stakeholders to help ensure services are shaped by local priorities and community needs.



This commitment to prevention is also reflected in the expansion of our Health Expo program, which now reaches communities across the region.

What began with a successful inaugural event in Aurukun in 2025 has evolved into a broader regional initiative that helps connect communities with practical health information, supports healthy decision-making and strengthens partnerships between residents, councils, health providers and community organisations.

The strength of these outcomes reflects the partnerships we have built with communities, local organisations, councils and health providers across the region.

These relationships continue to inform service planning, strengthen coordination and ensure local priorities remain at the centre of how care is delivered.





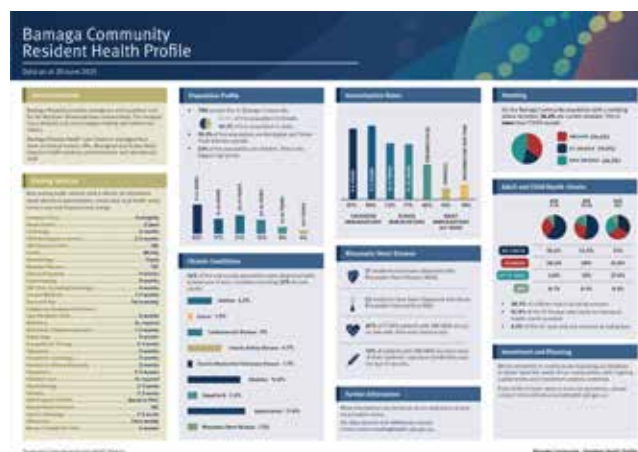
Enhanced digital capability

TCHHS has enhanced its digital capability across our Primary Health Care Centres (PHCC) through the implementation and optimisation of electronic medical record systems.

This is leading to improved clinical safety, continuity of care and access to patient information across locations, ensuring staff have better tools to support decision-making and patient care.

Sharing our data

We have strengthened our use of data and evidence through the development of Community Resident Health Profiles, enhanced health equity reporting and stronger population health analysis. Together, these initiatives are providing a clearer picture of community health needs across our region and supporting more informed decision-making at every level of the organisation. By combining local knowledge, community feedback and robust health data, we are better positioned to identify priorities, measure outcomes and ensure services are responsive to the unique needs of each community.



Cultural practice

Our commitment to culturally safe care is reflected in the introduction of a refreshed Cultural Practice Program, supporting practical, conversation-based learning focused on respectful engagement, local context and culturally safe behaviours.

Our Indigenous Hospital Liaison Officers continue to play an invaluable role in supporting patients and families, helping build understanding between communities and health services, and ensuring care is delivered in a way that respects cultural identity, language and community expectations.



Delivering better outcomes: Bringing services closer to home

A key message from communities throughout the Investigation process was the importance of access to care closer to home. In response, we have continued investing in services that reduce the need for people to travel away from family, community and Country to receive care. Together, these initiatives are improving access, enhancing patient experiences and ensuring healthcare remains connected to the needs, priorities and aspirations of our communities.

Weipa birthing service

One of our most significant achievements was the return of birthing services to Weipa, after a 25-year absence. Women and their families can now welcome approximately 50 babies each year closer to home, strengthening family connections, cultural continuity and access to maternity care within their own community.



Wujal Wujal PHCC



TCHHS successfully restored clinical services to Wujal Wujal following Cyclone Jasper, ensuring community members could once again access essential healthcare close to home.

The reopening of the PHCC represented far more than the return of healthcare delivery. It was an important milestone in the community's recovery journey and a powerful demonstration of resilience, determination and partnership in the face of significant adversity.

Local leaders, residents, government agencies, healthcare staff and partner organisations worked together with a shared commitment to restoring services and supporting the community's recovery.

Through this collective effort, TCHHS safely re-established clinical services, met the Government's 60-day recovery commitment and ensured people could once again access healthcare within their own community.

It remains one of the clearest examples of our commitment to delivering responsive, community-centred healthcare and supporting communities through both recovery and renewal.



Meriam Lukup Meta - Mer PHCC

TCHHS opened the Meriam Lukup Meta – Mer PHCC, a facility designed in partnership with community and built on principles of local leadership, self-determination and cultural pride.



Kowanyama renal service

Access to specialist services improved through the opening of a new four-chair Renal Dialysis Unit in Kowanyama, allowing more people to receive treatment within their community and remain connected to family and support networks. For many patients, this meant receiving ongoing care while remaining close to culture, community and the people who support them most.

Long term care

TCHHS provides long-term accommodation in Cairns for Torres Strait and Cape York patients undergoing treatment away from home, ensuring people can access care in an environment that remains connected to culture, family and community.



Emergency response

TCHHS expanded emergency response capability through First Responder vehicles delivered to communities across the region.

Emergency response capability has also been strengthened through the introduction of two new helicopters based on Horn Island, improving medical retrieval services and access to emergency care across the Torres Strait and NPA.





Cooktown Endoscopy Service

Following a successful pilot, the Cooktown Endoscopy Service has become a permanent service, enabling local patients to undergo colonoscopies and gastroscopies without travelling to Cairns.

During the initial trial, 35 procedures were completed locally, reducing barriers to care and supporting earlier detection of bowel cancer and other conditions.



Oral Health outreach

TCHHS strengthened Oral Health outreach through three custom-built dental vans based in Weipa, Cooktown and Bamaga, supported by portable equipment that has enabled greater access to care in remote communities.

The Oral Health team increased outreach activity by more than 400 per cent, bringing critical preventive and treatment services directly to communities.

Organisational performance

Throughout this period of reform, TCHHS has continued to maintain strong organisational performance and financial stewardship. The Health Service has consistently achieved a Level 1 performance rating while balancing investment in service improvements, workforce initiatives and major infrastructure projects.

The impact of these initiatives can be seen both in our service activity and in community outcomes. In 2025 alone, TCHHS delivered more than 187,000 outpatient appointments, cared for more than 28,000 emergency presentations, recorded 6,188 hospital admissions, and achieved childhood immunisation rates of 88.5 per cent for children aged 0–6 years.

We are also seeing encouraging results across the region. First Nations child immunisation rates continue to exceed state and national averages, potentially avoidable deaths remain below the statewide First Nations average, life expectancy and health-adjusted life expectancy compare favourably with Queensland averages, and ongoing investment in culturally responsive mental health and suicide prevention programs continues to support strong community outcomes.

These achievements demonstrate that cultural capability is not separate from healthcare delivery. It is central to it. By investing in community partnerships, local workforce pathways, cultural governance and culturally safe models of care, we are improving access, strengthening trust, enhancing patient experiences and delivering more equitable health outcomes for the people of the Torres Strait, NPA and Cape York.

Investing in First Nations leadership

One of the strongest messages to emerge from the Investigation was the importance of Aboriginal and Torres Strait Islander leadership throughout the organisation. Over the past year, we have made significant investments in growing and strengthening First Nations leadership at every level.

Marita Sagigi - Executive General Manager Northern Sector

Marita is a proud Dauareb descendant from the Eastern Islands of the Torres Strait and a dedicated advocate for the region and its communities. She is a passionate leader with a proven track record of uniting teams to achieve better outcomes for the Torres Strait and NPA.

Reece Griffin - Executive Director Aboriginal and Torres Strait Islander Health

An Aboriginal man from Awabakal Country on his mother's side, Reece has a strong background in clinical management, public health, and Indigenous health leadership. He continues to focus on advancing culturally appropriate services, strengthening the Aboriginal and Torres Strait Islander Health workforce, and fostering meaningful partnerships with our communities to ensure self-determined, holistic health strategies.

Hylda Poipoi - Director of Nursing and Midwifery - First Nations

Hylda is a proud Torres Strait Islander leader with more than two decades of experience serving remote communities across the region. TCHHS is one of the first health services in Queensland to introduce a dedicated First Nations nursing and midwifery leadership role at this level — a demonstration of our commitment to cultural safety, workforce development, and genuine career pathways for Aboriginal and Torres Strait Islander nurses and midwives.

Eva Burns - Director Aboriginal and Torres Strait Islander Health Professions

Eva is a proud Torres Strait Islander woman from Badu Island and leads a workforce of 136 Aboriginal and Torres Strait Islander health workers, practitioners and liaison officers. Her leadership is grounded in protecting culture, identity and resilience, ensuring that the health workforce grows in ways that honour the communities it serves.



Together, they are helping shape strategy, strengthen cultural governance, support workforce growth and ensure Aboriginal and Torres Strait Islander perspectives remain central to decision-making across the Health Service.

Recruitment, career pathways and professional development

1

Recruitment Review

TCHHS has transformed its recruitment practices through the Recruitment Review, which has delivered culturally aligned recruitment resources, strengthened workforce pathways and improved consistency, transparency and cultural safety throughout our employment processes.



2

Career pathways

TCHHS has expanded employment and career pathways for Aboriginal and Torres Strait Islander people through targeted workforce initiatives, including Deadly Start traineeships, cadetships and clinical placement programs. Since 2024, 48 trainees and cadets have either completed or are currently undertaking these programs across Cooktown, Weipa, Bamaga, Thursday Island, Badu Island and Cairns. 25 Aboriginal and Torres Strait Islander students are undertaking clinical placements within our Health Service and have introduced an Aboriginal and Torres Strait Islander Health Practitioner Trainee Program to support future workforce growth.



3

Professional development

A virtual Clinical Education Program engaged 130 participants across 34 facilities, while regional professional development workshops continue to provide practical clinical skills training and leadership development for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

These investments recognise that culturally responsive healthcare is strongest when leadership reflects, understands and remains connected to the communities we serve.

Thank you

I would like to sincerely thank our staff, Elders, community partners, consumers, Board members and stakeholders who have contributed to this journey.

Many of the reforms we have implemented were shaped by your feedback, your experiences and your willingness to engage in difficult but important conversations. I also acknowledge the contribution of the TCHHB, the TCIAG, community-controlled organisations, partner agencies, and staff who participated in consultation activities, yarning circles, working groups and reform initiatives. Together, your contributions helped ensure these reforms were grounded in lived experience, shaped by community priorities and focused on sustainable improvement.

Together, we have strengthened governance, expanded services, increased community voice, invested in First Nations leadership and embedded cultural safety more deeply into our organisation. While there is always more work to do, we should be proud of the progress we have made and confident in the direction we are heading.

While the formal response to the HSI is complete, our responsibility continues. The challenge before us is not simply to maintain these reforms, but to build upon them. We must continue listening to communities, investing in our people, strengthening cultural capability and holding ourselves accountable for delivering equitable outcomes.

Our commitment remains clear: to deliver healthcare that is clinically excellent, culturally safe, community-informed and grounded in respect for the people, cultures and communities of the Torres Strait, the NPA and Cape York.

Sincerely,
Rex



Appendix A - our response to recommendations Part A

	Director General Direction	Reform Program
1	To ensure consistency of approach in line with best practice, the TCHHS to increase the frequency of the Morbidity and Mortality Review Committee meetings across the HHS.	Torres and Cape Hospital and Health Service (TCHHS) has implemented sustainable, organisation-wide reform to strengthen consistency and alignment with best practice in clinical governance through the enhancement of Morbidity and Mortality (M&M) Review Committee processes. The TCHHS M&M Committee Terms of Reference have been formally established, embedding clear governance structures, roles, and expectations for performance and oversight. The Committee's meeting frequency has been increased to a monthly cadence, ensuring regular, systematic review of clinical outcomes and continuous learning across the Hospital and Health Service (HHS). The inaugural monthly meeting was convened on 24 January 2025. This reform is now embedded as business-as-usual practice, providing a consistent, structured forum for multidisciplinary review, identification of improvement opportunities, and dissemination of lessons learned across the organisation.
2	TCHHS to adopt and implement the current informal midwifery model for morbidity and mortality review in midwifery units in Thursday Island and Cooktown across the TCHHS Region to standardise the clinical governance for the Maternity Services Midwifery Group Practice Model of Care.	TCHHS has implemented a standardised and sustainable approach to M&M review within maternity services, aligning midwifery governance practices across Thursday Island, Cooktown, and the broader region. This reform adopts and formalises the previously informal midwifery model, ensuring consistency in clinical governance for the Maternity Services Midwifery Group Practice Model of Care. A quarterly TCHHS Maternity M&M Committee has been established to provide a structured, region-wide forum for multidisciplinary review of maternity outcomes. The inaugural meeting was convened on 27 March 2025. This reform is further strengthened through targeted workforce and leadership enhancements, including the implementation of a Clinical Midwife Consultant quality position to support clinical review, quality improvement, and practice standardisation. Further, the establishment of a dedicated First Nations Director of Nursing role ensures culturally informed leadership, strengthens clinical governance, and supports culturally safe care across maternity services.
3	TCHHS to strengthen 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. TCHHS is to ensure that this training is tailored to the specific needs of each community and is not a one-size-fits-all approach in consultation with community partners.	A strengthened, culturally responsive orientation and induction framework is now embedded across the organisation, replacing a one-size-fits-all approach with community-specific, co-designed training. Completed actions include: • Development and implementation of community-specific profiles (Community Guides) for all TCHHS communities. These are now published and embedded in practice. • Establishment of a centralised, integrated orientation and induction program, incorporating cultural capability training. Commencing May 2026, this is now embedded. • Rollout of local, facility-based cultural induction, delivered within the first week of commencement and tailored to each community context, supported by a standardised framework adopted across sites.

	Director General Direction	Reform Program
4	TCHHS to 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.	A comprehensive, region-wide analysis of service provision across the Southern Sector has been undertaken. Completed actions include: - Scoping of health service provision across all Torres and Cape communities, supported by the development and publication of Community Resident Health Profiles (30 September 2025), incorporating detailed service mapping, population health data, and visiting service information. - Sharing of service and data insights with the Department of Health and key partner organisations to inform coordinated service planning and delivery across the region. This work is reinforced by system-level enablers, including: - Establishment of formal partnerships and Memorandums of Understanding with key providers, including Apunipima Cape York Health Council Ltd, North Queensland Primary Health Network (NQPHN), Royal Flying Doctor Service (RFDS), and Cairns and Hinterland HHS. - Implementation of structured engagement mechanisms, including bi-monthly Chief Executive and Clinical Leads meetings, as well as ongoing community and stakeholder engagement forums. - Introduction of bi-annual data profile updates for each community and Primary Health Care Centre, ensuring continued visibility of service provision and population health needs. - Identification of a single point of contact for each community to support coordination and information sharing.
5	TCHHS to 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. TCHHS 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.	Extensive and ongoing consultation has been undertaken with staff, consumers and regional stakeholders to inform how models of care are recorded, progressed and governed across TCHHS, while maintaining the core elements of comprehensive integrated primary health care. The Torres and Cape Implementation Advisory Group endorsed a principled approach incorporating sustained engagement, use of existing evidence, and clear documentation of how services are delivered across the region. Completed actions include: - Region-wide engagement activities, including Yarning Sessions conducted across all 39 Torres Strait, Cape York and Northern Peninsula Area (NPA) communities to inform the development of the Health Equity Strategy 2025-2028 and input into service delivery expectations and priorities. - Use of existing evidence and frameworks to inform models of care, ongoing regional engagement outcomes, and a combined Joint Regional Needs Assessment delivered with NQPHN (Cairns, Townsville and Mackay). - Collaborative stakeholder engagement, including a Regional Health Stakeholder Forum held on Thursday Island (30 July 2025), bringing together TCHHS, Queensland Ambulance Service, Community Enterprise Queensland, MyPathway, Mura Kosker, Torres Strait Aged Care Association, Star of the Sea, Torres Strait Regional Authority and Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism to workshop service delivery challenges, engagement mechanisms and governance arrangements.

	Director General Direction	Reform Program
6	TCHHS to ensure the recording of the model of care that is unique to the Torres Strait includes the strengths summarised in the report as well as available oral and written material.	Identification of key system themes to inform models of care, including referral pathways, community development and capacity building, workforce attraction and retention, service mapping, and health action planning for outer island communities. This work has informed the organisation's documented approach to service delivery, ensuring models of care are grounded in community feedback, supported by sound clinical governance, and aligned with the principles of culturally and clinically safe comprehensive primary health care.
7	Noting that the TCHHS is already focusing on uptake and recalls in relation to MBS 715 health assessments, TCHHS to 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.	An accelerated, organisation-wide approach to increasing uptake of MBS 715 Health Assessments has been embedded, with Health Checks now integrated into core primary care service delivery across TCHHS. Completed actions include: - Delivery of training and support to multidisciplinary teams (medical officers, nurses, allied health, health workers and administrative staff) to strengthen capability in conducting Health Checks (715) and General Practitioner Management Plans (GPMP) (721), alongside promotion and prevention activities to increase participation. - Full implementation of the Best Practice electronic medical record system, with ongoing optimisation overseen by the Digital Health Governance Committee to support identification, recall and follow-up of eligible patients. - Introduction of monthly reporting on GPMPs and Health Checks through a consolidated Primary Care report, enabling routine performance monitoring and continuous improvement. - Achievement of Royal Australian College of General Practitioners accreditation across 20 sites, reinforcing standardised, high-quality primary care systems and processes.
8	TCHHS to 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.	A coordinated partnered approach has been established to ensure vaccination education materials are clinically accurate, culturally appropriate, and accessible, supporting improved immunisation uptake across TCHHS. Completed actions include: - Engagement with the Chief Health Officer and First Nations Health Office to confirm availability and appropriateness of vaccination education materials, ensuring alignment with clinical standards and cultural safety requirements. - Distribution of approved vaccination education resources across all TCHHS facilities, supporting consistent messaging and community awareness. This work is reinforced through broader system initiatives, including: - Active partnerships with Cairns and Hinterland HHS and Mookai Rosie Bi-Bayan to deliver targeted programs (e.g. BCG vaccinations for newborns), improving access for priority populations. - Ongoing promotion, catch-up programs and targeted outreach activities to improve childhood immunisation and vaccine-preventable disease outcomes. - Workforce capability uplift, supporting nursing and Aboriginal and Torres Strait Islander Health staff to become immunisation-endorsed practitioners. - Quarterly oversight and performance monitoring of immunisation coverage rates to inform continuous improvement.

	Director General Direction	Reform Program
		Evidence of impact includes strong immunisation coverage, with (Quarter 4 2024): 93% of children under six years up to date with National Immunisation Program schedules. 78% of Year 7 students fully immunised. - Increasing uptake across adolescent meningococcal programs. - Ongoing improvement opportunities identified for adult immunisations.
9	The high vacancy rate of 33 per cent for Indigenous Health Workers (IHW) across the TCHHS identified in the Report is noted. The work progressing within the TCHHS to strengthen the role and function of IHWs in establishing key leadership positions, increase training opportunities and developing career paths for IHWs is acknowledged. TCHHS to continue to implement strategies to reduce the vacancy rate and will provide regular updates through established governance arrangements with the Department of Health.	A comprehensive workforce strategy has been implemented to strengthen the IHW workforce, addressing vacancy rates through enhanced leadership, training pathways, and career development opportunities. Completed actions include: - Establishment of key leadership and workforce roles, including a Director Aboriginal and Torres Strait Islander Health Professions, two regional Managers, and two Health Practitioner Educator positions, providing structured leadership, professional support, and workforce development capability. - Implementation and recruitment of Aboriginal and Torres Strait Islander Health Worker traineeships, with new trainees commencing every year, supporting pipeline development and future workforce sustainability. - Launch of the Board Scholarship Program in 2025, supporting investment in “grow your own” initiatives to achieve career progression and retention of local staff. - Engagement with the Chief Aboriginal and Torres Strait Islander Health Workforce Officer, strengthening strategic alignment and providing expert guidance to support workforce development. This work is further supported by: - Establishment of the Aboriginal and Torres Strait Islander Health Equity Committee (November 2024), providing oversight and driving accountability through governance and performance reporting. - Establishment of the Aboriginal and Torres Strait Islander Cultural Council in 2025 to further strengthen cultural and professional leadership.
10	TCHHS to 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.	A collaborative, partnership-based approach has been implemented to address oral health waitlists and increasing demand for services, with targeted strategies to improve access for remote and priority populations. Completed actions include: - Collaboration with the Office of the Chief Dental Officer to support patients exceeding clinically recommended wait times, including the discretionary use of Patient Travel Subsidy Scheme to enable access to care for those in remote communities. This work is reinforced through broader system initiatives, including: - Delivery of targeted oral health promotion and prevention activities, aimed at reducing demand pressures through early intervention and community education.

	Director General Direction	Reform Program
		- Strengthening of service delivery partnerships, including with the RFDS and Australian Defence Force, to expand outreach capacity and improve access to care. - Ongoing advocacy and alignment with state-wide service models, including engagement with the Office of the Chief Dental Officer on access to networked oral health services. - Continued focus on workforce stability and leadership recruitment, alongside exploration of innovative service delivery options such as portable dental equipment and mobile services.
11	TCHHS to 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.	An evidence-based approach has been established to explore future service delivery options, including the feasibility of community-controlled health service models in the Torres Strait and NPA. Completed actions include: - Development and publication of Community Resident Health Profiles (30 September 2025), providing comprehensive service mapping, population health data, and current service provision across all communities. - Sharing of service mapping and data with the Department of Health and community partners to inform ongoing discussions regarding service models, governance arrangements, and future funding opportunities. This work is supported by the ongoing provision of health service data and analysis to inform regional service planning and funding submissions, ensuring decisions are evidence-based and aligned to community need.
12	While the Investigators found 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. TCHHS to explore opportunities through strengthened and formalised relationships, including with Health and Wellbeing Queensland to progress preventative health opportunities.	A strengthened, partnership-driven approach to primary prevention has been established, supporting improved community engagement, health literacy, self-determination across TCHHS. Completed actions include: - Implementation of formal engagement mechanisms, including Council meetings, community events, and ongoing stakeholder forums, to support the regular sharing of community health information and priorities. - Collaboration with key partners to design and deliver coordinated preventative health initiatives, using local communication channels and community-based delivery models to maximise reach and impact. - Execution of a formal Memorandum of Understanding with Health and Wellbeing Queensland (2 April 2025), establishing agreed areas of collaboration to enhance primary prevention activities across the region.

Appendix B - our response to recommendations Part B

	Director General Direction	Reform Program
1	The TCHHS should adopt and implement the Health Equity Plan as its prevailing document and approach within the region. This document should guide the TCHHS and its staff, along with the communities across the region to identify and address issues of institutional racism at a local level.	The TCHHS Health Equity Strategy (HES) 2025–2028 has been formally adopted and embedded as the overarching framework guiding culturally safe, equitable service delivery across Torres and Cape Hospital and Health Service (TCHHS), with a clear focus on identifying and addressing institutional racism at a local level. Completed actions include: • Formal adoption of the HES as the primary organisational framework guiding cultural safety, equity, and community partnership. • Co-design of the Strategy with over 600 community members across 39 communities, ensuring it reflects local priorities, experiences, and expectations. • Integration of the HES into organisational planning, leadership forums, staff orientation and induction, community engagement processes, and consumer advisory mechanisms, supporting consistent understanding and application across the Health Service. • Consideration of the health equity principles to guide decision-making, service design, cultural capability initiatives, and local improvement activities, reinforcing its role as the prevailing approach to addressing institutional racism. • Alignment of monitoring and reporting arrangements, with six-monthly reporting to the Board through the Executive Committee, ensuring ongoing oversight, accountability, and visibility.
2	In order to address the deficit narrative which has emerged in the region, the TCHHS should take a strengths-based approach which celebrates the good work being done in the region in terms of the progress which has been made to address the different cultural needs across the TCHHS. A renewed focus on building cultural safety which eliminates racial discrimination, will help to improve support for these initiatives in the region.	A strengths-based cultural safety approach has been embedded across TCHHS, shifting organisational focus toward recognising achievements, amplifying community strengths, and reinforcing respectful, culturally safe care. Completed actions include: • Introduction of structured communication mechanisms to promote positive outcomes and achievements, including the “Our Pulse, Our Place” newsletter led by the Aboriginal and Torres Strait Islander Health unit, strengthening connectedness and amplifying community and workforce voices. • Formalisation of engagement processes with staff, communities and stakeholders, ensuring ongoing, strengths-based participation and consistent inclusion of local perspectives in service delivery and improvement activities. • Integration of cultural safety expectations into organisational processes, including training, communications and workforce capability initiatives, supporting the prevention and elimination of racial discrimination. This work is further reinforced by: • Continued enhancement of cultural capability training, building staff understanding, behaviours, and accountability in delivering culturally safe care. • Establishment of the Aboriginal and Torres Strait Islander Cultural Council, providing formal cultural governance and ensuring culturally grounded advice informs organisational decision-making.

	Director General Direction	Reform Program
3	That TCHHS review its orientation/induction approach, having regard to a process of ongoing relationship building in communities and cultural development.	A redesigned orientation and induction framework has been implemented. Completed actions include: • Review and redesign of the TCHHS orientation and induction model, introducing a structured approach centred on layered cultural capability, place-based learning, and early relationship building with communities. • Implementation of a centralised, face-to-face onboarding program, commencing in May 2026, embedding organisational orientation, recruitment induction, and cultural capability development into a single, recurring model. • Delivery of the Community Guides Project (completed March 2026), providing comprehensive, place-based resources to support staff understanding of local cultural, social and service contexts across all communities. • Introduction of local cultural induction sessions, delivered within the first week of commencement, covering language, cultural history, Traditional Owner engagement and Primary Health Care Centre operations.
4	That the recent investment by leadership in building relationships within communities continue and that partnering arrangements with local government and other health service providers continue to be explored.	TCHHS continues to strengthen community and stakeholder engagement, ensuring continued investment in partnerships with local government and health service providers. Completed actions include: • Formalisation and implementation of structured partnership approaches with local Councils, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, and other health service providers, supporting shared goals and coordinated service delivery. • Establishment of consistent, culturally grounded engagement mechanisms, including yarning circles, co-design methodologies and regular leadership engagement across communities, strengthening trust, transparency and accountability. • Integration of community and stakeholder input into key organisational strategies, including the HES refresh, ensuring shared ownership of priorities and alignment with community needs. • Progression of formal partnerships and collaborative arrangements to improve service coordination and regional planning across the health system.
5	That the Board identify an appropriate reporting framework for its new cultural governance structures and support the development of an Aboriginal and Torres Strait Islander Cultural Strategy.	A formal cultural governance reporting framework has been established and embedded, providing clear oversight of the HES and strengthening Board visibility of cultural safety and equity performance across TCHHS. Completed actions include: • Definition and implementation of clear reporting pathways, roles and responsibilities, linking the Aboriginal and Torres Strait Islander Cultural Council, Cultural Advisory Working Group, Health Equity Committee, Executive Leadership Team (ELT) and the Board. • Alignment of reporting structures to support implementation and monitoring of the HES as the organisation's Cultural Strategy. • Integration of cultural governance arrangements into the Board's formal governance framework, supported by revised committee Terms of Reference, formal committee structures and strengthened reporting processes.

	Director General Direction	Reform Program
		The established governance structure operates as follows: • The Aboriginal and Torres Strait Islander Cultural Council provides cultural leadership, advice and oversight of the HES, and reports to the Health Service Chief Executive. • The Health Equity Committee monitors implementation, cultural risk and performance monthly, and escalates structured reporting to the ELT. • The ELT provides organisational oversight and integrates cultural governance into operational performance and planning, escalating consolidated reports to the Board's Executive Committee. • The Executive Committee and Board receive regular, formalised reporting, ensuring system-level oversight, accountability and informed decision-making.
6	That a regular progress report on implementation of the Health Equity plan be provided to the Board.	A structured reporting framework has been established and embedded to ensure regular Board oversight of HES implementation across TCHHS. Completed actions include: • Implementation of a formal reporting framework providing the Board with regular, structured updates on HES progress, including achievements, risks and areas requiring further focus. • Integration of HES reporting into existing governance and performance reporting mechanisms, ensuring alignment with organisational oversight processes. • Establishment of a biannual reporting schedule to the Board via the Executive Committee, providing consistent and transparent oversight of health equity performance. This framework is supported by the broader cultural governance architecture, including the Health Equity Committee and Aboriginal and Torres Strait Islander Cultural Council, ensuring reporting is informed by community voice and operational insights.
7	That a Board-led approach to monitoring organisational culture be considered, noting that there are models used across other HHSs to engage in regular staff survey processes that inform appropriate management action and monitoring by management and the Board.	A Board-led approach to monitoring organisational culture has been established and embedded, providing structured, repeatable oversight of staff experience and cultural performance across TCHHS. Completed actions include: • Adoption of the Working for Queensland Survey as the primary mechanism for assessing organisational culture and staff experience, with Board-level visibility and oversight. • Implementation of a systematised action planning process, ensuring all divisions develop aligned action plans using a standardised framework linked to common organisational priorities and themes. • Development of a consolidated, whole-of-service organisational action plan, incorporating divisional inputs to identify system-wide risks, priorities and opportunities for improvement. • Integration of governance oversight, with the ELT reviewing and endorsing action plans, and formal submission to the Board Executive Committee for monitoring. • Establishment of regular reporting arrangements, including quarterly progress updates through the ELT to the Board's Executive Committee, ensuring ongoing accountability and visibility. • Inclusion of organisational culture and survey outcomes in the Board's forward meeting schedule, embedding culture monitoring into routine governance activities.

	Director General Direction	Reform Program
8	That a governance process for reporting on staff survey results be implemented to ensure ongoing monitoring of actions that respond to the outcomes of such staff surveys.	A strengthened governance process for reporting staff survey results has been established and embedded to ensure ongoing monitoring of actions and accountability at divisional and organisational levels. This process supports alignment with organisational goals and provides regular oversight by the ELT and the Board. Completed actions include: • Development of divisional action plans in response to survey outcomes using a standardised template. • Consolidation of divisional actions into a single organisational action plan, outlining consistent organisational themes, goals, and expected outcomes. • Review and endorsement of survey results and action plans by the ELT. • Formal reporting of outcomes and progress to the Executive Committee and the Board. • Regular monitoring of progress at defined intervals to ensure accountability and follow-through.
9	That TCHHS continue to implement the Workforce Strategy and the recommendations of the 2023 Recruitment Review.	TCHHS has implemented the Workforce Strategy and delivered significant reforms under the 2023 Recruitment Review, with a focus on strengthening recruitment processes and promoting the value of employing Aboriginal and Torres Strait Islander people. These reforms have enhanced recruitment practices, cultural safety, and workforce pathways, with ongoing monitoring embedded in governance mechanisms. Completed actions include: • Delivery of policy, training, and resource reforms as outlined in the Recruitment Review recommendations. • Transition of ongoing Recruitment Review items to responsible executives for oversight and monitoring. • Establishment of a Leadership Program to address themes identified in the Recruitment Review. • Comprehensive review of recruitment documentation to support hiring managers. • Development of culturally aligned applicant resources, including an Application Support Guide, Applicant Information Pack, and Interview Guidelines for hiring managers. Recruitment Review activities and outcomes are now monitored through established performance and workforce governance mechanisms, ensuring continued oversight by the ELT and the Board.
10	The TCHHS invest in workforce planning and staff development, which includes greater uptake of professional development opportunities for Indigenous staff and growing partnerships that have recently been established with education and other providers to build aspiration and career opportunities, particularly for young Indigenous people.	TCHHS has invested in workforce planning and staff development, with a strong focus on strengthening career pathways and professional development opportunities for Aboriginal and Torres Strait Islander staff. Partnerships with education providers have been expanded to build aspiration and career opportunities for young Indigenous people, with progress monitored through established governance mechanisms. Completed actions include: • Development of a Leadership Framework in partnership with the Centre for Leadership Excellence, supporting expanded professional development pathways (launched in April 2026).

	Director General Direction	Reform Program
		- Launch of three traineeship and scholarship programs in 2025 to create early-entry workforce opportunities. 20 First Nations students undertaking traineeships across Cape York, the Torres Strait, and the Northern Peninsula Area, combining formal qualifications with paid work experience. - Employment of two First Nations Allied Health Graduates (commenced in 2024 and 2025) and commencement of two First Nations Allied Health Cadets in 2025. - Continued expansion of partnerships with education providers to strengthen local workforce pipelines and support young Indigenous people to pursue health careers. - Progress on statewide initiatives to strengthen nursing and midwifery leadership pathways, consistent with emerging State directions. Key outcomes include: - Successful completion of the 2024–25 School-Based Traineeships (SBT) by six students. - Ongoing participation of 10 students in the 2025–26 SBT cohort, with four new students commencing in 2026 on Thursday Island. - Anticipated commencement of 12–16 students in the 2026–27 SBT cohort in July. - Graduation of three Nursing Cadets, with all working as casual Assistants in Nursing while continuing their studies. - Graduation of one Law Cadet, who is now completing her final year of study. - Employment of three cadets (two nursing and one allied health) in the 2026 Cadetship Cohort.
11	That given the high proportion of the IHW workforce in the over 50 year age bracket, with a significant number in the 60-69 and a smaller number in the over 70 year age categories, an urgent focus on succession and retirement (for those who are ready) planning is required.	A structured approach to succession planning and retirement readiness for the Indigenous Health Worker (IHW) workforce has been established, addressing the high proportion of IHWs nearing retirement. This work prioritises leadership development, capability building, and long-term workforce sustainability, with progress monitored through established governance mechanisms. Completed actions include: - Development of Individual Development Plans to support career progression, capability development, and succession preparedness for IHWs. - Establishment of leadership and professional support roles, including: - Director Aboriginal and Torres Strait Islander Health Professions. - Two Manager Aboriginal and Torres Strait Islander Health Workforce roles (North and South). - Two Aboriginal and Torres Strait Islander Health Practitioner Education roles (North and South). - Launch of a Health Worker Dashboard to monitor workforce profiles, including age distribution, retirement risk, and succession gaps. - Development of a Consultative Forum, co-chaired with AWU and Together Union, to focus on Aboriginal and Torres Strait Islander Health Worker/ Practitioner and Hospital Liaison Officer roles. - Planning for a Health Worker Forum in 2026 to promote the role, provide upskilling and mentoring opportunities, and address workforce challenges.

	Director General Direction	Reform Program
		Supporting initiatives: • Structured training delivery across remote sites, regular education sessions, and a Workforce Capability Development Survey to inform targeted development planning. • Integration of succession planning into broader workforce governance and alignment with statewide strategies. • Early efforts to build future workforce pipelines through targeted engagement and recruitment pathways.
12	The Board should consider its obligations in relation to psychosocial wellbeing and sexual harassment prevention, management and reporting to ensure that it is meeting its legislative obligations. Specifically, TCHHS should consider how it will embed these obligations into its broader governance structure that promotes cultural safety; noting that considerable progress has been made in this regard over the past year.	The Torres and Cape Hospital and Health Board's oversight of psychosocial wellbeing and sexual harassment prevention has been strengthened, with these obligations now fully embedded into TCHHS's broader governance structure that promotes cultural safety. These arrangements ensure compliance with legislative obligations and provide ongoing visibility of key risks and performance. Completed actions include: • Incorporation of psychosocial wellbeing and sexual harassment prevention requirements into the responsibilities of the Board and its committees through updates to committee terms of reference, risk management frameworks, and oversight arrangements. • Implementation of structured workforce dashboards for the Board, outlining key indicators related to psychosocial wellbeing, sexual harassment reports, workplace culture, and staff safety. • Inclusion of psychosocial safety as a defined and monitored risk category within integrated risk oversight reports. • Establishment of processes to escalate trend analyses, early warning indicators, and significant issues through the Board Executive Committee for review and assurance. • Alignment of psychosocial safety and sexual harassment reporting with cultural safety governance pathways, providing the Board with a holistic view of staff wellbeing, safety, and organisational culture. • Monitoring of emerging risks, staff feedback, incident patterns, and organisational responses through the ELT, with escalation to the Board Executive Committee and the Board as required.
13	Going forward, the Board should consider responsibilities of each sub-committee to ensure there is sufficient focus on workforce and monitoring of trends in this regard, particularly in relation to cultural safety of staff and psychosocial wellbeing.	The Board has enhanced its oversight of workforce matters by ensuring relevant committees focus on cultural safety, psychosocial wellbeing, and workforce-related trends. These responsibilities have been embedded into existing governance arrangements to provide consistent monitoring and strategic oversight. Completed actions include: • Updating committee terms of reference to include explicit accountability for monitoring workforce risks, cultural safety performance, and psychosocial wellbeing indicators. • Incorporating workforce, cultural safety, and psychosocial wellbeing metrics into structured reporting to the Board Executive Committee and the Board. • Embedding workforce dashboards and trend reports into regular meeting schedules for relevant committees to enable consistent monitoring of risks and emerging issues.

	Director General Direction	Reform Program
		- Aligning cultural safety and psychosocial wellbeing reporting with organisational cultural governance processes to provide a holistic view of staff experience and workforce health. - Establishing processes to escalate significant workforce issues, trends, or risks identified through committee monitoring to the Board for strategic oversight.
14	Management needs to be supported to ensure there is a culture of compliance within the organisation and the application of policies and procedures is consistently done across the whole of the HHS. Board leadership in this regard is critical.	The Board has reinforced its leadership role in promoting a culture of compliance and ensuring consistent application of policies and procedures across TCHHS. Strengthened governance arrangements and oversight structures have been embedded to support sustained accountability and performance. Completed actions include: - Refinement of committee structures, updated terms of reference, and strengthened reporting arrangements through a Board governance review to reinforce accountability for compliance at all levels. - Integration of compliance monitoring and policy adherence indicators into workforce, audit, risk, and performance reporting, with escalation to the Board via the respective Board committee. - Provision of regular guidance and direction from the Board to management through structured reporting, risk reviews, and targeted discussions on policy application to ensure consistency across the organisation. - Establishment of governance pathways to escalate and address compliance issues, policy implementation challenges, and procedural variances, with oversight maintained by the Board. - Integration of cultural safety, workplace conduct, policy governance, and compliance insights into Board committee reporting to provide a cohesive, system-wide view of compliance performance.
15	The Investigators recommend that TCHHS further promotes fostering relationships with community members and the opportunity to grow those relationships through the application of policies and procedures.	TCHHS has strengthened its approach to fostering relationships with community members by publishing the Consumer and Community Engagement Strategy 2025–2027. This Strategy provides a structured, policy-aligned framework to support consistent and culturally responsive engagement practices across the Health Service. Completed actions include: - Publication of the Consumer and Community Engagement Strategy 2025–2027 in September 2025, providing a clear framework for strengthening community relationships. - Implementation of a coordinated approach to engagement across health teams, local community health, and the broader Hospital and Health Service to foster relationships at multiple levels. - Definition of roles, responsibilities, and accountability mechanisms to guide staff interactions with community members and ensure engagement principles are applied consistently. - Standardisation of engagement processes to promote transparency, strengthen partnerships, and support culturally responsive and respectful communication.

	Director General Direction	Reform Program
		• Development of an Implementation Roadmap outlining specific actions to enhance the visibility, consistency, and quality of consumer and community feedback. • Alignment of engagement activities with organisational governance structures to ensure reporting, monitoring, and integration into service planning and improvement.
16	The Investigators recommend that with the establishment of the new TCHHS First Nations governance structures, a renewed approach to community engagement in health service planning and delivery and to ensure alignment with a range of current policies and strategies is developed and implemented.	TCHHS has implemented a renewed, culturally grounded approach to community engagement in health service planning and delivery, aligned with the establishment of First Nations governance structures. This approach ensures lived experience, cultural authority, and community expectations shape health service delivery and strategic priorities. Completed actions include: • Establishment of consultative bodies, including the Consumer Advisory Committee, Consumer Advisory Networks, and the Cultural Council, to provide structured and culturally informed avenues for community participation. • Implementation of culturally appropriate engagement activities, such as yarnning circles, community forums, and cultural events, enabling direct community influence on service design and improvement. • Systematic collection and reporting of consumer feedback, including compliments and complaints, with transparent communication back to communities. • Co-design of the HES with input from over 600 community members across 39 communities, embedding community voice into strategic direction and cultural safety priorities. • Deployment of community-based patient liaison officers to support culturally safe feedback pathways and strengthen relationships between the health service and community. • Organisation of regular community engagement events linked to health promotion initiatives and major infrastructure projects to incorporate community perspectives into planning decisions. • Development of interagency partnerships to broaden engagement opportunities and align with regional priorities. • Use of traditional media, social channels, and local networks to enhance accessibility and encourage participation.
17	That the recent release of the Employee Complaints Guide be promoted among staff to continue to build trust in the complaints management process.	TCHHS actively promotes the Employee Complaints Guideline to build staff confidence in the complaints management process and ensure concerns can be raised safely and appropriately. These efforts aim to strengthen trust, transparency, and understanding of the process across the organisation. Completed and ongoing actions include: • Dissemination of the Employee Complaints Guideline through internal communication channels, including newsletters, staff updates, and the intranet. • Inclusion of information about the Guideline in leadership forums to support managers in applying consistent, transparent, and fair complaints processes. • Integration of key messages on safe and trusted complaints pathways into organisational culture and workplace behaviour initiatives.

	Director General Direction	Reform Program
		- Provision of information about the Guideline to new starters as part of organisational and cultural induction processes. - Updates to the TCHHS intranet page to improve accessibility to the Guideline. - Scheduling of training programs as part of the 2026 Learning and Development delivery program, including Line Manager Fundamentals, Team Management Fundamentals, and Conversations that Make a Difference, which include education on complaint management. - Development of a Communication Plan, including a promotion campaign for the Complaints Guideline. - Implementation of TCHHS face-to-face orientation (commenced May 2026).
18	The Investigators recommend that TCHHS continue to promote cultural safety and, as a result, assist in creating an environment where staff and consumers have confidence to raise complaints and evidence a transparent and fair process in instances where complaints are raised.	TCHHS has prioritised cultural safety, creating a supportive environment where staff and consumers feel empowered to raise concerns. Transparent, fair, and culturally responsive processes have been embedded to ensure complaints are managed effectively and equitably. Completed actions include: - Establishment of Indigenous Hospital Liaison Officers to support culturally safe communication, feedback, and advocacy for consumers and families. - Delivery of extended cultural capability training for new starters and refresher training for existing staff to promote culturally informed discussions about safety and experience. - Development of place-based consumer information materials, such as Ryan's Rule brochures, to support informed decision-making and clarify how concerns and complaints can be raised. - Strengthening of cultural safety content within organisational training, leadership development, and workforce programs. - Promotion of cultural safety through internal and external communications to reinforce expectations of culturally responsive and respectful care. - Alignment of all feedback and complaints management processes with existing policies and procedures to ensure complaints are handled consistently, fairly, and without discrimination.
19	That the process for reporting and monitoring clinical complaints through the Safety and Quality and clinical governance reporting framework continues and that the Board identify a process for embedding staff complaints within its workforce reporting requirements.	TCHHS has established a comprehensive reporting framework to ensure consistent oversight of both clinical and staff complaints. This framework integrates staff complaints into workforce governance processes while maintaining alignment with the existing safety and quality reporting framework for clinical complaints. Completed actions include: - Continued monitoring of clinical complaints through the established safety and quality governance framework, with regular escalation to the Board Safety and Quality Committee and reporting to the Board. - Integration of staff complaints into the workforce governance framework, ensuring they are reviewed alongside workforce, culture, and safety indicators. - Implementation of structured quarterly reporting of staff complaints to the ELT, consolidating themes, trends, and emerging risks for onward reporting. - Inclusion of consolidated workforce reporting, including staff complaint trends, in the Board Executive Committee agenda and the Board's forward meeting calendar. - Alignment of reporting templates and processes to ensure consistency, including categorisation of complaint types, agreed definitions, escalation thresholds, and required management responses.

	Director General Direction	Reform Program
		• Monitoring and reporting of actions taken in response to staff complaint themes through the workforce governance cycle, providing the Board with visibility of follow-through and improvement activities. • Alignment of staff and clinical complaint reporting to enable the Board to consider organisational culture, safety, and performance collectively, enhancing accountability and transparency.



Torres and Cape

Hospital and Health Service



Queensland
Government