

Torres and Cape HHS Health Service Investigation 2023 Terms of Reference

Purpose

The purpose of the Health Service Investigation is to investigate and report on matters relating to the administration, management and delivery of public sector health services provided by Torres and Cape Hospital and Health Services (TCHHS) to Aboriginal and Torres Strait Islander people in the TCHHS health service area, representing almost 70% of the total population.

Scope of Investigation

The Health Service Investigators are to investigate matters relating to the administration, management and delivery of public sector health services provided by TCHHS to the Aboriginal and Torres Strait Islander people by addressing the matters outlined under Parts A and B below.

Part A – Assessment of health services provided by TCHHS

Important instructions for conducting the assessments in Part A, Items A, B and C

Interpretation of the quantitative and qualitative data should be conducted within the context in which TCHHS operates and with regard to the indicator definition/s being used to conduct the investigation. Where possible, please report results separately, and respectively, for Aboriginal people and Torres Strait Islander people. Please ensure that external factors, such as (but not limited to) COVID-19, are considered in the interpretation and findings.

- A. Assess trends over the last 40 years (where quantitative or qualitative data is available) of the health status of Aboriginal and Torres Strait Islander people through examination of:
1. Life expectancy;
 2. Potentially avoidable deaths;
 3. Chronic disease prevalence;
 4. Potentially preventable hospitalisations;
 5. Social determinants;
 6. Other key health status indicators which include social and emotional wellbeing of consumers and the community.
- B. Assess trends over the last 40 years (where quantitative or qualitative data is available) of the quality of care (accessibility, timeliness, safety, patient centredness, effectiveness, cultural appropriateness, equitability) delivered by TCHHS to Aboriginal and Torres Strait Islander people through examination of:

1. Number and types of services provided (acute care, community, screening and other) measured against a baseline of the Primary Clinical Care Manual (PCCM) standard clinical guidelines;
 2. Number and types of chronic disease services provided (acute care, community, screening and other);
 3. Patient outcome indicators e.g. Hospital Standardised Mortality Ratios;
 4. Number of patient transfers;
 5. Patient experience / lived experience;
 6. Morbidity and mortality review activities;
 7. Other key quality of care indicators, information or activities, particularly relevant to this item B (above).
- C. Assess TCHHS 2022-23 performance against the TCHHS Service Agreement 2022-23 – 2024-25. Please ensure that the TCHHS service mandate, and requirements measured by statewide tools validated within Queensland Health, in line with the Queensland Health Performance and Accountability Framework (such as the System Performance Reporting domains and key performance indicators), are taken into consideration.
- D. Provide a comparison of TCHHS' performance to other comparable Hospitals' and Hospital and Health Services' performance (within Queensland and external to Queensland) where data is available, using the information obtained to investigate this Part A (Items A, B and C).
- E. Consider the quality, validity and completeness of information sourced for investigating this Part A (Items A, B, C and D). Please identify any issues or concerns about information quality and information sharing. Please also consider whether any disparity in the reporting of data identifies any inequity or deficits in reporting narratives.
- F. Using the information obtained for investigating this Part A, provide an opinion as to whether the approach to the delivery of care provided by TCHHS to Aboriginal and Torres Strait Islander people is fit for purpose and effective in primary health care.
- G. In consultation with key stakeholders, including those identified in section 5 of Attachment A, identify any strengths of the previous Torres and Cape Model/s of Care that are not captured within the current approach to service delivery, and provide an opinion about the benefits if these were to be implemented into the overall service delivery approach, as well as achievability (e.g. clinical screening for both acute and chronic conditions).

Part B – Aboriginal and Torres Strait Islander Cultural safety

- A. Assess the cultural safety of health services provided by TCHHS for Aboriginal and Torres Strait Islander employees and Aboriginal and Torres Strait Islander people receiving care. This should include a review of the datasets.
- 1 Health workforce data by workforce stream, including (a) workplace culture survey results (including Working for Queensland results) and (b) health workforce indicators (e.g. sick leave, staff turnover, professional development leave).
 - 2 The psychosocial wellbeing assessment currently being undertaken by the TCHHS to understand the lived experience of Aboriginal and Torres Strait Islander employees and presence of trauma.

- 3 The 2023 assessment of institutional racism (currently being undertaken using the Marrie Institutional Racism Matrix) comparing results from the 2017 assessment reported by Commissioner Kevin Cocks AM 'Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services.
- 4 The HHS's financial investment into Aboriginal and Torres Strait Islander Cultural Capability and structures to support cultural governance.
- 5 The application of policies, practices, initiatives or programs to support the participation, consultation and decision making of Aboriginal and Torres Strait Islander consumers, carers and their families in the management of health care provided and their effectiveness.
- 6 The application of policies, practices, initiatives or programs to support the participation, consultation and decision making of Aboriginal and Torres Strait Islander employees in the appropriate clinical service delivery and their efficacy.
- 7 The application of policies, conditions of employment, initiatives or programs to ensure the representativeness and relevant supports, including professional development of Aboriginal and Torres Strait Islander employees in the TCHHS (with reference to the recruitment project outcomes).
- 8 The accessibility, cultural safety and responsiveness of the service's complaint system including: (a) management of complaints alleging discrimination or racism by employees or members of the community (regarding any aspect of health service delivery); (b) instances of racism or discrimination experienced by Aboriginal and Torres Strait Islander employees of TCHHS; (c) management of complaints alleging discrimination or racism made to external bodies, for example, Queensland Human Rights Commission and the Office of the Health Ombudsman; and, if applicable, (d) any organisational impediments to employees or community members formally raising concerns about such behaviour.
- 9 The existence and effectiveness of any informal and formal partnerships with the community, other Cape York health care providers, including Aboriginal and Torres Strait Islander Community Controlled Organisations, non-government organisations or peak bodies representing Aboriginal and Torres Strait Islander people.

The Health Service Investigators are invited to make recommendations for improvement where relevant to the matters investigated in Part A and Part B and in doing so should have regard to the context of the local environment and the achievability of such recommendations.

Health Service Investigation Team

The membership of the Investigation team consists of four First Nations professionals with vast experience in health.