



Metro North Health

# **Disability Services *Action Plan***

**2024 – 2029**

**Metro North  
Health**



**Queensland  
Government**

# Acknowledgement

Metro North Health respectfully acknowledges the Custodians of the land where our health services are located. We pay our respects to the Aboriginal and Torres Strait Islander Elders and valued persons, past, present, and future and recognise the strength and resilience that Aboriginal and Torres Strait Islander people and their ancestors have displayed in laying strong foundations for the generations that follow. For it is through building a joint understanding of land, water, and community that we work together to reduce health inequities. We recognise the contributions made throughout this plan by Aboriginal and Torres Strait Islander people with disability.

## *“Nothing about me, without me”*

### Recognising People with Disability

Metro North Health recognises the living and lived experience of people living with disabilities, their families, carers, and support people. We respect and value their opinions and their input into service delivery and change.

### Special Thanks

We would like to express our gratitude to the following people who have given their time, knowledge and wisdom to the development of the Metro North Health Disability Service Action Plan 2024-2029:

- Metro North Health Disability Services Plan Steering Committee Members
- Metro North Health Disability Services Plan Directorate Champions and Focus Group participants
- Queensland Disability Network
- Metro North Health Staff



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# Message from the Chief Executive

The Metro North Health Disability Services Action Plan 2024 – 2029 outlines our commitment to ensuring that all Queenslanders regardless of their abilities, have access to inclusive and appropriate healthcare.

Around one in every five Queenslanders has a disability, with almost a third of those having a profound or severe disability. Those with a disability report poorer general health and higher rates of psychological distress than people without a disability.

Disability is very diverse, encompassing intellectual, cognitive, neurological, sensory, physical, and psychosocial. A person's experience of having a disability also intersects with their age, sex, gender, gender identity, sexual orientation, intersex status, ethnic origin, or race.

The Disability Services Action Plan 2024 – 2029 takes into consideration that people with a disability not only experience challenges accessing healthcare services for their general health needs but that they often have additional healthcare requirements due to their disability.

A key aspect of the Plan has been the involvement of people with a disability, their families, the disability sector, and the broader community. Metro North are committed to co-design principles, ensuring we provide people with a disability the opportunity to be actively involved in decision making processes. It is vital that the Plan truly reflects the views and experiences of those living with a disability, “nothing about us without us”.

The Plan addresses five priority areas of: inclusion; accessibility; infrastructure; safety, rights, and respect; evidence, research, and data; and improved service delivery and is underpinned by Metro North Health's seven Compassionate Care Principles.

The Plan is a testament to Metro North's commitment to providing healthcare that is accessible, safe, and respectful to every individual, regardless of their abilities. It will not only transform the healthcare experience for individuals with disabilities but enrich our broader healthcare system. By removing barriers and promoting inclusivity we will create a more equitable and compassionate healthcare system for all.

I encourage all of us to embrace the Plan and its commitment to creating an environment where people with disabilities can lead lives that are brighter, healthier, and fulfilling.

**Adj. Prof. Jackie Hanson**

Chief Executive  
Metro North Health



# Introduction

Equitable access to healthcare and supportive work environments are a fundamental right for all individuals, regardless of their abilities or disabilities. The Metro North Health (Metro North) Disability Services Action Plan 2024-2029 (referred to as the Plan or the DSAP) is a comprehensive action plan that embodies our commitment to providing high-quality healthcare that is inclusive, accessible, responsive, and tailored to the unique needs of individuals with disabilities. Metro North aims to be an employer of choice for people with disabilities, providing an inclusive and supportive work environment.

This plan was created utilising a co-design methodology involving people with disabilities, their supporters, advocacy groups, and our dedicated healthcare professionals, including staff members who live with disabilities. It outlines our vision for a healthcare system that not only meets the health needs of our diverse community but also recognizes and respects the inherent worth and potential of each person, regardless of their abilities, whether they are accessing our services as patients or working as valued members of our staff.

As we embark on this journey to enhance disability services within our healthcare system, we invite you, whether as a person with a disability accessing our services or a staff member with a disability, to explore the Metro North Health Disability Services Action Plan 2024-2029. Together, we can ensure that every member of our community, regardless of their abilities, receives the healthcare they require, that is inclusive, compassionate, and committed to improving lives.

# Developing the Plan

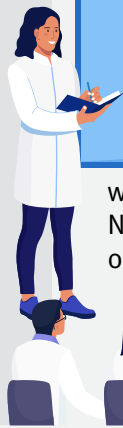
THE DISABILITY SERVICES PLAN  
STEERING COMMITTEE MET

# 8 TIMES

BETWEEN APRIL &  
NOVEMBER 2023



THERE ARE  
**FIVE** DSAP  
PRIORITY  
AREAS AND  
**TEN**  
TARGET  
AREAS



# 7 FOCUS GROUPS

were held across each Metro  
North Directorate with a total  
of 26 participants

There were **SEVEN** detailed  
discussion topics presented to the  
Steering Committee



# 50%

of the Steering Committee  
Membership were people  
with a lived experience  
of disability

ACTIONS RAISED BY STEERING COMMITTEE  
MEMBERS AND STAKEHOLDERS WERE  
COLLATED AND USED TO FORMULATE THE  
DISABILITY SERVICES ACTION PLAN

## MARCH/APRIL 2023

EOI for Steering Committee membership  
was distributed with 7 people recruited

## 17 APRIL 2023

Department of Health Disability Services  
Plan 2022-2024 released

## 26 APRIL 2023

First Metro North Disability Services Plan  
Steering Committee Meeting

## 13 JUNE 2023

Expression of Interest for Metro North  
Disability Services Plan Directorate  
Champions

## 23 AUGUST 2023

Metro North DSAP Priority Areas  
presented to Steering Committee

## 24 AUGUST 2023

Directorate Focus Groups Commenced

## 27 SEPTEMBER 2023

Metro North DSAP Implementation Plan  
presented to Steering Committee

## 25 OCTOBER 2023

Final Draft Metro North DSAP distributed  
to Steering Committee members,  
Directorate champions and key  
stakeholders

## 1 DECEMBER 2023

Metro North DSAP presented to  
Operational Leadership Team

## 30 JANUARY 2024

Presentation to the Metro North Board  
members for Endorsement

**Co-Design Methodology and Principles were used to develop and design the Metro North Disability Services Action Plan 2024-2029.**



**Metro North Steering Committee detailed discussion topics included:**

- ✓ Improved Service Delivery, physical access, telehealth – Community Oral Health Nurse Navigator Disability
- ✓ Restrictive Practices – Behavioural Emergency Response Team
- ✓ Accessibility and Inclusion – Metro North Disability Advisory Team
- ✓ Data, Evidence and Research – Metro North Disability Advisory Team
- ✓ Psychosocial Disability – Metro North Mental Health
- ✓ Metro North Sustainable Assets and Infrastructure – Clinical Engagement and Operational Commissioning
- ✓ Disaster Preparedness – Emergency Management & Business Continuity

**Steering Committee Membership:**

- 12 members
- 3 staff members with a lived experience of disability
- 1 staff member with a lived experience of disability who also identifies as Aboriginal and Torres Strait Islander
- 3 consumer representatives
- 1 representative from Queensland Disability Network
- 2 clinical staff members
- 3 executive staff members



# A Message about Language

The Metro North Disability Services Plan aims to be inclusive of all people with disabilities. Throughout this plan we will use the language of “people with disabilities”. In Australia both person-first (person with a disability) and identity-first (autistic person) language are used to refer to people with disabilities. Some people may have strong preferences as to the language they prefer whilst others may not. It is always best to ask the person you are working with if they have a preferred language and respect their choices.

*“If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.”*

– NELSON MANDELA

## ASK ME...

**HOW WOULD YOU LIKE ME TO REFER TO YOUR DISABILITY?**

**WHAT LANGUAGE DO YOU PREFER?**



# Queensland and disabilities

## Australia's Unemployment Rate

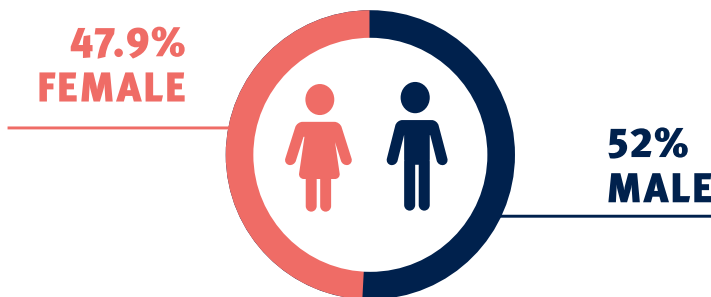


Reference: The South Australian Centre for Economic Studies. (2021). Disability Employment Landscape Research Report. Disability and Carer Reform Branch, Department of Social Services. Disability Employment Landscape Research Report | Department of Social Services, Australian Government (dss.gov.au)

# 306,400\*

**QUEENSLANDERS  
HAVE A PROFOUND  
OR SEVERE DISABILITY**

# 19.1% OF QUEENSLANDERS HAVE A DISABILITY\*



# 5.4%#

**OF NDIS  
PARTICIPANTS  
IN QLD ARE FROM  
CULTURALLY AND  
LINGUISTICALLY  
DIVERSE  
BACKGROUNDS**

# 9.6%

of NDIS participants in Queensland identify as Aboriginal and Torres Strait Islander<sup>‡</sup>



# 11 PERCENT

of Queenslanders with disability were born in non-English speaking countries<sup>‡</sup>

# 10.9%

**OF QUEENSLANDERS  
ARE CARERS\***

\*Reference: Australian Bureau of Statistics. (2018). Disability, Ageing and Carers, Australia: Summary of Findings. ABS. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>.

<sup>‡</sup> Reference: Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships. (2021). Queensland's Disability Plan: Together, a better Queensland 2022-2027. Queensland Government. Queensland's Disability Plan 2022-27 - Queensland's Disability Plan (dcssds.qld.gov.au)

# 37%

of active NDIS  
participants in Qld  
have a primary  
disability of AUTISM

# 14%

have a primary  
disability of  
INTELLECTUAL  
DISABILITY

# 12%

have a primary  
disability of  
DEVELOPMENTAL  
DELAY



APPROX

# 130,000<sup>†</sup>

QUEENSLANDERS

are active NDIS  
participants with  
approved plans

## Metro North Health

Population approx. 1,025,866



OF PEOPLE  
RECEIVING HEALTH  
SERVICES FROM METRO  
NORTH IDENTIFY AS  
HAVING A DISABILITY

Reference: Metro North Health. (2022). Patient  
Reported Experience Measure. Queensland Health.

Approx



# 38,000 ACTIVE NDIS PARTICIPANTS<sup>†</sup>

in Brisbane/Caboolture  
districts



# 2.23%

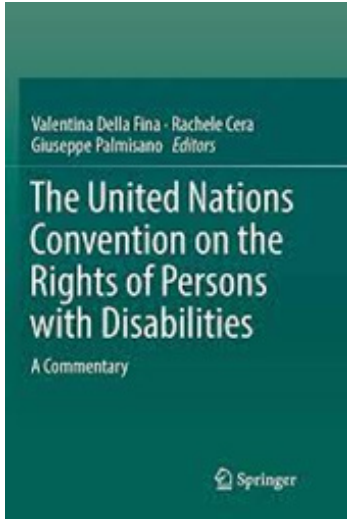
Metro North Health  
Workforce who identify as  
living with a disability

Reference: Metro North Health. (2023). Have  
your Say Staff Survey. Queensland Health.

<sup>†</sup> Reference: NDIS. (2023). Queensland Quarterly Performance Dashboard. NDIS. Archived quarterly reports 2022-23 | NDIS

# Context

## International Policy Alignment



### **The UN Convention on the Rights of Persons with Disabilities**

The UN Convention on the Rights of Persons with Disabilities is an international treaty that aims to promote and protect the rights and dignity of people with disabilities. It emphasizes non-discrimination, accessibility, and full inclusion in all aspects of life, recognizing the importance of equal opportunities for individuals with disabilities.

## National policy alignment



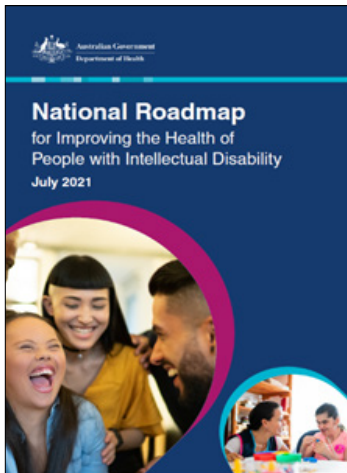
### **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2019-2023**

The Royal Commission into violence, abuse, neglect, and exploitation of people with disability was established in April 2019 due to concerns about the mistreatment of individuals with disabilities. In October 2023, a final report with 222 recommendations was released, marking a significant effort to address these issues and promote a more inclusive society.



### **Australia's Disability Strategy 2021-2031**

Australia's Disability Strategy 2021-2031 is a comprehensive national framework committed to improving the lives of people with disabilities. It focuses on four pillars: rights, voice, choice, and inclusion, aiming to ensure their rights, meaningful participation, choices, and inclusion in society. Collaboration across sectors is emphasized to create a more inclusive environment and enhance their overall quality of life.



### **The National Roadmap for Improving the Health of People with Intellectual Disability**

The National Roadmap for improving the health of people with intellectual disability in Australia is a comprehensive strategy addressing healthcare disparities for this population. It emphasizes inclusive healthcare practices, improved access to services, and collaboration among stakeholders for equitable healthcare outcomes.

## **Queensland Disability Policy Alignment**



### **Queensland's Disability Plan 2022-27 (Together, a better Queensland)**

The Queensland Disability Plan 2022-27 is a strategic framework guiding initiatives for individuals with disabilities in Queensland, emphasizing inclusion and opportunities. Over the next five years, it aims to improve accessibility, employment, education, and community participation, fostering inclusivity and quality of life. Collaboration among various stakeholders is key to creating an equitable and accessible environment.

## **Department of Health (Queensland) Policy Alignment**



### **Department of Health Disability Service Plan 2022-2024**

The Department of Health Disability Service Plan 2022-2024 in Queensland outlines a commitment to equitable healthcare and employment for individuals with disabilities. It emphasizes inclusivity, quality of care, and collaboration with various stakeholders to meet the specific needs of this community. This plan informs the Metro North Health Disability Services Action Plan, reinforcing inclusive healthcare practices.



# Metro North Disability Services Action Plan Definitions

Metro North DSAP adopts the following definitions.

**Disability:**

Those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

(Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). Executive Summary, Our vision for an inclusion Australia and Recommendations.)

**Supporters:**

A Supporter of a person with a disability includes families, carers and support people who provide care and support to a person with a disability.

# Metro North Disability Services Action Plan Principles

## Adjustment

Adjustments play a crucial role in ensuring equitable access to healthcare services for people with disabilities and creating an inclusive work environment for employees with disabilities. For individuals seeking healthcare, Adjustments encompass modifications and accommodations that remove barriers to access, such as providing sign language interpreters, accessible facilities, or alternative communication methods. These adjustments aim to ensure that people with disabilities can receive appropriate care without discrimination. In the healthcare workforce, Adjustments involve adapting the work environment and job responsibilities to accommodate the needs of employees with disabilities. This may include providing assistive technology, flexible work hours, accessible training materials, or fostering a workplace that values diversity and allows healthcare workers with disabilities to contribute their skills and expertise optimally. Adjustments are essential in both healthcare access and employment settings to promote inclusivity, respect human rights, and enhance the quality of care and employment experiences for people with disabilities.

## Compassion

Compassion is the cornerstone of providing effective and empathetic care to people with disabilities, fostering a deeper understanding of their unique needs and experiences. The Plan is guided by the Metro North Compassionate Care Principles which identifies seven core principles of compassionate care. Metro North is committed to enabling a safe and compassionate care environment through embedding the principles of compassionate care into practice utilising the principles outlined below:

- Principle 1: Flexible visiting hours across Metro North inpatient facilities.
- Principle 2: Care in the right setting according to patient wishes.
- Principle 3: Timely communication and reporting.
- Principle 4: Co-designed care.
- Principle 5: Good navigation and knowledge sharing.
- Principle 6: Patient centred holistic care.
- Principle 7: True and adequate informed consent.

*Metro North is committed to enabling a safe and compassionate care environment through embedding the principles of compassionate care into practice.*



## Human Rights

Human rights are universal principles, applying to all individuals regardless of their abilities or disabilities. When it comes to people with disabilities, upholding these rights is paramount. It means recognizing and respecting their inherent dignity, ensuring their equal participation in society, and eliminating any discrimination or stigma they may face. In the context of this Plan, the human rights of people with disabilities includes their right to quality healthcare, employment opportunities, and full participation in community life. We promote the human rights of people with disabilities when we actively facilitate their autonomy in decision-making, respect their choices, and provide support to enable them to exercise their rights to the fullest. In essence, human rights for people with disabilities entail a commitment to inclusivity, equality, and the removal of barriers that might impede their full enjoyment of these fundamental rights. Metro North is committed to respecting, protecting, and promoting the human rights of people with disability in their interaction with the health system.

*“Human rights for people with disabilities entail a commitment to inclusivity, equality, and the removal of barriers that might impede their full enjoyment of these fundamental rights.”*

## Co-Design Principles

Co-design practices are essential when working with people with disabilities as they uphold the core values of inclusivity, empowerment, and collaboration. Co-design involves actively involving individuals with disabilities in the planning, development, and evaluation of services, policies, or products that directly affect their lives. It values their lived experiences and expertise, ensuring that their voices are not only heard but actively integrated into decision-making processes. This approach fosters a sense of ownership and agency among people with disabilities, promoting solutions that are tailored to their specific needs and preferences. Co-design principles prioritize empathy, open communication, and mutual respect, ultimately resulting in more effective, inclusive, and person-centered outcomes that enhance the quality of life for individuals with disabilities.

## Universal Design

Universal design is a design approach that aims to create products, environments, and systems accessible and usable by everyone, regardless of age, ability, or status. The seven principles of universal design guide this philosophy: equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and size and space for approach and use. By integrating these principles, the design ensures inclusivity, accommodating diverse needs and preferences, promoting independence, safety, and equal opportunities for all individuals within a space or while interacting with a product or service. This approach emphasizes not just meeting the needs of people with disabilities but embracing the inherent diversity of all users.



# Our patients, staff and supporters

## BARBARA'S STORY

Barbara has consented to this story being shared as an opportunity for health services to learn from her experience.

Barbara is a 57-year-old woman with Intellectual Disability, Anxiety and Obsessive Compulsive Disorder. She is ambulatory and communicates with gestures and vocalisations. In January 2021, Barbara presented to a Metro North ED with lower back pain. She was discharged that day. Between then and May that year, Barbara presented to a Metro North ED a further six times with severe pain, only to result in being sent home following presentation or after short hospital admissions. Barbara was admitted to a Metro North hospital in May and in July she was transferred to the RBWH for management of renal failure where it was identified that Barbara also had a right fractured neck of femur – which is suspected to have been the original cause of the pain. Barbara underwent a right total hip replacement in August. While still in hospital, a fracture was also found in Barbara's left hip, and she then underwent a left hemiarthroplasty. During this time, Barbara developed a pressure area on her right ear and required two incision and drainage procedures (Barbara has tendencies due to her intellectual impairment to rub parts of her body increasing her risk of pressure areas). Barbara was discharged in February 2022 after a 238-day admission. In a community follow up visit a week later, it was discovered that equipment and home environment recommendations made in earlier admissions had not been instituted and changes to medications made in hospital were causing concerns.

**BARBARA WAS UNABLE TO COMMUNICATE CLEARLY WHAT SHE WAS EXPERIENCING. HEALTH PROFESSIONALS NEED TO LISTEN TO WHAT IS NOT BEING SAID WHEN WORKING WITH PEOPLE WITH DISABILITIES AND TAKE THE TIME NEEDED TO FULLY EXPLORE THE CAUSE OF THE PRESENTATION.**

**ALL BEHAVIOUR IS COMMUNICATION.**



# DOUGIE'S STORY

***"I JUST WANT TO  
SEAMLESSLY BLEND  
IN, BE VALUED AND  
GO HOME HAPPY"***



When I was a kid and we'd go to a BBQ if my dad was asked "Oh which kid is yours" my Dad's response was "Oh he's the funny looking kid over there". So, if it's from one own family's brutal honesty or just harsh societal reality, people with a disability know they are different, as I always have. I've got a unique position in Metro North of being a valued employee (yes that is how I feel) and regularly being one of its patients. On my first day of work here and just like everyone else before me, I was so excited and optimistic about my own potential within such a big organisation. Months into my tenure (currently 13 years) if I was asked how the new job was I'd say "great when I'm not getting confused as a patient". I think what I've always wanted from a workplace, and I currently have but initially struggled to get, was to seamlessly blend in, be valued and go home happy. Too be honest I think people with disabilities confused some organisation of how to seamlessly integrate someone with a complex disability into the workplace and it isn't an easy or black and white issue. I definitely know it's complex (as does everyone with a disability as they live it every day)

as every time I come to hospital, I have 4 or 5 other doctors wanting to view my X-rays and ask me questions as "they've never seen a case like this". In a workplace I want the opposite as you want to seamlessly blend in with no fuss but still be of value. I think the biggest steps forward in this space has been that some systems are now in place and it's not as much of a struggle to get things done and the corporate language has changed in this space as well. All of these areas have improved since I started, as I do feel at home in my team, and I know the work we do is valued.

# MICHELLE'S STORY

When you have a child with profound intellectual and multiple disabilities, life is already very complicated! Daelle is 24, and is a happy, loving person, a talented artist and valuable member of the community. Daelle has a genetic brain malformation called lissencephaly. For her, this caused profound intellectual disability, severe cerebral palsy, and refractory epilepsy, among other health issues. She is moving gradually to living independently in her own unit which is downstairs from our place. Daelle has a lot of amazing support workers (her 'executive assistants'!) who work with us to make a life full of fun and meaning. She also often participates in discussions about disability at special events, conferences, and other meetings.

Daelle is non-verbal and is not able to communicate about her own health care decisions. She relies on other people to do all the things she needs to do to stay safe and alive, she uses a wheelchair that a supporter needs to drive, and she needs someone to be with her all the time because she has severe seizures. Daelle is a health system frequent flyer!

When someone needs a lot of health care, and they are also not able to make decisions without support, it is difficult to fit into the health system. We have experienced three main problems.

1. The health environment is not designed for someone with complex disabilities. Daelle uses a big electric wheelchair which is often reclined due to her seizures. There aren't many waiting rooms that we fit in easily, and lots of simple things like getting through heavy doors, what to do with a wheelchair if you are on a ward, or how to cope with arriving at hospital in an ambulance without a wheelchair can make a difficult time in hospital even harder. There are also not many Changing Places, even in hospitals, and 'disabled toilets' are not really accessible for someone who doesn't transfer to a toilet.

2. Moving from children's health services to the adult health services was a very difficult transition. Even at age 24 Daelle has still not completely transitioned. Daelle and our family can easily become "lost in the system". Moving from Children's services to adult services resulted in Daelle dropping off referral lists and losing access to specialist services. Her health information does not transition across health data systems and there was no longer someone coordinating Daelle's complex care.

3. The health system is not set up to deal with someone who can't talk on the phone, receive an email, or sign a form (that is, an adult who has an appointed decision maker). I have been asked to "put Daelle on the phone", we have lost our place in clinics because a physical letter went astray and have been told that Daelle couldn't have a parent with her on the ward. We really need Daelle's health care to be as easy as possible for us all to access and deal with as a decision-making team.

These issues are complex and are just one family's experience of the sorts of problems and situations people living with complex disabilities face when accessing health care. Perhaps the most important thing is to treat people with disabilities with dignity, to think about what services, experiences, and environments are like for people with all kinds of disabilities, and to listen to people with disabilities, their supporters, and allies.



# Metro North Disability Services Action Plan

## 1. INCLUSION

**Goal Statement:** Metro North Health aims to create a diverse and inclusive workplace that provides equal opportunities and supports and harnesses the unique talents and perspectives of employees with disabilities.



## 1.1 Target Area: Workforce

**What we heard:** That people with disabilities need to feel safe and supported in the workplace with increased employment opportunities that support their progression and career development

Actions		Responsible Owner	
1.1.1	Include people with disability as a priority group in the Metro North Diversity, Equity and Inclusion plan.	People & Culture	
1.1.2	Engage and promote an independent recruitment audit completed by National Disability Recruitment Coordinator to examine current Metro North recruitment strategies for people with disabilities and implement recommendations.	People & Culture	
1.1.3	Develop and implement Adjustment training package.	People & Culture	
1.1.4	Implement lived experience roles into all Metro North directorates.	Metro North Disability Advisory Team in collaboration with Directorates	
1.1.5	Creation of an Education2Employment University pathway to employment, with focus on persons with disability. (2.4 Metro North Strategic Workforce Plan 2020 – 2025)	People & Culture in collaboration with Directorates	
1.1.6	Promote careers in health through collaboration with High Schools, Vocational Education and Training (VET) and Universities to attract all people with disability including Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse people. (2.3, 2.4, 2.6 Metro North Strategic Workforce Plan 2020 – 2025).	People & Culture in collaboration with Directorates	
Key Performance Indicators		Due	Responsible Owner
KPI 1	Metro North to meet employment targets of 3-5% by 2026 and aspire to meet employment target of 6-8% by 2029.	Annually	People & Culture
KPI 2	Completion of a National Disability Recruitment Coordinator recruitment audit.	June 2025	People & Culture
KPI 3	Implementation of National Disability Recruitment Coordinator audit recommendations.	June 2029	People & Culture in collaboration with Directorates
KPI 4	Metro North Health to utilise Department of Child Safety, Seniors and Disability Services ‘Employee Assistance Funding’ to support adjustment to facilitate staff employment.	June 2027	People & Culture in collaboration with Directorates
KPI 5	Directorates to employ at least one Disability Lived Experience role.	June 2029	Directorates
KPI 6	Achieve 85% staff retention rate of people with disabilities 12 months from commencement.	Annually	People & Culture
KPI 7	Implementation of a Metro North Disability intranet page for staff with disabilities.	June 2024	People & Culture in collaboration with Metro North Disability Advisory Team

*“Disability is one of the greatest bridges to inclusivity. Disability knows no boundaries between race, culture, religion, gender or economic status.”* RICK HANSEN

## 2. ACCESSIBILITY

**Goal Statement:** To embed a culture of innovative practice, fostering co-design methodologies, to improve healthcare service provision and accessibility for all people with disabilities and their supporters.

### 2.1 Target Area: Assistive Technology

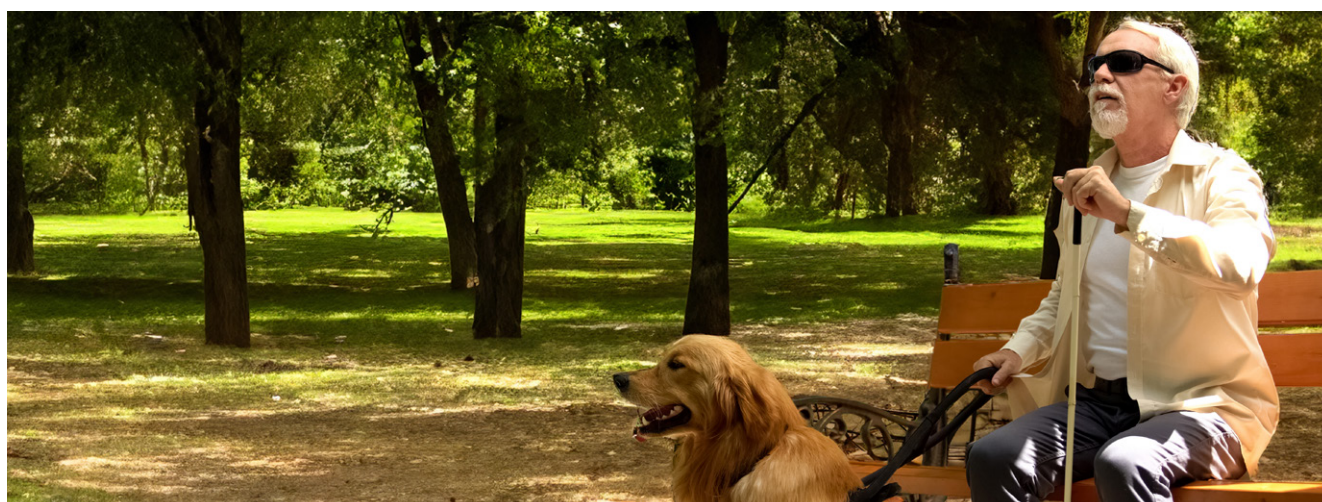
**What we heard:** People with disabilities want new and innovative ways to engage in healthcare that better suits their individual needs.

Actions		Responsible Owner	
2.1.1	Ensure Metro North facility signage is accessible and appropriate for people with disabilities aligning with Qld Health Way Finding Guidelines.	Metro North Sustainable Assets and Infrastructure in collaboration with Directorates	
2.1.2	Implement easy to use and efficient navigation or way finding systems in Metro North facilities.	Metro North Sustainable Assets and Infrastructure in collaboration with Directorates	
2.1.3	People with a disability will be offered alternative communication and appointment methods such as telehealth or attending via telehealth from a facility closer to their home, when receiving communication or attending appointments within Metro North.	Directorates	
2.1.4	Long range systems (LRS) (pager/buzzer) will be implemented across all Metro North facility emergency departments and outpatient settings to support people with disabilities to access low stimulus environments while waiting for appointments or treatment.	Metro North Disability Advisory Team in collaboration with Directorates	
2.1.5	New patient facing publications/information are developed utilising co-design methodology as well as published in multiple media formats and languages e.g. Easy English, video.	Metro North Engage in collaboration with Directorates	
Key Performance Indicators		Due	Responsible owner
KPI 1	Undertake an audit of current health facility signage, provide recommendations and take action to ensure compliance to accessibility requirements.	June 2025	Metro North Sustainable Assets and Infrastructure in collaboration with Directorates
KPI 2	Metro North will explore alternative navigation or way finding systems to support people with disabilities and their supporters to get around health facilities (such as Bindi Maps).	June 2025	Metro North Sustainable Assets and Infrastructure
KPI 3	Procurement of Long Range Systems for Metro North and development of implementation plan across Metro North facilities.	June 2024	Metro North Disability Advisory Team
KPI 4	Implementation of Long Range Systems in emergency departments and outpatient settings across all Metro North facilities.	December 2024	Directorates
KPI 5	Increasing number of patients with a disability accessing Telehealth services annually.	Annually	Telehealth in collaboration with Virtual Care Team

## 2.2 Target Area: Language and Communication

**What we heard:** People with disabilities need information that is accessible and easy to read to better understand and access health information

Actions		Responsible Owner	
2.2.1	Develop a Metro North Disability internet page for people with disabilities to better access Metro North health services that will include (but not limited to): <ul style="list-style-type: none"><li>• Adult changing facility locations</li><li>• Parking / transport options</li><li>• Telehealth and other accessible options</li><li>• Accessible Feedback / compliments / complaints</li><li>• Links to way to go platforms etc</li></ul>	Metro North Disability Advisory Team	
2.2.2	New and reviewed patient facing publications/information are developed utilising co-design methodology.	Directorates in collaboration with Metro North Engage	
2.2.3	Promotion and utilisation of Public Sector Commission “Inclusive communications and campaigns” guidelines to ensure Metro North staff are aware and utilising accessible information templates to publish health information.	Metro North Communications	
2.2.4	Metro North staff signature blocks are fully accessible to people with disabilities.	Metro North Communications	
2.2.5	Where people with a disability have communication aids such as Julian’s Key, these will be utilised and incorporated into their treatment and care by Metro North Health staff.	Directorates	
Key Performance Indicators		Due	Responsible owner
KPI 1	Develop, publish and monitor access to the Metro North Disability Internet website.	June 2024	Metro North Disability Advisory Team
KPI 2	Update Metro North staff signature blocks to comply with Digital Accessibility Standards.	December 2024	Metro North Communications
KPI 3	Implementation and development of a communication guideline for all patient facing information.	June 2025	Metro North Communications
KPI 4	All new or reviewed publications for people with disabilities involved co-design as per NSQHS Standard 2: Partnering with Consumers.	Annually	Chair Standard 2 Committee, Directorates



## 2.3 Target Area: Infrastructure

**What we heard:** That health centres/facilities need to be physically accessible and inclusive environments for all people with disabilities.

Actions		Responsible Owner	
2.3.1	All Metro North facilities will have an accessible adult changing place which is eligible for accreditation through Changing Places Transforming Lives and includes clear and easily identifiable signage to support access.	Metro North Sustainable Assets and Infrastructure	
2.3.2	Metro North building design and infrastructure is compliant with legislative requirements to ensure they are accessible and inclusive health facilities.	Metro North Sustainable Assets and Infrastructure	
2.3.3	Metro North has an effective process to manage, and where necessary, escalate and address concerns regarding infrastructure accessibility for, and inclusion of people with disabilities.	Metro North Sustainable Assets and Infrastructure in collaboration with Directorates	
2.3.4	All infrastructure design committees embed co-design methodologies in planning and development stages of new and existing health infrastructure.	Metro North Sustainable Assets and Infrastructure	
2.3.5	Each facility within Metro North will design and implement a robust room that supports safe care using minimal restrictive practices for people with complex and challenging behaviours.	Metro North Sustainable Assets and Infrastructure	
Key Performance Indicators		Due	Responsible owner
KPI 1	Metro North will develop a procedure for accessible adult changing places to support their standardised use.	June 2024	Metro North Disability Advisory Team
KPI 2	Each Metro North facility with an adult changing places facility provides clear and accessible signage.	Annually	Directorates in collaboration with Metro North Sustainable Assets and Infrastructure
KPI 3	A Metro North priority escalation pathway is developed and implemented to provide clear reporting and resolution of inaccessible environments within Metro North facilities.	June 2025	Metro North Sustainable Assets and Infrastructure in collaboration with Directorate Facility Manager
KPI 4	All Metro North Sustainable Assets and Infrastructure planning and development committees include a person with disability and /or carer representative.	June 2024	Metro North Sustainable Assets and Infrastructure
KPI 5	Each Metro North facility contains a robust room for provision of safe care using minimal restrictive practices for people with complex needs and challenging behaviours.	June 2029	Directorates in collaboration with Metro North Sustainable Assets and Infrastructure
KPI 6	Metro North Sustainable Assets and Infrastructure will allocate funding annually to address existing facility refurbishments to align with accessible legislative requirements.	Annually	Metro North Sustainable Assets and Infrastructure



### 3. SAFETY, RIGHTS AND RESPECT

**Goal Statement:** Create a culture of safety for all people with disabilities within our health care services that ensure rights are upheld and are always treated with respect.

#### 3.1 Target Area: Safety

**What we heard:** That people with disabilities are vulnerable to stigma and discrimination within our health care settings.

Actions		Responsible Owner	
3.1.1.	All Metro North staff will attend requisite Disability Awareness training.	Metro North Disability Advisory Team	
3.1.2.	Metro North orientation will promote inclusion of people with disability through inclusion of stories from people with a lived experience such as an employee, consumer and / or supporter.	People & Culture	
3.1.3.	Metro North staff working with people who have disabilities and complex and challenging behaviours will attend specialised training to facilitate improved knowledge and expertise in caring for and supporting these people.	Metro North Behavioural Emergency Response Team	
3.1.4.	With respect to the use of least restrictive practices in health care, Metro North will develop, implement and evaluate best practice using contemporary standards through awareness raising, implementing new practices, evaluation and monitoring. (As per Standard 5.34 of the NSQHS).	Directorates in collaboration with Metro North Clinical Governance and Behavioural Emergency Response Team	
3.1.5.	Maintain and develop connections with external agencies to ensure the safety of people with disabilities during disaster planning and execution.	Emergency Management and Business Continuity	
Key Performance Indicators		Due	Responsible owner
KPI 1	85% of Metro North staff will complete requisite disability awareness training.	June 2026	People and Culture
KPI 2	Inclusion of disability promotion material in Metro North orientation.	December 2024	Metro North Disability Advisory Team in collaboration with People & Culture
KPI 3	All Metro North staff working with people who have disabilities and complex and challenging behaviours will attend specialised training.	June 2024	Behavioural Emergency Response Team
KPI 4	Define best practice and contemporary standards for least restrictive practices in health care, for people who have disabilities with complex and challenging behaviours.	June 2027	Behavioural Emergency Response Team in collaboration with Metro North Clinical Governance
KPI 5	Develop and implement a reporting, documenting, and monitoring process for the use of restrictive practices.	December 2024	Metro North Clinical Governance

### 3.2 Target Area: Rights

**What we heard:** That people with disabilities want services that respect their rights to equal health care and assist them in supportive decision making

Actions			Responsible Owner
3.2.1	Metro North employs disabilities rights advisors to support and advise people with disability on healthcare rights whilst in hospital.		Directorates
3.2.2	Metro North staff understand and apply supportive decision-making frameworks to ensure the rights of people with disabilities are upheld with respect to decision making.		Metro North QCAT team in collaboration with directorates
3.2.3	Metro North supports and promotes the inclusion of families, carers and supporters in the treatment and care of people with disabilities with their consent.		Metro North Disability Advisory Team in collaboration with Metro North Communications and Directorates
Key Performance Indicators		Due	Responsible owner
KPI 1	Each Directorate to engage a disability rights advisor to advise people with disabilities on their healthcare rights.	June 2028	Directorates
KPI 2	Development and implementation of a training package and tool kit to support staff in applying supportive decision-making frameworks.	June 2025	Metro North QCAT team
KPI 3	Design and display promotional materials, targeted at people with disabilities and their supporters, to promote supporter inclusion in the treatment and care of people with disabilities with consent.	June 2026	Metro North Design in collaboration with Metro North Disability Advisory Team and Directorates



### 3.3 Target Area: Respect

**What we heard:** That people with disability want to be respected and accepted for who they are and what they can offer.

Actions		Responsible Owner	
3.3.1	Metro North celebrate people with disabilities through promoting key events across the organisation.	People & Culture	
3.3.2	Staff and Consumer Disability Awareness Profiles are displayed throughout Metro North to raise awareness and support for people with disabilities within our health settings.	People & Culture in collaboration with Metro North Disability Advisory Team and Metro North Communications	
3.3.3	Metro North embeds culture change through the implementation of the Restorative Frameworks.	People & Culture in collaboration with Directorates	
Key Performance Indicators		Due	Responsible owner
KPI 1	Metro North celebrates and promotes key disability events for the following: <ul style="list-style-type: none"> <li>• Neurodiversity Celebration Week</li> <li>• Global Accessibility Awareness Week</li> <li>• World Mental Health Day</li> <li>• International Day of Persons with Disabilities.</li> </ul>	Annually	People & Culture
KPI 2	Develop profiles of staff and consumers with disabilities to participate in social media and visual displays showcasing inclusion and respect for people with disabilities.	December 2025	People & Culture in collaboration with Metro North Disability Advisory Team and Metro North Communications
KPI 3	Metro North to complete feasibility project to scope Metro North wide implementation of Restorative Frameworks.	June 2029	People & Culture in collaboration with Directorates

*“I was slightly brain damaged at birth, and I want people like me to see that they shouldn’t let a disability get in the way. I want to raise awareness – I want to turn my disability into ability”*

SUSAN BOYLE

## 4. EVIDENCE, RESEARCH AND DATA

**Goal Statement:** Metro North will ensure that health care practices across our health settings are clear, consistent, and transparent ensuring that only meaningful and relevant information is collected to support confidential engagement in healthcare and is evidenced based to improve the overall experiences of all people with disabilities, and their supporters.



### 4.1 Target Area: Data Collection

**What we heard:** People with disabilities want data collected about them to be accurate, meaningful, and useful that supports easier access to health services.

Actions		Responsible Owner	
4.1.1	Metro North records patient and supporter disability status utilising hospital information systems and sensitive enquiry.	Metro North Information Technology in collaboration with Directorates and Metro North Disability Advisory Team	
4.1.2	Metro North reports data trends and undertakes analysis to support improved service delivery.	Metro North Disability Advisory Team	
4.1.3	Metro North offers an accessible feedback portal for people with disabilities and or their supporters to provide compliments or complaints.	Metro North Disability Advisory Team	
Key Performance Indicators		Due	Responsible owner
KPI 1	Identify current hospital information systems able to support the collection of patient and supporter disability status.	June 2024	Metro North Information Technology in collaboration with Digital Metro North
KPI 2	Define a disability identifying question for staff to record patient and or supporter disability status on presentation to health facilities.	June 2024	Metro North Disability Advisory Team
KPI 3	Implement the recording of patient and or supporter disability status in the identified hospital information system and offer staff education on sensitive enquiry.	June 2025	Metro North Information Technology in collaboration with Directorates and Metro North Disability Advisory Team
KPI 4	Annually review the disability status data trends to inform and support improved service delivery.	Annually	Metro North Disability Advisory Team
KPI 5	Compliments and or complaints are being received via the accessible feedback portal from people with disabilities and or supporters.	Annually	Metro North Disability Advisory Team

## 4.2 Target Area: Research

**What we heard:** People with disabilities would like research to be inclusive and utilised to inform best practice within Metro North.

Actions		Responsible Owner	
4.2.1	All Metro North research projects that are disability focused will involve a co-design methodology to ensure ethical research practices are adhered to.	Metro North Research	
4.2.2	Metro North allocates annual funded research grants in the area of disability to encourage and support research in the disability field.	Metro North Disability Advisory Team in collaboration with funding partners	
4.2.3	Metro North creates partnerships with tertiary institutions, non government organisations or research funding bodies to expand clinician capacity to undertake research to improve health outcomes for people with disabilities.	Metro North Disability Advisory Team in collaboration with Directorates	
Key Performance Indicators		Due	Responsible owner
KPI 1	All Metro North research projects that are disability focused will involve a co-design methodology.	June 2025	Metro North Research in collaboration with Metro North Human Research Ethics Committees
KPI 2	Metro North allocates at least one annual funding grant to encourage and support improved health outcomes for people with disabilities.	January 2026	Metro North Disability Advisory Team



## 5. IMPROVED SERVICE DELIVERY

**Goal Statement:** Metro North will ensure that people with disabilities are able to access timely and proficient health care that is coordinated and accessible to meet their individual needs.



### 5.1 Target Area: Improved Clinical Care

**What we heard:** That people with disabilities have unique and complex needs that are not always adequately met through the health care system and require a coordinated approach to care provision.

Actions		Responsible Owner	
5.1.1	Metro North offer disability support services through a disability focused clinical position to provide services such as, <ul style="list-style-type: none"> <li>• Coordination of outpatient appointments</li> <li>• Application of adjustment</li> <li>• Complex care needs advice</li> <li>• Referral services</li> <li>• Strengthen and expand existing sector relationships to streamline/improve service delivery across services.</li> </ul>	Directorates in collaboration with Metro North Disability Advisory Team	
5.1.2	Metro North offer a highly specialised complex care clinic for people with severe and profound disabilities to receive holistic health care services that meet their needs.	Metro North Disability Advisory Team in collaboration with RBWH/TPCH and Chief Medical Officer	
5.1.3	Metro North applies principles of adjustment for all people who have disabilities who are receiving care, and their supporters.	Metro North Disability Advisory Team in collaboration with Directorates	
Key Performance Indicators		Due	Responsible owner
KPI 1	Implementation of a disability focused clinical position that provides disability specific co-ordination services with patients with disabilities and or carers.	June 2027	Directorates
KPI 2	Metro North to plan and scope the implementation and development of a Metro North specialised complex care clinic for people with disabilities.	June 2027	Metro North Disability Advisory Team in collaboration with RBWH/TPCH and Chief Medical Officer
KPI 3	Develop and implement a Metro North Adjustments Guideline for application with patients who have disabilities and their supporters.	December 2024	Metro North Disability Advisory Team in collaboration with Directorates

# Governance and Reporting

## Implementation, monitoring and evaluation

The Plan will be implemented across a 5 year time period between 2024 – 2029.

Responsible owners will take responsibility to progress actions assigned to them. Where the Plan denotes more than one Responsible Owner, the first Owner listed will take the lead in coordinating and reporting on the action.

Work units and services across Metro North who are listed as Responsible Owners in this plan will nominate a position who will take carriage of implementation of actions.

Similarly, where Directorates are denoted as the Responsible Owner, the Executive Director of each Directorate will nominate a DSP Champion who will confirm Responsible Owners within Directorates, or otherwise be the contact for reporting.

Reporting on the Key Performance Indicators will occur at 6 monthly intervals through an online portal managed by Metro North Strategy and Planning.

Timeframes contained within the Disability Services Action Plan provide a maximum timeframe for completion of actions. Responsible owners are able to complete actions earlier than the prescribed timeframes.

An annual progress report will be compiled by the Metro North Disability Advisory Team, Office of the Chief Allied Health Practitioner, and progressed through the Operational Leadership Team to the Chief Executive and the Metro North Board.

Mid-term evaluation and refresh of The Plan will occur after 2 years. The work will be undertaken by the Metro North Disability Advisory Team, Office of the Chief Allied Health Practitioner utilising co-design methodologies and involving people with disabilities in the review process.





