



Health Equity Strategy 2022-2025 IMPLEMENTATION PLAN

Torres and Cape Hospital and Health Service
acknowledges and respects the Traditional Owners
of the land on which we live and work, and
acknowledges their continuing connection to the
land and community which we serve.

We pay respect to them, their culture, and their
Elders past, present and future.



Artwork produced for Queensland Health by Gilimbaa



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The journey so far

This timeline shows the key activities undertaken to develop the TCHHS Health Equity Strategy and the TCHHS Implementation Plan.



The 2022 - 2025 Implementation Plan



About this document

In 2020, the Queensland Government made it legislation that all Hospital and Health Services develop a Health Equity Strategy to improve health outcomes for Aboriginal and/or Torres Strait Islander peoples.

This document is the Torres and Cape Hospital and Health Service (TCHHS) Health Equity Implementation Plan 2022 - 2025 (**the Implementation Plan**), which outlines the specific actions to be undertaken in order to deliver on the TCHHS Health Equity Strategy 2022 - 2025 (**the TCHHS Health Equity Strategy**). This document should be read in conjunction with the TCHHS Health Equity Strategy.

At the core of the Health Equity Framework provided by Queensland Health is guidance on how Hospital and Health Services can work in partnership with Aboriginal and/or Torres Strait Islander communities and partner organisations to create better outcomes. This Implementation Plan will be guided by the principles of ‘co-design’ ‘co-own’ and ‘co-implement.’ This means sharing decision-making and responsibility with the community members and partners consulted.

The journey to implementation

Following the release of the TCHHS Health Equity Strategy, the TCHHS Health Equity Strategy Project team (**the Project Team**) facilitated a workshop with implementation partners to identify key actions, responsibilities and ways of working that would support the implementation of the TCHHS Health Equity Strategy. Following this workshop, the Project Team undertook targeted engagement with implementation partners and TCHHS internal departments to develop this Implementation Plan.

The timeline on the next page overviews the journey to this point.

Following the publishing of the Implementation Plan, TCHHS will oversee the ongoing governance and monitoring of activities. TCHHS acknowledges and expects that implementation will continue to be shaped and informed by ongoing engagement and consultation with partner organisations and the community.



The TCHHS Racism Matrix

A key driver behind the Health Equity legislation was the recognition of institutional racism and racial discrimination within the public health sector in Queensland. The TCHHS Racism Matrix (**the Matrix**) is a tool to identify and address the institutional barriers to health equity at TCHHS.

TCHHS has commissioned external consultants to support the development of the Matrix. The steps to develop the Matrix are overviewed below.



Literature review – This involved gathering and reviewing relevant national and state health and policy documents, including the National Agreement on Closing the Gap, the Queensland Human Rights Act 2019 and the Queensland Hospital and Health Boards Act 2011.



Consultation – This involved two workshops with staff, board and other stakeholders. The workshops aimed to provide examples and context for how racism matrices are being used and to develop the TCHHS matrix.



Audit – The external consultants will conduct the first audit once the Matrix has been approved. The exact activities will be directed by the Matrix but are expected to include reviewing documents such as annual reports, Health Service Agreement, Board Meeting minutes and others.



Report – This will involve the consultants drafting up the audit results. This document will inform the future use of the matrix.

The development of the Health Equity Strategy Implementation Plan aligns with the Matrix, and the development of the Matrix is a key first step of the Implementation Plan.



The TCHHS Vision, Guiding Principles and Values

Our vision

Leading connected healthcare to achieve longer, healthier lives

Our Guiding Principles

1. Healthcare that is **community-centred**
2. Healthcare that **embeds primary health and health promotion**
3. Healthcare that is **responsive to needs and culture**
4. Healthcare that is **strengths-based**
5. Healthcare that has **equitable access**
6. Healthcare that is **holistic and collaborative**

Our Values

- **Courage** - We have the courage to stand up, do the right thing, and express our opinions with respect.
- **Accountability** – We show accountability for our actions. We live up to our responsibilities and recognise that people put their trust in us.
- **Respect** - We respect and acknowledge the diversity of others. We treat others as we would like to be treated.
- **Engage** - We recognise that to engage means a positive connection to our workplace. This allows everyone to feel pride and reach their full potential.



Priority Areas: Health Equity Strategy

1

Actively eliminating racial discrimination and institutional racism

2

Increase access to healthcare services

3

Influence the social, cultural and economic determinants of health

4

Deliver sustainable, culturally safe and responsive healthcare services

5

Work with Aboriginal and Torres Strait Islander people to design, deliver, monitor and review health services

6

Strengthen the Aboriginal and Torres Strait Islander Health workforce

Actively eliminating racial discrimination and institutional racism

| STRATEGY | ACTION | EXEC SPONSOR | TIMELINE | PERFORMANCE MEASURE / OUTPUT |
|--|--|---|--------------|--|
| 1.1 Adopt a zero-tolerance workplace culture to address racism | Action 1.1.A Develop a TCHHS Racism Matrix | ED A&TSIH (Lead) Director A&TSIH | 2023 | Output: Publishing of a TCHHS Racism Matrix |
| | Action 1.1.B Ensure patients understand their rights if they experience racism and what they can do. | Office of the Chief Executive | 2024 to 2025 | Output: Education and promotion materials at all TCHHS facilities |
| | Action 1.1.C Review and update the current complaints process in conjunction with patients and community | ED A&TSIH | 2024 | PM1.1 |
| | Action 1.1.D Explore the possibility of adding a racism category into Riskman | ED Workforce & Engagement | 2024 to 2025 | PM1.1 |
| | Action 1.1.E Listen to patients and workforce to ensure instances of racism are reported and actioned | Office of the Chief Executive | 2023 to 2025 | PM1.1 |
| 1.2 Identify the baseline of TCHHS cultural capability | Action 1.2.A Commission an independent audit of TCHHS' structures, policies and processes utilising the Racism Matrix (1.1.A) (already underway) | ED A&TSIH (Lead) Office of the Chief Executive | 2024 | Output: Complete an independent audit and review |
| | Action 1.2.B Embed the Racism Matrix in TCHHS governance processes | Office of the Chief Executive | 2024 | Output: An annual brief to the Board and ELF with an action plan developed |
| 1.3 Build the cultural capability of the workforce | Action 1.3.A Develop and implement a suite of mandatory Racial Equity training for new and existing staff | ED A&TSIH (Lead) ED Workforce & engagement | 2024 | Output: Anti-racism training implemented with TCHHS PM1.2 PM1.3 |

Actively eliminating racial discrimination and institutional racism

What will we see?

| Year 1 | Year 2 | Year 3 |
|---|---|---|
| <ul style="list-style-type: none"> • Clients understand what they should be expecting from services and how to report instances of racism • Processes are in place for staff and patients to report instances of racism that are embedded in formal governance mechanisms | <ul style="list-style-type: none"> • There is an improved understanding amongst TCHHS staff about cultural capability and the impact of institutional racism • There is an increase in data captured related to racism (ie: reports of racism from staff and patients are being reported) | <ul style="list-style-type: none"> • There is an improvement in the cultural capability of the TCHHS workforce demonstrated through an improvement in the institutional racism matrix score • There is confidence from staff and patients that their complaints will be appropriately actioned • There are decreases in the instances of racism across the HHS |

Increase access to healthcare services

| STRATEGY | ACTION | EXEC SPONSOR | TIMELINE | PERFORMANCE MEASURE / OUTPUT |
|--|---|--|---------------------|--|
| 2.1 Enable greater choice for how community members access services | Action 2.1.A Undertake a review of the opportunity to have flexible opening hours for PHCCs to meet the needs of community | EGM North & South | 2024 | Output: Complete a review of flexible opening hours for PHCCs |
| | Action 2.1.B Increase care closer to home, community and Country | ED Allied Health (Lead) ED Nursing & Midwifery ED Medical Services | 2023 | PM2.1 PM2.2 |
| | Action 2.1.C Strengthen partnerships with other service providers to enhance the patient journey and coordinated care. Including health providers in line with the Queensland Government's policy regarding Transition to Community Control for primary healthcare services where communities request | ED A&TSIH (Lead) ED Allied Health ED Medical Services | 2023 | Output: New partnerships through MOUs and other agreements created |
| 2.2 Increase access to services in need | Action 2.2.A Increase in access to oral dental care | ED Medical Services | 2024 | PM2.1 |
| | Action 2.2.B Provide better access to all specialised services and primary health care services | EGM North & South (Lead) ED Allied Health | 2024 to 2025 | PM2.1 PM2.2 |
| | Action 2.2.C Improve patient care continuity by enhancing care coordination with other services | Office of the Chief Executive | 2023 to 2025 | Output: New partnerships through MOUs and other agreements created |
| 2.3 Invest in infrastructure including technology capability and workforce for the delivery of health services | Action 2.3.A Build appropriate service infrastructure, including telehealth capability in facilities where there is need | ED Strategy & Investment | 2023 to 2025 | PM2.2 |
| | Action 2.3.B Build and supply appropriate accommodation for staff where there is a need | ED Strategy & Investment | 2023 to 2025 | Output: New staff accommodation and/or new ways to provide appropriate accommodation. |
| | Action 2.3.C Support the workforce to understand and embrace new technologies and other innovations | ED Finance Information & Digital Services (Lead) ED Workforce & Engagement | 2023 to 2025 | Output: New training and ways to support staff to use technology |

Increase access to healthcare services

What will we see?

| Year 1 | Year 2 | Year 3 |
|--|---|--|
| <ul style="list-style-type: none"> Gaps in service access are identified by community | <ul style="list-style-type: none"> Patients who are transferred between TCHHS and another organisation have a supported and streamlined experience | <ul style="list-style-type: none"> Clients can access services closer to home and have less need to travel. PHCCs offer services at extended or improved hours to meet community needs. There is a pipeline of new infrastructure that supports communities accessing more services that are needed (eg, via telehealth) There is a pipeline for more staff accommodation to support the delivery of services in need |

Influence the social, cultural and economic determinants of health

| STRATEGY | ACTION | EXEC SPONSOR | TIMELINE | PERFORMANCE MEASURE / OUTPUT |
|--|---|--|---------------------|---|
| 3.1 Provide economic opportunity to Aboriginal and/or Torres Strait Islander businesses and services | Action 3.1.A Apply the Queensland Indigenous Procurement Policy across all procurement and contracting services | ED Finance Information & Digital Services | 2023 to 2025 | Output: Ratified Queensland Indigenous Procurement Policy |
| | Action 3.1.B Set targets for procuring goods and services from Aboriginal and/or Torres Strait Islander-owned business | ED Finance Information & Digital Services | 2023 to 2025 | Output: Create targets for procuring goods and services from Aboriginal and/or Torres Strait Islander-owned business |
| 3.2 Strengthen relationships with agencies beyond the health sector to improve health outcomes | Action 3.2.A Support the integration of funding and planning in remote communities to maximise investment from all sources (Queensland Government, NQPHN and the Australian Government) | Office of the Chief Executive | 2024 to 2025 | Output: Engagements and meetings with relevant government stakeholders related to integrating funding |
| | Action 3.2.B Establish a Health Equity Working Group to drive and implement Health Equity actions, strengthen informal and formal partnerships to identify and resolve cross-sectorial issues | ED A&TSIH | 2023 | Output: The working group created with a clear activity plan and responsibilities |
| | Action 3.2.C Collect, analyse and share data related to social determinants to inform decision making of the Health Equity Working Group | ED Strategy & Investment | 2023 | Output: Data collected and information shared between Health Equity Working Group partners |
| 3.3 Support and deliver health promotion initiatives | Action 3.3.A Provide and support health promotion initiatives to support social and emotional wellbeing (SEWB). | ED A&TSIH | 2024 | PM3.2 |
| | Action 3.3.B Develop Plan to support completion of actions | EGM North & South (Lead) ED Medical Service ED Nursing & Midwifery | 2023 to 2025 | Output: Plans developed and presented to Board and ELF |
| | Action 3.3.C Work with partners to maximise the health, social, and education and learning outcomes where appropriate | ED A&TSH | 2023 | PM3.1 |

Influence the social, cultural and economic determinants of health

What will we see?

| Year 1 | Year 2 | Year 3 |
|---|--|--|
| <ul style="list-style-type: none"> • There is increased spending from TCHHS on Aboriginal and/or Torres Strait Islander businesses and services • A plan is identified for who and how to partner strategically to advocate and deliver more integrated funding and services • More education and prevention initiatives are started | <ul style="list-style-type: none"> • Strengthened relationships with local organisations that can support health promotion initiatives (eg: schools) and with other organisations who work in ancillary health sectors (eg: housing) • Data is collected that can help inform how social, cultural and economic determinants are impacting health outcomes | <ul style="list-style-type: none"> • There is regional governance and collaboration that uses data to identify and address cross-sector issues that are impacting health outcomes |

Deliver sustainable, culturally safe and responsive healthcare services

| STRATEGY | ACTION | EXEC SPONSOR | TIMELINE | PERFORMANCE MEASURE / OUTPUT |
|---|---|---|---------------------|--|
| 4.1 Improve the cultural responsiveness of services | Action 4.1.A Consider the cultural needs of Aboriginal and/or Torres Strait Islander peoples when delivering care, where possible and appropriate | ED A&TSIH | 2023 | PM4.2 |
| | Action 4.1.B Develop and deliver new cultural induction training for all staff tailored to local contexts | ED A&TSIH | 2024 | PM4.1 Output: New cultural inductions for specific local contexts designed and delivered |
| | Action 4.1.C Develop and enhance cultural supervision models within TCHHS | ED A&TSIH | 2024 to 2025 | PM4.1 |
| | Action 4.1.D Explore, identify and report on how TCHHS services can be modified to provide a welcoming, friendly, accepting and culturally safe service for patients | ED Strategy & Investment | 2023 TO 2025 | PM4.2 Output: Complete a review of how TCHHS services can be modified to provide a welcoming, friendly, accepting and culturally safe service |
| | Action 4.1.E Create effective and culturally appropriate material with information to ensure that patients and their families understand information being communicated | ED A&TSIH (Lead) Office of the Chief Executive EGMs of North and South | 2023 | PM4.2 PM4.4 Output: Culturally appropriate materials developed to improve patient communication |
| 4.2 Strengthen relationships with partner organisations to ensure culturally safe and seamless patient journeys | Action 4.2.A Strengthen partnerships with ATSICCHOs, community-based organisations, government, and NGOs to deliver better connected, low barrier health journeys across service boundaries | Office of the Chief Executive (Lead) ED A&TSIH EGMs of North and South | 2023 | Output: New partnerships through MOUs and other agreements created |
| | Action 4.2.B Establish data sharing arrangements to enable seamless transfer of patient information between providers | ED Finance Information & Digital Services | 2023 | PM4.3 Output: New partnerships through MOUs and other agreements created |
| | Action 4.2.C Formalise a process to share learnings and embed continual improvement processes within all health service providers in the region | Office of the Chief Executive (Lead) ED A&TSIH EGMs of North and South | 2023 | Output: New partnerships through MOUs and other agreements created |

Deliver sustainable, culturally safe and responsive healthcare services

What will we see?

| Year 1 | Year 2 | Year 3 |
|--|--|--|
| <ul style="list-style-type: none"> • An increase in formalised partnerships with organisations that share patients with TCHHS • Materials are developed to support patients in understanding what they should expect when accessing TCHHS services | <ul style="list-style-type: none"> • Locally-tailored cultural induction training is rolled out at multiple TCHHS locations with cultural supervision ensuring responsive and safe services • There is investment in infrastructure and other activities to ensure TCHHS services are welcoming and accessible | <ul style="list-style-type: none"> • Services are safe and welcoming • Patients understand the information given to them at TCHHS services and there is increased confidence in the services as a result |

Work with Aboriginal and/or Torres Strait Islander people to design, deliver, monitor and review health services

| STRATEGY | ACTION | EXEC SPONSOR | TIMELINE | PERFORMANCE MEASURE / OUTPUT |
|--|---|-------------------------------|----------|--|
| 5.1 Enhance opportunities for community and partner organisations to support the design, delivery, monitoring and review of health services | Action 5.1.A Strengthen relationships with existing forums and organisations in the region/s | Office of the Chief Executive | 2023 | PM5.2 PM5.3 Output: New partnerships through MOUs and other agreements created |
| | Action 5.1.B Work with partners to establish a Health Equity interagency working group to help inform design, deliver, monitor and review of health services across the catchment | ED A&TSIH | 2023 | Output: New partnerships through MOUs and other agreements created |
| 5.2 Actively seek support, involvement, and input from Aboriginal and/or Torres Strait Islander communities to empower their voices in health services delivered in their communities | Action 5.2.A Increase the participation and engagement of the Consumer Advisory Committee (CAC) | ED A&TSIH | 2023 | PM5.1 PM5.4 |
| | Action 5.2.B Explore new mechanisms for seeking community input on services | ED A&TSIH | 2024 | PM5.1 Output: Complete a review of how new mechanisms for community input can be achieved. |
| 5.3 Explore the suitability of Aboriginal and/or Torres Strait Islander-led localised models of care that are aligned with the TCHHS Guiding Principles, Values, Vision and Strategic Plan | Action 5.3.A Review of current clinical Models of Care in line with existing TCHHS strategic and operational plans, policies and procedures to identify where new or more appropriate models of care can be used. | Office of the Chief Executive | 2025 | Output: Complete a review of current clinical models of care to ensure alignment with existing strategic and operational plans. |

Work with Aboriginal and/or Torres Strait Islander people to design, deliver, monitor and review health services

What will we see?

| Year 1 | Year 2 | Year 3 |
|---|--|--|
| <ul style="list-style-type: none"> Mechanisms for engaging with Aboriginal and Torres Strait Islander peoples living in the TCHHS catchment are developed. | <ul style="list-style-type: none"> There are more services run in partnership with local organisations to suit community needs. The Community Advisory Council has an expanded role, including more involvement in new service development and reviewing services. | <ul style="list-style-type: none"> Services are delivered that have been tailored to the local context with the involvement of community members. |

Strengthen the Aboriginal and/or Torres Strait Islander Health workforce

| STRATEGY | ACTION | EXEC SPONSOR | TIMELINE | PERFORMANCE MEASURE / OUTPUT |
|--|---|--|---------------------|--|
| 6.1 Improve Aboriginal and/or Torres Strait Islander workforce opportunities | Action 6.1.A Identify and implement strategies to increase recruitment and retention of Aboriginal and Torres Strait Islander staff in all workforce areas. | ED A&TSIH (Lead) ED Workforce & Engagement | 2023 to 2025 | PM6.2 PM6.4 |
| | Action 6.1.B Establish pathways to employment for Aboriginal and/or Torres Strait Islander people reinforced by the TCHHS Workforce Strategy 2021-26 | ED Workforce & Engagement (Lead) ED A&TSIH | 2023 to 2024 | PM6.4 PM6.5 |
| | Action 6.1.C Increase targeted recruitment activities for a range of professional streams (e.g.: participating in Careers Expos or giving presentations at schools) reinforced by the TCHHS Workforce Strategy 2021-26 | Office of the Chief Executive ED A&TSIH | 2023 to 2024 | PM6.4 PM6.5 |
| 6.2 Build an enabling workplace culture for Aboriginal and Torres Strait Islander staff with improved workforce opportunities. | Action 6.2.A Support the Health Workforce Strategy for Queensland 2032 | ED Workforce & Engagement | 2023 to 2024 | PM6.2 PM6.4 |
| | Action 6.2.B Enable Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to work to their full scope of practice consistently reinforced by the TCHHS Workforce Strategy 2021-26 | ED A&TSIH | 2023 | PM6.2 PM6.3 |
| | Action 6.2.C Include Aboriginal and/or Torres Strait Islander staff in decision-making throughout the organisation including in designing models of care and service planning reinforced by the TCHHS Workforce Strategy 2021-26 | Office of the Chief Executive | 2024 | PM6.2 PM6.4 |
| | Action 6.2.D Explore, identify and report on how TCHHS can implement formal leadership, development, and mentoring programs for Aboriginal and/or Torres Strait Islander staff reinforced by the TCHHS Workforce Strategy 2021-26 | ED A&TSIH | 2024 | PM6.2 PM6.4 PM6.5 |
| | Action 6.2.E Explore, identify and report on how TCHHS can improve succession planning and incentive packages to ensure alignment with value of roles. | ED A&TSIH | 2023 | PM6.2 PM6.3 PM6.4 PM6.5 |

Strengthen the Aboriginal and/or Torres Strait Islander Health workforce

What will we see?

| Year 1 | Year 2 | Year 3 |
|--|--|---|
| <ul style="list-style-type: none">• Mechanisms for retaining and supporting Aboriginal and Torres Strait Islander staff are embedded at TCHHS• There is an increase in targeted recruitment activities for Aboriginal and Torres Strait Islander staff, particularly from local communities | <ul style="list-style-type: none">• There is an increase in Aboriginal and Torres Strait Islander staff employed at TCHHS• Aboriginal and Torres Strait Islander staff are incentivised to stay working at TCHHS due to a range of factors including remuneration and development opportunities | <ul style="list-style-type: none">• Aboriginal and Torres Strait Islander workforce at TCHHS are supported at work, working to their full scope of practice, have development opportunities and meaningful input into the evaluation and design of services |

Monitoring and Evaluation

State-Prescribed First Nations Health Equity Key Performance Measures (Common Measures)

The First Nations Health Equity Key Performance Measures (KPM) are a legislative requirement under the HHB Regulation (2012). All Hospital and Health Services must provide an annual public report on the following set of common measures.

| # | State-prescribed common measures | Linked to TCHHS Priority Area | Baseline | Target 2025 |
|----|---|--|--|--|
| 1 | Decrease potentially avoidable deaths | TCHHS Priority Area 2: Increase access to healthcare services | 239.4 (2020 age standardised rate) | 220 (age standardised rate) |
| 2 | Increased the proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birth weights. Healthy Birth weight ≥ 2500 g | TCHHS Priority Area 4: Deliver sustainable, culturally safe and responsive healthcare services | 85.9% (2022-23) | 91% |
| 3 | A decreased rate and count of First Nations suicide deaths | TCHHS Priority Area 3: Influence the social, cultural and economic determinants of health | TBD (numbers are too small to report) | TBD |
| 4 | Increased proportion of First Nations Adult patients on the general care dental waitlist waiting for less than the clinically recommended time | TCHHS Priority Area 2: Increase access to healthcare services | 84.7% (2022-23) | 85% |
| 5 | Elective Surgery – increased proportion of First Nations patients treated within clinically recommended times | TCHHS Priority Area 2: Increase access to healthcare services | 100% | 100% |
| 6 | Specialist outpatients – decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment | Priority Area 4: Deliver sustainable, culturally safe and responsive healthcare services | No data on SPR, T&C is out of scope for this indicator | No data on SPR, T&C is out of scope for this indicator |
| 7 | Increased proportion of First Nations people receiving face-to-face community follow-up within 1 to 7 days of discharge from an acute mental health unit | Priority Area 3: Influence the social, cultural and economic determinants of health | No data on SPR, T&C is out of scope for this indicator | No data on SPR, T&C is out of scope for this indicator |
| 8 | Increased proportion of First Nations people completing advanced care planning | Priority Area 4: Deliver sustainable, culturally safe and responsive healthcare services | 40.9% (2022-23 Q1) | 45% |
| 9 | Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the First Nations population | Linked to: the TCHHS Aboriginal and Torres Strait Islander Health Worker; Health Practitioner Professional Governance and Workforce Strategy 2020 – 2025 and the TCHHS Workforce Strategy 2021-2026 | 21.0% (2022-23) | 44.5% |
| 10 | Increase the proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey) | Priority Area 1: Actively eliminating racial discrimination and institutional racism | TBD | TBD |
| 11 | Integrated care pathways - Increased proportion of care pathways in place for rural and remote First Nations patients with co-morbidities (rural and remote) | TCHHS Priority Area 2: Increase access to healthcare services | TBD | TBD |

Governance and Implementation

The different governance mechanisms that will monitor the progress of the TCHHS Health Equity Implementation Plan are shown below. Ongoing engagement with community is a core component of the monitoring of this Implementation Plan. It is expected that public updates on the progress of the TCHHS Health Equity Strategy will be made biannually and directed to community and staff at TCHHS and partner organisations.

| | Role |
|-----------------------------------|--|
| TCHHS Board | Monitoring progress |
| | Endorse recommendations as required that support progress |
| Executive Leadership Forum | Monitor progress |
| | Allocate resources to support implementation |
| | Provide access to indicators to monitor progress |
| Tier 4 Governance Committee | Monitor progress |
| | Provide updates to the Executive Leadership Forum |
| TCHHS Health Equity Working Group | Monitor progress |
| | Advise TCHHS on approaches to community engagement and communication |

The TCHHS Health Equity Strategy Project team, which consists of Aboriginal and/or Torres Strait Islander staff, will provide support in coordinating the above governance mechanisms, including the role of secretariat of the TCHHS Health Leadership Committee.

The TCHHS Health Equity Strategy will be reviewed every three years, with the first review expected to be completed by December 2025.

| Stakeholder | Level of involvement | | | |
|--|--------------------------|-------------------------|------------------------------|------------------------------------|
| | Developing this Strategy | Implementation planning | Involved in Service Delivery | HE Leadership Committee Membership |
| Aboriginal and/or Torres Strait Islander staff | X | | X | |
| Aboriginal and/or Torres Strait Islander health patients | X | | | |
| Aboriginal and/or Torres Strait Islander community members | X | | | |
| Traditional owners | X | | | |
| Chief Aboriginal and/or Torres Strait Islander Health Officer | X | X | | |
| Cairns and Hinterland Hospital and Health Service | X | X | X | X |
| Queensland Aboriginal and/or Torres Strait Islander Health Council | X | X | | |
| Health and Wellbeing Queensland | X | X | | |
| Apunipima Cape York Health Council | X | X | X | X |
| Northern Peninsula Area Family and Community Services | X | X | X | X |
| Torres Health Indigenous Corporation | X | X | X | X |
| Mookai Rose Bi-bayan | X | X | X | X |
| Wuchopperan Health Service | X | X | X | X |
| Royal Flying Doctors Service | X | X | X | X |
| Northern Queensland Primary Health Network | X | X | | X |
| TORCH | | X | | |

TCHHS Specific First Nations Health Equity Priority Areas

The indicators of success are measures underpinned by data that is currently available and able to be reported. Performance reports will be developed annually to monitor progress.

| TCHHS Priority Areas | TCHHS Specific Performance Measures | Baseline | Target |
|--|---|----------|--|
| Priority Area 1: Actively eliminating racial discrimination and institutional racism | PM1.1 Improvement in score for Institutional Racism from matrix | 29.5 | 140 |
| | PM1.2 Decrease in number of complaints of racial discrimination | TBD | TBD |
| Priority Area 2: Increase access to healthcare services | PM2.1 Improved outcomes for Aboriginal and Torres Strait Islander people across all areas | TBD | TBD |
| | PM2.2 Increased telehealth appointments | TBD | TBD |
| Priority Area 3: Influence the social, cultural and economic determinants of health | PM3.1 Increase in data sharing agreements with external stakeholders | TBD | 100% |
| | PM3.2 Increase in the number of SEWB health promotion activities undertaken or supported | TBD | TBD |
| Priority Area 4: Deliver sustainable, culturally safe and responsive healthcare services | PM4.1 Increase compliance for all staff in cultural capability training | 65% | 100% |
| | PM4.2 Increase in Aboriginal and Torres Strait Islander-led localised models of care trialled and implemented | TBD | TBD |
| | PM4.3 Increase in data sharing agreements with external stakeholder | TBD | TBD |
| | PM4.4 Continue to meet the state benchmark for First Nations DAMA | | |
| Priority Area 5: Work with Aboriginal and/or Torres Strait Islander people to design, deliver, monitor and review health services | PM5.1 Increase in Aboriginal and Torres Strait Islander community members engaged in decision-making and/or evaluations | TBD | 100% |
| | PM5.2 Increase in the number of formal and informal partnerships developed with other agencies and health care providers to deliver health prevention and health services to Aboriginal and Torres Strait Islander peoples | TBD | TBD |
| | PM5.3 Increase in data sharing agreements with external stakeholders | TBD | 100% |
| | PM5.4: Increase participation and meaningful engagement of the Consumer Advisory Committee (CAC) | | 4 Meeting p/a |
| Priority Area 6: Strengthen the Aboriginal and/or Torres Strait Islander Health workforce | PM6.1 Increase in formal leadership development and mentoring programs for Aboriginal and Torres Strait Islander staff | TBD | TBD |
| | PM6.2 Improvement in the Working for Queensland results for Aboriginal and Torres Strait Islander staff | | 50% |
| | PM6.3 Increase in Aboriginal and Torres Strait Islander Health Worker and Health Practitioners to work to their full scope of practice | | TBD |
| | PM6.4 Improved recruitment and retention rates for Aboriginal and Torres Strait Islander staff | | TBD |
| | PM6.5 Increase in Aboriginal and Torres Strait Islander staff in Leadership positions (inclusive of Executives, Directors, Managers) | 44.5% | Yr1 10-20% Yr2 20-30% Yr3 30-40% |

Glossary of terms

| | |
|------------------|--|
| ATSICCHOs | Aboriginal and/or Torres Strait Islander Community Controlled Health Organisations |
| CAC | Consumer Advisory Council |
| GP | General Practitioner |
| HHS | Hospital and Health Service |
| MBS | Medicare Benefits Schedule |
| PHCC | Primary Health Care Centre |
| PREMS | Patient Reported Experience Measures |
| RiskMan | Software that tracks and reports on incidents at TCHHS |
| SEIFA | Socio-Economic Indexes for Areas |
| TBC | To be completed |
| TCHHS | Torres and Cape Hospital and Health Service |

