



Townsville  
Hospital  
and Health  
Service

# Engagement Protocol

*Between*

**Townsville Hospital and Health Service and  
Northern Queensland Primary Health Network**

**phn**  
NORTHERN QUEENSLAND  
An Australian Government Initiative



*Working together to improve health outcomes*

## Introduction

Townsville Hospital and Health Service (THHS) and Northern Queensland Primary Health Network (NQPHN), hereafter referred to as 'the Parties', have a shared responsibility for the health and wellbeing of Townsville and surrounding communities, including Ingham, Cardwell, Palm Island, Hughenden, Richmond, Charters Towers, Ayr, Home Hill, and Magnetic Island.

The Parties recognise the importance of effective coordination and integration between healthcare providers and share a joint desire to cooperate in the planning and delivery of healthcare services to meet community needs.

This Engagement Protocol (the Protocol) identifies the general framework in which the Parties will engage and work with each other to achieve shared objectives. It is not an exhaustive list of activities to be undertaken between the Parties but the basis of 'how we work together'. The Protocol will in this way support the development, implementation, and evaluation of a variety of activities between the Parties. Many of these will be identified within a supporting annual workplan.

This document is not a legal instrument. Nothing in this Protocol confers a partnership, agency, employment, or other relationship between the Parties. It has been designed to meet requirements within the National Health Reform Agreement (NHRA), *Hospital and Health Boards Act 2011*, Hospital and Health Boards Regulation 2012, and other applicable instruments.

## Purpose

The purpose of this Protocol is to:

- Promote cooperation between the Parties in the planning, delivery, and improvement of services
- Provide context and governance to joint initiatives to be developed and delivered by the Parties
- Facilitate the achievement of organisational objectives of both Parties
- Maximise opportunities to improve the health of Townsville and surrounding communities.

## Shared Objectives

The Parties will work together to progress initiatives that:

- Identify, analyse, and prioritise local health needs
- Undertake joint, aligned health service planning to respond to priority local health needs
- Proactively share information, data, and insights to support better service planning and delivery
- Improve communication between primary and secondary healthcare providers
- Link data and information systems between primary and secondary care
- Enhance service access, coordination, and integration across the health continuum
- Ensure the right care is delivered in the right place at the right time by the right people
- Design, pilot, embed and evaluate new models of service delivery that improve outcomes
- Improve the health outcomes of disadvantaged groups, including First Nations people
- Engage consumers and clinicians in the co-design of improved health service delivery
- Focus on prevention and early intervention and the reduction of avoidable hospital utilisation
- Support and develop the healthcare workforce across primary and secondary care settings
- Respond to the emergent needs identified by either Party which require coordinated action
- Align with national, state, and local strategies, policies, plans and other imperatives.



## Shared Principles

The Parties commit to:

- Regularly engage, communicate, and cooperate with each other
- Develop and deliver projects and other activities under a joint annual workplan
- Be jointly responsible for the development, delivery, and reporting of the joint annual workplan
- Not be limited to this workplan and work where practical with each other and other parties to address emergent issues and matters of common concern and interest as they arise
- Act and work together in good faith using best available evidence to reach consensus decisions based on the central principle of 'best for patient, best for system'
- Be open and transparent and provide requested information where possible to each other
- Not unreasonably delay any action that adversely impacts the achievement of shared objectives
- Take a 'whole-of-system view' in the design, delivery, and improvement of services by considering the holistic impacts of issues and opportunities
- Respect the independence and autonomy of the other Party as well as each Party's limitations
- Engage more broadly where beneficial to do so, such as with federal and state governments, other health providers, aged and disability care providers, the private sector, and the community.

## Commitment to Work Together

The Parties recognise close collaboration at multiple organisational levels is required to achieve the intent of this Protocol. At a minimum, the Parties commit to the following cooperative arrangements:

### Board Chair Meetings

- Quarterly meetings between the THHS and NQPHN Board Chairs (or nominee) to ensure regular dialogue, information sharing and cooperative action between the Parties at the strategic level.

### Chief Executive Meetings

- Monthly meetings between the THHS and NQPHN Chief Executives to ensure regular dialogue, information sharing and cooperative action between the Parties at the operational level.

### Partnership Meetings

- Quarterly meetings between THHS and NQPHN operational leadership to drive development, progression, and monitoring of the joint annual workplan and other cooperative actions that arise.

### Member Forums

- The NQPHN will hold two forums per year with its member organisations to facilitate cooperation between the broader membership of HHSs, other service providers, and professional bodies.

### Contact Person

- Each Party will nominate a contact person. This person will be responsible for coordinating their Party's effective involvement in the Protocol. The contacts will liaise and meet as needed.

### Annual Partnership Report

- The Parties will work together to prepare a report that identifies the activities delivered between the Parties during the period to support reporting, evaluation, and continuous improvement.

### Board Meeting Summaries

- A summary of the discussion and decisions made in each Party's board meeting will be made available to the other Party, subject to each Party's confidentiality and privacy obligations.

## Scope and Terms of Agreement

The Parties agree that:

- This Protocol provides official recognition of the intent to consolidate and foster a positive relationship between THHS and NQPHN which promotes cooperation in the planning and delivery of services.
- This Protocol does not create any legal relations between the Parties. However, the matters set out in this Protocol are agreed to in principle by the Parties.
- This Protocol does not override or preclude any existing or future contractual agreements between the Parties, such as the NQPHN Master Contract Terms or Program Schedules.
- The Protocol will commence on the date both parties have signed the document and shall continue for a period of three years unless earlier modified in accordance with this Protocol.
- Either Party may propose to vary the terms of the Protocol. Any variation will be subject to the written approval of both Parties. Such variations will become effective on the date agreed.
- The Protocol and any revisions will be published in such a way that is accessible to the public.
- The Protocol will be formally reviewed by the Parties within three years.

## General Considerations

- The Boards and Chief Executives of the Parties hold joint responsibility for the endorsement and any amendment to the Protocol. Chief Executives are accountable for implementation.
- Shared information marked as confidential or regarded as commercial in confidence, clinically confidential, or that has privacy implications, will be treated accordingly by either Party.
- Any content developed through joint initiatives under this Protocol should reflect the involvement of both Parties. This would include the use of both corporate logos on any documents.
- Media statements relating to joint initiatives will be agreed to by both Parties prior to issue.
- Matters on which there are divergent views will be addressed with goodwill and in a respectful and courteous manner. Direct, localised negotiation should be used in the first instance to resolve any issues. If this is not possible, the issue should be escalated to the Party's Board Chair. An independent mediator may be introduced if a matter is unable to be resolved after negotiation.
- Each Party will actively manage any perceived or real conflicts of interest in relation to the activities to be delivered under this Protocol.

## Implementation

- The joint annual workplan will be developed and published separate to this Protocol each year. It will include actions, owners, and performance indicators.
- The Protocol and supporting workplan will give effect to national and state strategies, policies, agreements, and standards, as well as the strategic priorities and plans of each Party.
- Each Party will support the delivery of this Protocol and associated joint annual workplan, including the provision of necessary staffing and other resourcing where viable to do so.
- Progress against this Protocol and supporting workplans will be monitored and reported. Reporting between the Parties and other key stakeholders will occur through respective governance processes and Better Health NQ. Public reporting will occur through existing mechanisms, such as media statements and the annual reports of each Party. Any public reporting will be agreed to by both parties prior to publication.

## Signatories to the protocol

**Signed – On file**

Endorsed by Townsville Hospital and Health Service

\_\_05\_\_/\_02\_\_/\_2024\_\_

**Signed – On file**

Endorsed by Northern Queensland Primary Health Network

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