

Children's Health Queensland

Operational Plan FY 2023-2024

July 2023

Children's Health Queensland Operational Plan FY 2023-2024

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For more information contact:

Strategy Planning Improvement and Innovation, Queensland Children's Hospital, email CHQ_SPII@health.qld.gov.au

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Our Current and Future Operating Environment

Our operating environment is complex and ever-changing. The COVID-19 global pandemic created extraordinary challenges to our health, social, education and economic systems which triggered a stronger need for agility to respond to the new conditions of the healthcare system. Our 'new normal' environment calls for reform and prioritised focus that builds capacity and capability to meet the needs of shifting disease profiles, a growing population, fiscal pressures, and consumer expectations.

To thrive in this context, CHQ will continue to respond and adapt. Our integrated and agile approach to planning and performance is critical to supporting organisational effort towards delivering safe, equitable, quality and effective person-centred care within the fiscal environment.

As part of our integrated planning approach, CHQ has embedded regular horizon scanning to explore the potential impact of current and future trends, challenges and opportunities on the delivery of paediatric healthcare services locally and across Queensland. The [CHQ Annual Horizon Scan FY23-24](#) captures and shares key changes, issues and/or advancements from the last twelve (12) months and explores how they may inform planning and service delivery across the next financial year.

CHQ's portfolio of organisational priorities and associated activities for Financial Year (FY) 2023 to 2024 are outlined in this *CHQ Operational Plan 2023-2024*. This is an agile document, which will continue to be reviewed on a quarterly basis to support a responsive organisational approach to evolving challenges and opportunities.

Setting CHQ's Operational Focus for FY 2023-2024

Integrated and Outcome Focused Planning

CHQ's integrated planning approach supports alignment of our strategies, plans and frameworks to our vision, values and strategic direction. This approach enables coordinated, prioritised, sustainable and meaningful investment across CHQ to collectively deliver our vision: *leading life-changing care for children and young people - for a healthier tomorrow*.

To focus our direction for FY 2023-2024, leaders from across the organisation engaged in a series of working sessions to reflect, explore and discuss shared challenges, opportunities, learnings and actions. The insights from these sessions have informed the four (4) operational priorities that will be collectively actioned across the organisation. Operational priorities integrate and align to deliver the [CHQ Strategic Plan 2020-2024](#) and other organisational strategies, plans and frameworks as set out in the document below.

Critically, this *Operational Plan FY 2023-2024* builds upon the significant investment to date in balancing our strategic and operational investment across different work portfolios and once again, brings us together to deliver our core initiatives in an integrated way.

The *CHQ Operational Plan 2023-2024* articulates CHQ's approach to achieving strategic objectives during the financial year 2022-2023. This includes:

- A list of activities and deliverables for FY 2023-2024;
- Key performance indicators and associated targets;
- Leadership roles and responsibilities;
- Challenges and opportunities; and,
- A process for effective performance monitoring.



Figure 1. CHQ Integrated Planning Approach

The CHQ Operational Plan 2023-2024 is sponsored and owned by the Executive Leadership Team (ELT) and supported by locally owned Divisional, Corporate and Service Line Operational Plans.

This Operational Plan 2023-2024 complies with the [Agency Planning Requirements 2023](#) and Section 9 of the [Financial and Performance Management Standards 2019](#).

Four operational priorities that support delivery of the CHQ Strategic Plan 2020-2024

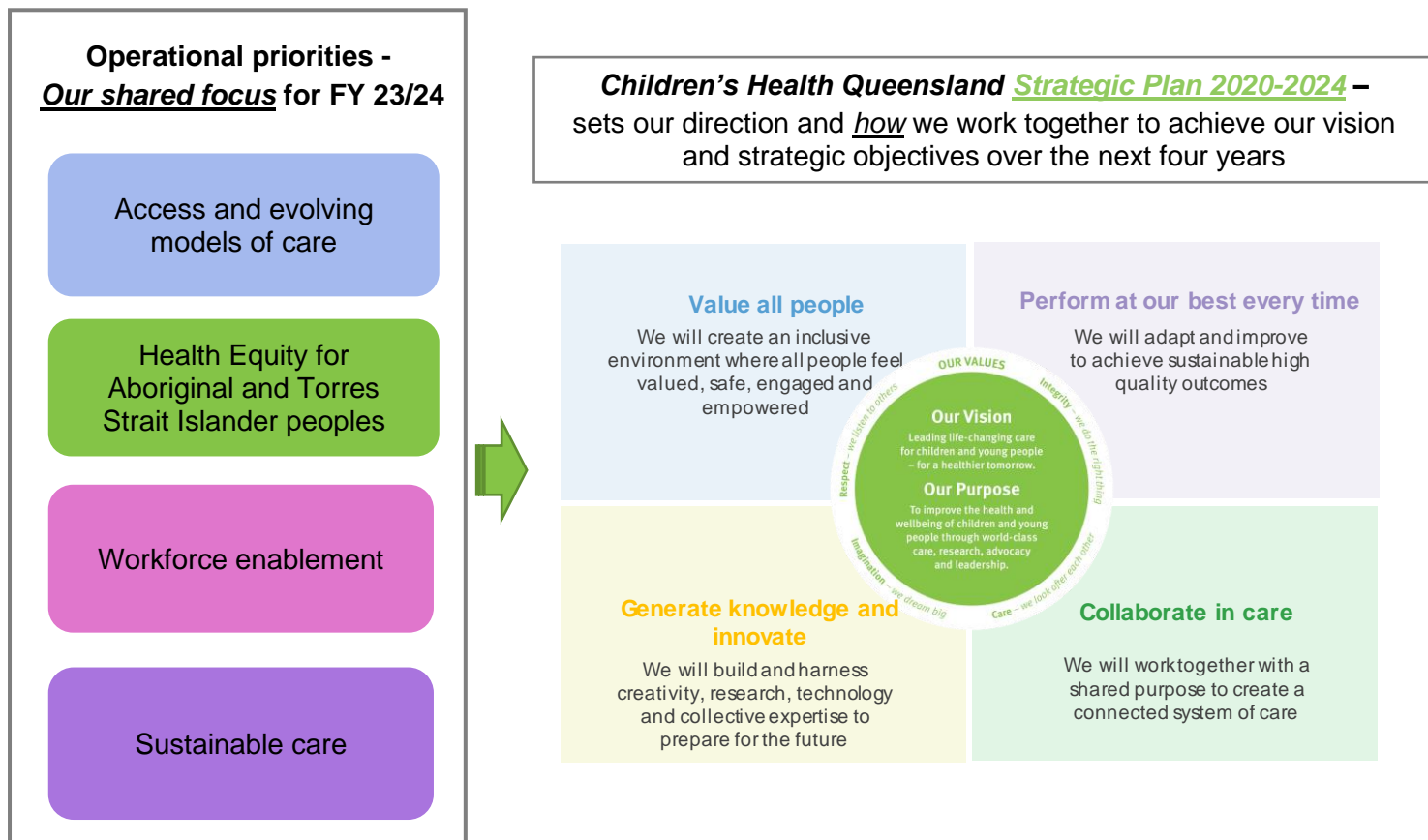


Figure 2. CHQ Operational Plan priorities for FY 23/24

Supporting Queensland Government Priorities

CHQ's operational planning is aligned with broader government objectives and emerging strategic priorities. This includes the Queensland Health Reform Agenda which is informed by the [HealthQ32: A vision for Queensland's health system](#). Our commitment is to continue to align CHQ priorities and associated activities towards these collective objectives as they continue to evolve. This includes six system priorities:

- First Nations
- Workforce
- Consumer Safety and Quality
- Health Services
- Public Policy and
- Research.

Furthermore, CHQ's activities within this operational plan contribute to delivering upon the objectives as set out in the [Statement of the Queensland Government's objectives for the community](#).

Queensland Disaster Management Arrangements

CHQ's commitment to delivering Queensland Disaster Management Arrangements, including response and/or recovery operations and processes during and following a disaster, is detailed in the [CHQ Disruption and Disaster Management Framework](#) and the associated procedures and related sub plans.

Commitment to Human Rights Act 2019

CHQ is committed to respecting, protecting and promoting human rights. We will continue to review policies, programs, procedures, practices and service delivery to ensure that decisions and actions are compatible with human rights and ensure that human rights are central to the work we do. This includes the distinct cultural rights of Aboriginal and Torres Strait Islanders peoples and ensuring every person has the right to access health services without discrimination.

About us

CHQ is dedicated to improving the health and wellbeing of children and young people across Queensland through world-class care, research, advocacy and leadership.

CHQ delivers responsive, integrated, high-quality, person-centred care through a network of services and facilities across the state, incorporating the:

- Queensland Children's Hospital;
- Child and Youth Community Health Service and
- Child and Youth Mental Health Service.

As a recognised leader in paediatric healthcare, education and research, CHQ delivers a full range of clinical services, tertiary and quaternary care and health promotion programs. These services are provided at the Queensland Children's Hospital (QCH) and from community sites across the greater Brisbane metropolitan area. CHQ also partner with the 15 other hospital and health services in Queensland, as well as a broad range of non-governments agencies, charities and other healthcare providers to ensure every child and young person, regardless of where they live, has access to high quality care, coordinated services and support for the best possible health outcomes.

Our Services

| Queensland Children's Hospital & surrounding site | Community sites | |
|---|---|--|
| Acute hospital services | Child and Youth Community Health Services | Child and Youth Mental Health Services |
| QCH | Child Health Service | Hospital-based Services |
| Centre for Children's Health Research | Child Development Program | Day Programs |
| Education across Medical, Nursing and Allied Health | Healthy Hearing Program | Community Clinics |
| Queensland Paediatric Emergency Care Education | Ellen Barron Family Centre | Zero to Four |
| Corporate Services | Centre for Children's Health and Wellbeing | Evolve Therapeutic Services |
| | Deadly Ears | Eating disorders clinic and day programs |
| | Primary School Nurse Health Readiness Program | Assertive Mobile Youth Outreach Service |
| | School-based Youth Health Service | Programs and Partnerships |
| | Family and Community Place (Yarrabilba) | Forensic Teams |
| | Navigate Your Health | Telepsychiatry |
| | Community Access | |
| | Bookings Service | |
| | Hearing Loss Family Support Service | |
| Good Start Program | | |









- Key:**
-   Services provided using the QCH hospital precinct
 -   Services provided wholly or partly using CHQ-owned infrastructure
 -   Services provided wholly or partly using CHQ-owned infrastructure
 -  Services without CHQ-owned infrastructure
 -  Specialty Teams with a mixture of CHQ-owned infrastructure and leased infrastructure

Figure 3. CHQ Services as outlined in the CHQ Master Plan 2021/22 – 2035/36

Our Activity

FY 2022-2023 summary

This includes figures for July 2022 to June 2023
 * Estimated at 16 June 2023



77,701*

Emergency presentations
 Compared to 76,573 in FY2021/22



301,980*

Outpatient appointments
 Compared to 258,095 in FY2021/22



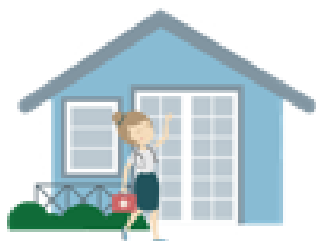
20,712

Surgeries
 Compared to 17,327 in FY2021/22



45,654

Inpatient separations
 Compared to 42,523 in FY2021/22



11.7

Average hospital in the home beds
 Compared to 12.1 in FY2021/22



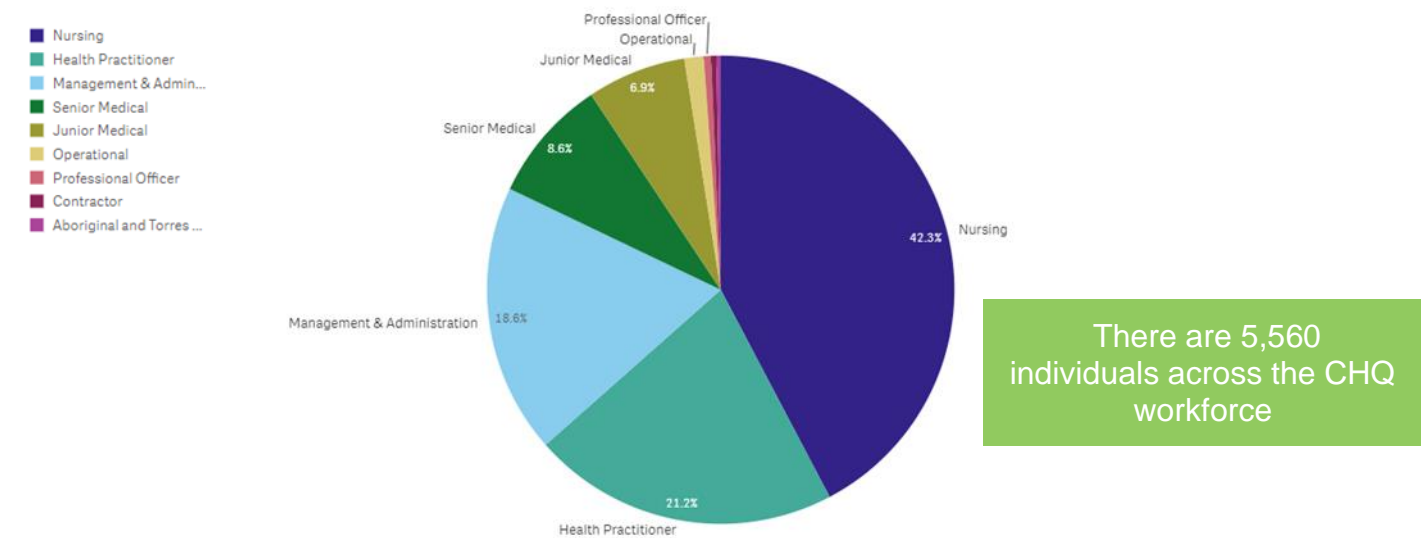
10,899

Telehealth services
 Compared to 12,727 in FY2021/22

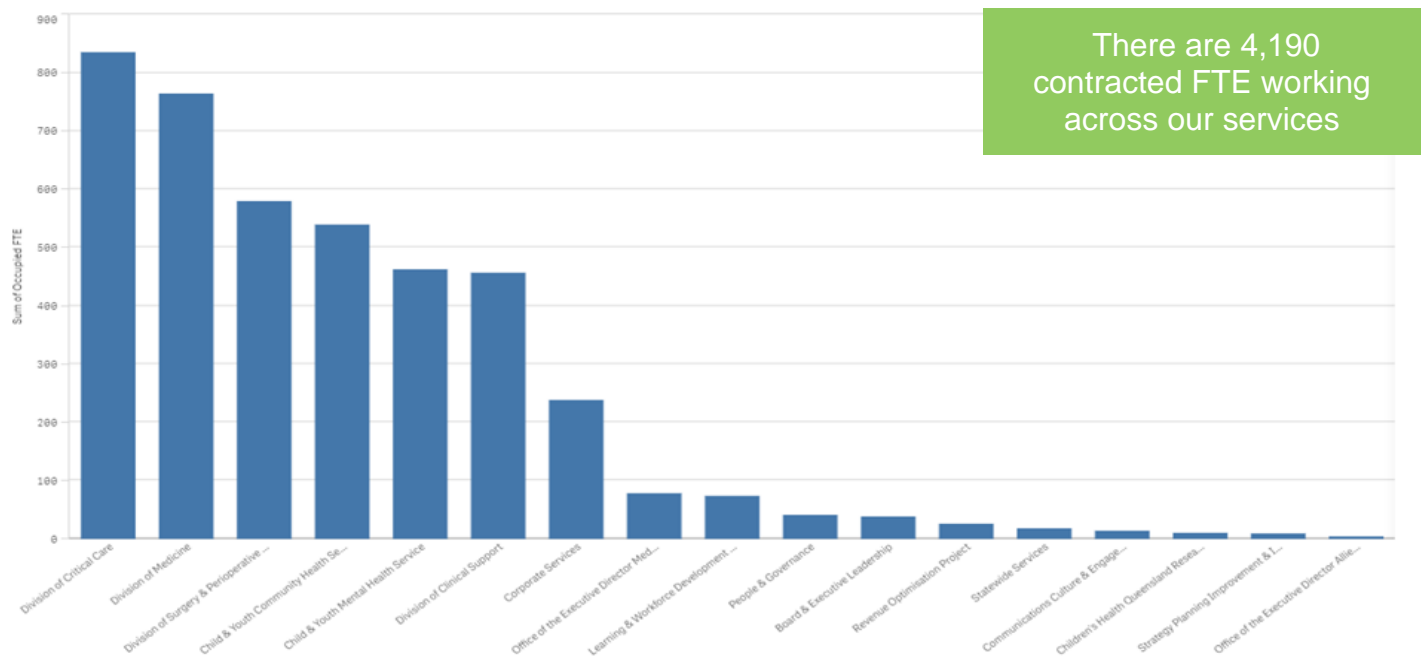
FY 2022- 2023 Trends

The volume of admitted clinical service activity delivered in FY2022/23 largely stabilised following the COVID-19 omicron wave. In addition, the volume of reported, non-admitted service delivery increased due to focussed efforts to maximise counting opportunities to accurately reflect the level of service delivered. In the coming financial year (2023/24), a 12.6% rise in reported activity is anticipated. This includes identified optimisation strategies within the outpatient service stream with total real growth equating to 0.8%. Clinical service activity associated with treating COVID-19 patients is expected to decrease as a 'living with COVID' policy position persists.

Our Workforce (June 2023)



There are 5,560 individuals across the CHQ workforce



There are 4,190 contracted FTE working across our services

FY 2023-2024 Service Projections

The following tables state the targets and activity projections as outlined in the *CHQ Annual Service Agreement* with the Department of Health.

Table 1: Weighted Activity Units, Children's Health Queensland ^

| Service Stream | FY 2022/23 WAU Target (SDS) (Q25) | FY 2023/24 WAU Target (SDS) (Q25) | FY 2022/23 Activity forecast^ Cases | FY 2023/24 Activity projection^ Cases |
|-----------------------|-----------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| ABF Facilities | 99,298 | 100,502 | 427,414 | 481,457 |
| Inpatient | 63,186 | 64,736 | 39,841 | 38,003 |

| | | | | |
|----------------------------|----------------|----------------|----------------|----------------|
| Outpatient | 17,273 | 16,010 | 301,980 | 356,988 |
| Interventions & Procedures | 3,222 | 3,292 | 5,722 | 6,502 |
| Emergency Department | 9,101 | 9,406 | 77,701 | 77,922 |
| Sub & Non-Acute | 2,301 | 2,703 | 1,118 | 1,080 |
| Mental Health | 4,215 | 4,355 | 1051 | 961 |
| ABF Total | 915 | 914 | 1,814 | 1,783 |
| 1 inpatient | 621 | 617 | 1,753 | 1,783 |
| 6 Mental Health | 294 | 297 | 61 | 64 |
| Total All Services | 100,212 | 101,415 | 429,228 | 483,240 |

Performance Accountability, Monitoring and Review

Leadership and Accountability

The Executive Leadership Team (ELT) carry collective accountability for delivery of the *CHQ Operational Plan 2023-2024*. The nominated lead/s for each of the activities will be accountable for leading, planning and engaging the team in the implementation of deliverables described in the plan. Clinical and managerial leaders will be actively engaged in driving performance improvement, and in leading, developing and contributing to the key activities.

It will take the collective commitment at all levels of the CHQ workforce to deliver upon operational priorities and their associated activities. Therefore, it is essential that responsibilities and performance expectations are clearly articulated.

Table 2: Leadership excellence level and associated operational planning and delivery responsibilities

| Leadership level | Responsibilities |
|---|---|
| Leader of self (e.g. frontline workforce) | Deliver agreed activities and actions in collaboration with other members of the team within agreed timeframes; and actively contribute to improving quality and outcomes. |
| Leader of others (e.g. team leaders, CNCs, SMOs, HP4s, CNs) | Support and enable team by providing clarity and alignment of activities and actions, removing barriers, and fostering a constructive culture for the implementation and delivery of prioritised operational activities. |
| Leaders of leaders (e.g. Service Directors, NUMs) | Coach leaders and optimise systems and processes, to enable teams to focus on operational priorities in the most effective and efficient way. |
| Leader of function (e.g. Divisional Directors, Clinical Directors, Corporate Directors) | Create and prioritise activities that integrate and align with overarching CHQ operational priorities and their deliverables, drive implementation, and monitor and report progress against aligned activities on a quarterly basis. |
| Leaders of portfolio (Executive Leadership Team) | Develop and hold accountability for operational priorities, deliverables and measures of success that align with the strategic direction of CHQ; clearly articulate expectations and cascade appropriate activities in collaboration with stream leaders; demonstrate the interrelationship of operational activities with the overarching direction of the organisation; and, monitor and report on performance against operational activities on a quarterly basis. |
| Leader of health service (Chief Executive) | Maintain oversight of performance and delivery of operational plan priorities and deliverables to ensure the integrity and viability of organisation is maintained; |

| | |
|--------------|---|
| | cultivate strategic partnerships; and set organisational risk appetite and tone (aspiration, pace, culture etc.) to enable successful delivery of activities. |
| Board | Monitor and reconcile performance with long-term trajectory of organisational direction. |

Performance Monitoring

The [CHQ Performance Management Framework](#) is designed to assist the organisation to meet its accountabilities and responsibilities as they relate to operational and financial governance, sustainability, performance and assurance, and describes the mechanisms by which we provide accountability to our stakeholders. In accordance with this framework, progress of activity delivered against planned KPIs, deliverables, timeframes and budget requirements will be reviewed by the ELT and the Board on a quarterly basis.

Detailed Key Performance Indicators (KPIs) for each operational priority have been identified to measure impact of initiatives. Collectively, the four (4) operational focus areas work towards delivering the organisational KPIs included in the collated performance scorecard below. These are monitored through Quarterly Integrated Performance Reviews.

Table 3: Collated Performance Scorecard

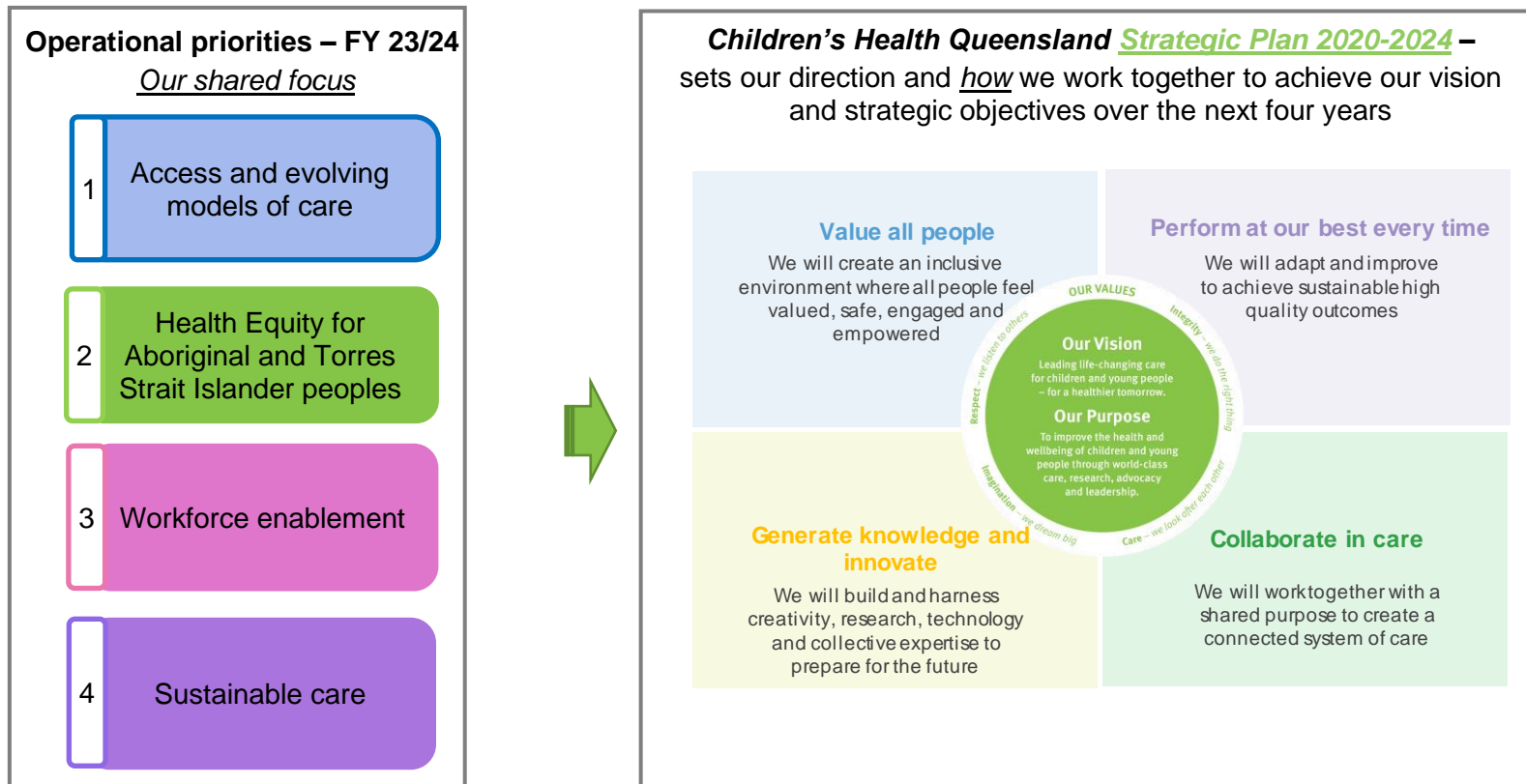
| Domain | Key performance indicators | Target (FY21/22) |
|----------------|--|--------------------------|
| Safe | Number of sentinel events | 0 |
| | Rate of staphylococcus aureus bloodstream infection (SABSI) | ≤1.0 per 10,000 bed days |
| | Rate of SAC1 analysis completed in 90 days | ≥70% |
| | Number of seclusion events per 1,000 admitted patient days | ≤15 events |
| | Number of healthcare associated infection (HAC) | ≤95% band |
| Timely | Number of elective surgery long waits | 0 (aspirational) |
| | Number of QCH specialist outpatient long waits | 0 (aspirational) |
| | Hospital in the home utilisation percentage | ≥10 beds |
| | Relative stay index | ≤1.00 |
| | Rate of emergency presentations being treated within four hours | ≥80% |
| Person-centred | <p><i>Children Bedside Audit:</i></p> <ul style="list-style-type: none"> Rate of children/young people who stated that they understood when staff spoke with them Rate of parents/carers who stated that members of staff gave them information about the patient's care and treatment in a way that they could understand | ≥80% |
| | <p><i>Patient reported experience measure (PREM):</i></p> <ul style="list-style-type: none"> Rate of children/young people who stated that they were involved in decisions about their care and treatment Rate of parents/carers who stated that they were involved in decisions about the patient's care and treatment | ≥80% |

| Domain | Key performance indicators | Target (FY21/22) |
|-----------|---|------------------------|
| Equitable | Percentage of First Nations people representation across the workforce | ≥ 2% |
| | Percentage of inpatients' identifier of 'not stated/unknown' | ≤ 2% |
| | Rate of failure to provide outpatient appointments for Aboriginal and Torres Strait Islander patients | ≤9% |
| | QCH specialist outpatients long waits for Aboriginal and Torres Strait Islander peoples | 0 |
| | Relative stay index for Aboriginal and Torres Strait Islander peoples (parity with non-Indigenous population) | TBC |
| Efficient | Year-to-date operating position | Balanced or favourable |
| | Year-to-date variance to budget | Balanced or favourable |
| | Year-to-date activity variance to planned | +/-1.5% |
| | Year-to-date cost per Queensland Weighted Activity Unit (QWAU) | ≤\$5,065 |
| | Own source revenue rate | ≥15% |
| | Private health insurance utilisation | ≥26.7% |
| Workforce | Variance to sustainable full-time equivalent (FTE) | 0 |
| | Full-time equivalent (FTE) vs budget | ≤budget |
| | Mandatory training compliance rate | ≥90% |
| | Paid sick and carer's leave rate | ≤3.5% |
| | Work health and safety – Total recordable injury frequency rate (TRIFR) | <12.00 |
| | Number of occupational violence incidents | <270 |

Operational Priorities for FY 2023-2024

Four operational priorities that support delivery of the CHQ Strategic Plan 2020-2024

CHQ's priorities and associated activities for FY 2023-2024 interconnect and drive outcomes towards strategic objectives, strategies and foundations described in the [CHQ Strategic Plan 2020-2024](#) (see Appendix 1 for list of described strategies). The operational priorities and associated activities listed are those which are high in scale, impact and/or effort required to deliver across the organisation, and therefore have been prioritised by the Executive Leadership Team. It should be noted that this list does not include the significant daily operating workload that teams are delivering continuously improving upon, concurrently.



How we align our priorities with the strategic plan

| Shared priorities | Value all people | Generate knowledge and innovate | Collaborate in care | Perform at our best every time |
|---|---|--|---|--|
| Access and evolving models of care | 1.2 Actively listen, learn and respond to the voices of children, young people, families and staff in the design and delivery of care | 2.1 Champion a culture of curiosity, critical enquiry, innovation and improvement | 3.4 Leverage virtual and alternative models to connect, understand and improve the experience and accessibility of care | 4.4 Align infrastructure, workforce and service planning to collectively respond to current and future needs |
| Health Equity for Aboriginal and Torres Strait Islander peoples | 1.7 Actively eliminate racial discrimination and institutional racism at CHQ | 1.1 Create a workforce that values the unique perspectives, skills, and experiences of Aboriginal and Torres Strait Islander peoples | 3.3 Work with Aboriginal and Torres Strait Islander peoples, communities and organisations to co-design integrated models of care | 1.6 Deliver accessible, responsive and culturally safe care that improves health equity for Aboriginal and Torres Strait Islander people |
| Workforce enablement | 1.1 Enable a supportive and inclusive culture that values diversity of experience, skills and perspectives | 2.4 Support growth in a sustainable statewide paediatric workforce to deliver care where it is needed | 3.5 Demonstrate leadership in local, regional and statewide care and planning | 4.5 Strengthen decision-making and accountability through effective governance and timely access to the right information |
| Sustainable care | 1.4 Deliver compassionate leadership, respect and professionalism that promotes wellbeing and enables people to be at their best | 2.3 Invest in leadership and talent development to create a pipeline that can respond to the opportunities ahead | 3.7 Foster genuine connections that build trust and productive collaboration | 4.7 Optimise efficiency, productivity and resource management to enable a sustainable system of care |

Core enablers that drive change

There are many core enablers that are critical to addressing the shared priorities. Alongside our everyday activities, these enablers are guided by multi-year strategies, plans and overarching organisational frameworks that set out how we optimise, improve and innovate for the future. These are set out in the [CHQ Integrated Planning Framework](#).

| | | | |
|---------------------|----------------------------------|--|------------------------------|
| Clinical excellence | Policy, planning, and governance | Safety, quality, and wellbeing | Performance and optimisation |
| Workforce | Research and development | Communication, Engagement and partnerships | Digital and ICT |

Priority area 1: Access and Evolving Models of Care

Why this is important

To meet our increasing capacity challenges, it is critical that we focus on ways to optimise and evolve how we design, plan, and deliver care. In doing so, we can ensure that care is delivered at the right time, by the right professional and in the right place. CHQ's partnerships with other health and human services across the State will remain essential to meeting this ambition and creating a sustainable network of paediatric care.

We will continue to promote and deliver community-based preventative healthcare, and alternative models of care that improve access, consumer experiences and health outcomes for children, young people and families across the communities we serve. Bolstered by our strengthened partnerships across both health sector and other jurisdictions, CHQ will continue to invest in the co-design and co-commissioning of place-based infrastructure. In doing so, we are designing a future where children, young people and their families can access care closer to home.

Strategies we are all working towards

- 1.2 Actively listen, learn and respond to the voices of children, young people, families and staff in the design and delivery of care
- 2.1 Champion a culture of curiosity, critical enquiry, innovation and improvement
- 3.4 Leverage virtual and alternative models to connect, understand and improve the experience and accessibility of care
- 4.4 Align infrastructure, workforce and service planning to collectively respond to current and future needs

CARE IN THE COMMUNITY - *Strengthen access to care in the community and closer to home*

| Integrated planning | Key activities for FY 23/24 | Executive Sponsor | Partner with | Implementation Lead | Governance Committee | Timeline | | | | KPIs (target) and/or deliverables |
|--|---|-------------------|--------------------|---------------------------------------|---|----------|----|----|----|--|
| | | | | | | Q1 | Q2 | Q3 | Q4 | |
| <i>CHQ Strategic Infrastructure Plan 2021-2037</i> | <ul style="list-style-type: none"> Design and implement the service model for Yeronga Child and Youth Community Health Hub | EDCS | EDCS-CFO EDSPII | DDCYMHS DDCYCHS | Strategic Infrastructure Oversight Committee (SIOC) | | | | | <i>Pending EDQ decision to proceed, the deliverable will be a documented plan for commissioning and delivering services for Yeronga.</i> |
| <i>Children's Health and Wellbeing Services Plan</i> | <ul style="list-style-type: none"> Design and implement the service model for the Dakabin Community Health Hub | EDCS | EDCS-CFO EDSPII | DDCYMHS DDCYCHS | SIOC | | | | | Documented service plan for Dakabin community health hub |
| | <ul style="list-style-type: none"> Co-design and commence implementation of the Head2Health Kids-Q model (mental health and wellbeing centres) for early | EDCS | CYMHS / CYCHS | Divisional Directors, CYCHS and CYMHS | Head to Health Kids Qld Steering Group, | | | | | Co-designed MOC Established partnership agreements |

| | | | | | | | | | | |
|--|---|----------|---|---|---------------------------------|--|--|--|--|--|
| | intervention supports for children aged 0-12 years and their families. | | Brisbane North and South PHNs Met North HHS Met South HHS IUIH | | reporting to SIOC | | | | | Workforce recruitment and on-boarding Implementation of new model |
| | <ul style="list-style-type: none"> Progress exploration and service planning for aligned investment opportunities including Community Hubs in Caboolture and Inala | EDCS-CFO | EDSPII | Project Manager Facilities and Capital Infrastructure | SIOC | | | | | Completed detailed business case for appropriate strategic infrastructure investments |
| | Deliver the Connecting Community Pathways initiatives <ul style="list-style-type: none"> Implement the Early Parenting Services model Networked Child Development Care closer to Home | EDCS | CYCHS | DD CYCHS | Divisional leadership | | | | | |
| CARE IN THE HOSPITAL – optimise delivery of safe, appropriate and timely hospital care | | | | | | | | | | |
| <i>CHQ Strategic Infrastructure Plan 2021-2037</i> <i>Children's Health and Wellbeing Services Plan</i> | <ul style="list-style-type: none"> Evolve the Paediatric Minor Injuries Clinic space and implement a flexible service model that supports patient flow | EDCS | All operational divisions | Division of Critical Care | Divisional performance meetings | | | | | Documented service models Documented and executed activity plans (volumes and QWAUs) for each agreed service model In partnership with divisional teams review and evaluate sustainability of each model |
| | <ul style="list-style-type: none"> Maximise efficiency and utilisation of telehealth and virtual care services through targeted opportunities | EDCS | All operational divisions | ADON Access and Care Coordination via CHQ Telehealth Services | Divisional performance meetings | | | | | Establish new baseline and growth target |

| | | | | | | | | | | |
|---|---|--------|--------------------|--|---|--|--|--|--|---|
| | including the Statewide Virtual ED model | | | | | | | | | Partner with the department on design and roll-out of statewide virtual ED model |
| | <ul style="list-style-type: none"> Designed and delivered model of care for general paediatrics | EDMS | EDCS EDSPII | Divisional Director Division of Medicine | General Paediatric Model of Care Steering Committee | | | | | <p>Designed and delivered model of care for general paediatrics</p> <p>Delivery across a range of program initiatives managed under the review including but not limited to:</p> <ul style="list-style-type: none"> Medical workforce rostering ICT enablement for general paediatrics (task manager) |
| | <ul style="list-style-type: none"> Design and deliver sustainable ward configurations that meet the demand and service requirements (including short stay medical ward and home wards) | EDCS | EDSPII EDCS-CFO | Divisional Director Division of Medicine | General Paediatric Model of Care Steering Committee | | | | | Ward configurations (short stay medical ward, home wards) |
| | <ul style="list-style-type: none"> Design and implement CHQ Genomics Service Model and stewardship | EDMS | EDSPII | Principal Project Officer, Strategy and Planning | CHQ Genomics Steering Committee | | | | | |
| MAXIMISING WELLBEING- <i>Improve the health and wellbeing of Queenslanders</i> | | | | | | | | | | |
| Statewide Services | <ul style="list-style-type: none"> Refine CHQ's Statewide role through partnering with the department on the design of a Statewide Paediatric Plan for Queensland | EDSPII | EDCS/EDMS | Statewide Services team, Department of Health | Statewide Paediatric Planning Steering Committee | | | | | Effective reporting system |
| CHQ Engagement framework | <ul style="list-style-type: none"> Design a Consumer and Community Engagement Action Plan | EDAH | EDCCE/EDSPII | | | | | | | Plans are developed for implementation |

Priority area 2: Health Equity for Aboriginal and Torres Strait Islander Peoples

Why this is important

World-class clinical care requires strong organisational capability and understanding of systemic and sustainable health equity reform. Underpinning this is our understanding and acknowledgement of the social, cultural, and economic determinants of health and their impact on achieving equitable access and outcomes for Aboriginal and Torres Strait Islander children, young people and families.

Our organisation is continuously challenged to create and deliver more person-centric and value-based approaches that will empower consumers to be confident navigators of their health journey. Health disparities for Aboriginal and Torres Strait Islander peoples continue to exist, with barriers to accessing healthcare, poor healthcare experiences, and/or poor health outcomes. Institutional and interpersonal racism, funding limitations and workforce capability all influence CHQ's ability to positively impact health access and outcomes for Aboriginal and Torres Strait Islander peoples.

CHQ continues to apply a critical lens to improve equity in health outcomes and remove systemic discrimination and barriers to access to care from priority populations including Aboriginal and Torres Strait Islander peoples – driving workplace culture and practice change.

Strategies we are all working towards

1.1 Create a workforce that values the unique perspectives, skills, and experiences of Aboriginal and Torres Strait Islander peoples

1.6 Deliver accessible, responsive, and culturally safe care that improves health equity for Aboriginal and Torres Strait Islander peoples

1.7 Actively eliminate racial discrimination and institutional racism

3.3 Work with Aboriginal and Torres Strait Islander peoples, communities, and organisations to co-design integrated models of care.

CARE ACROSS THE COMMUNITY AND HOSPITAL- *Strengthen access to care in the community and closer to home + optimise delivery of safe, appropriate and timely hospital care*

| Integrated planning | Key activities for FY 23/24 | Executive Sponsor | Partner with | Implementation Lead | Governance Committee | Timeframe | | | | KPIs (target) and/or deliverables |
|--|--|-------------------|--------------|---------------------|---|-----------|----|----|----|--|
| | | | | | | Q1 | Q2 | Q3 | Q4 | |
| <i>Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2.1)</i> | <ul style="list-style-type: none"> Develop Closing the Gap priority waitlists (inpatients and outpatients) where Aboriginal and Torres Strait Islander patients are prioritised (relevant to health need) | EDCS | EDA&TSIE | All Divisions | Community, Mental Health and Outpatient Collaborative for ambulatory services (CMHOC) | | | | | Established roles across Divisions Current state report for QCH outpatient data analysis Implementation of triage prioritisation by up-categorising First Nations patients who are Cat 3 to Cat 2. |

| | | | | | | | | | | |
|---|---|------|--------------------|----------------|---|--|--|--|--|--|
| | | | | | Inpatient services via divisional monthly performance meetings | | | | | |
| <i>Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2.2)</i> | <ul style="list-style-type: none"> Develop a patient coordination service model that provides access for all Aboriginal and Torres Strait Islander patients to relevant Aboriginal and Torres Strait Islander staff | EDCS | EDA&TSIE | All Divisions | CMHOC Inpatient services via divisional monthly performance meetings | | | | | <p>Leverage off the implementation of Mob-ED to design a facility wide model of care to facilitate access for all Aboriginal and Torres Strait Islander families to relevant culturally appropriate services.</p> <p>Evaluate and embed the Mod-ED to ensure optimal care pathways and support for Aboriginal and Torres Strait Islander families.</p> |
| <i>Aboriginal and Torres Strait Islander Health Equity Implementation Plan (6.1)</i> | <ul style="list-style-type: none"> Co-design with Aboriginal and Torres Strait Islander staff a CHQ Aboriginal and Torres Strait Islander workforce plan | EDPG | EDA&TSIE | Workforce team | | | | | | Draft plan will be developed quarter 1 with a view that actions falling out from the plan anticipated for implementation commencing in quarter 3-4. |
| CARE IN THE COMMUNITY - <i>Strengthen access to care in the community and closer to home</i> | | | | | | | | | | |
| <i>Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2.11)</i> | <ul style="list-style-type: none"> Review and develop First Nations services closer to home (existing/new models) with local HHSs, ATSI CCHOs and other organisations across all services including: virtual care; home visits | EDCS | EDSPII EDCS-CFO | All Divisions | Divisional monthly performance meetings | | | | | <p>Design and develop new models of care promoting care to closer to home including:</p> <ul style="list-style-type: none"> *CHQ at Home pathways in partnership with IUIH *Redesigned IROC program under CHQ leadership *Redesigned Deadly Ears offering in partnership with local communities |

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| | and community outreach. | | | | | | | | | |
| | <ul style="list-style-type: none"> Implement the Connecting Communities Pathway initiative in partnership with IUIH | EDCS | IUHI CYCHS | | IUHI partnership steering committee | | | | | |
| CARE IN THE HOSPITAL – <i>Optimise delivery of safe, appropriate and timely hospital care</i> | | | | | | | | | | |
| <i>Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2.8)</i> | <ul style="list-style-type: none"> Review and develop culturally safe models of care with other tertiary health care providers to support a safe and seamless journey of care for the patient and their families (including consistent information patient record management). | EDCS | EDSPII EDA&TSIE | All Divisions | Divisional monthly performance meetings | | | | | Continued implementation of culturally safe models of care across the care continuum for Aboriginal and Torres Strait Islander patients and families including: *Mob-ED *Open Doors (ENT and Ophthalmology) *SOPD prioritisation *Elective surgery prioritisation |
| MAXIMISING WELLBEING- <i>Improve the health and wellbeing of Queenslanders</i> | | | | | | | | | | |
| <i>CHQ Aboriginal and Torres Strait Islander Health Equity Implementation Plan FY23/24 actions</i> | <ul style="list-style-type: none"> Collaborate with other organisations and agencies to contribute to early intervention and prevention strategies that address priority health and social determinant needs for children and young people (including Rheumatic Heart Disease, perinatal and infant | EDCS | EDSPII EDA&TSIE | CYCHS and CYMHS | Divisional monthly performance meetings | | | | | Develop and implement expanded models of care as part of the Connecting Community Pathways programs aimed to improve health outcomes through early intervention: *Networked Child Development (Care Closer To Home). Partnered with Rural and Regional HHSs. *Early Parenting Services (Ellen Barron and Infant and Perinatal MH). Partnership with IUIH. |

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| | mental health, suicide prevention, chronic health disease, youth incarceration, child safety, injury, substance misuse, sexual health and oral health). | | | | | | | | | |
| <p><i>CHQ Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025</i></p> <p><i>CHQ Research Strategy</i></p> | <ul style="list-style-type: none"> Integrated Health Equity lens into research portfolio | EDMS | EDA&TSIE EDNS EDAH | Director of Research | Research Sub-committee | | | | | TBD |

Priority area 3: Workforce Enablement

Why this is important

The unwavering commitment and skills of our workforce are the greatest strength of CHQ.

This year, we must continue to focus on activities that support us to build an environment where we all feel valued, are resilient and empowered. To do this we will focus on wellbeing and continuing to build skills, motivation and feedback mechanisms that enable and engage the workforce.

CHQ will also build upon their research and development agenda through a targeted plan which articulates the core deliverables of FY 23/24 and future trajectory in this space.

In achieving this, we create an engaged and enabled workforce who can be at their best to deliver life-changing care.

Strategies we are all working towards

1.1 Enable a supportive and inclusive culture that values diversity of experience, skills and perspectives

2.4 Support growth in a sustainable statewide paediatric workforce to deliver care where it is needed

3.5 Demonstrate leadership in local, regional, and statewide care and planning

4.5 Strengthen decision-making and accountability through effective governance and timely access to the right information

CARE ACROSS THE COMMUNITY AND HOSPITAL- *Strengthen access to care in the community and closer to home + optimise delivery of safe, appropriate, and timely hospital care*

| Integrated planning | Key activities for FY 23/24 | Executive Sponsor | Partner with | Implementation Lead | Governance Committee | Timeframe | | | | KPIs (target) and/or deliverables |
|-------------------------------------|---|-------------------|--------------|------------------------------|----------------------|-----------|----|----|----|--|
| | | | | | | Q1 | Q2 | Q3 | Q4 | |
| <i>Leadership Excellence at CHQ</i> | <ul style="list-style-type: none"> 3-year review and refresh of CHQ Leadership Excellence Framework Establish and launch CHQ Leadership Academy, a virtual hub of training and development tools and resources to support leaders | EDCCE | EDPG | Manager Culture & Leadership | DDELT | | | | | Evidence of 'one-CHQ' level of participation in review 10% uplift in 22-23 utilisation of CHQ Leadership Hub 10% improvement in 'Leadership + Leadership Perceptions' WFQ 2024 |

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| <i>CHQ Engagement Framework</i> | <ul style="list-style-type: none"> Develop a CHQ Employee Listening Plan (<i>WFQ Action</i>) | EDCCE | EDSPII EDPG Clinical Council | Manager Culture & Leadership | DDELT | | | | | Establish participation rate, benchmarks and targets for lifecycle activities. 10% improvement in 'Environment where employees feel heard' WFQ 2024. |
| | <ul style="list-style-type: none"> Co-design and implement Clinician Engagement Action Plan | EDAH | EDNS EDMS | | Clinical Council | | | | | |
| | <ul style="list-style-type: none"> Design and commence implementation of the strategic partnerships plan | EDCCE | EDSPII | Program Lead Strategic Partnerships | HSIIC | | | | | Actions delivered and endorsed in-line with plan. |
| | <ul style="list-style-type: none"> Launch and support roll-out of CHQ co-design toolkit | EDCCE | EDSPII | Program Lead Strategic Partnerships | HSIIC | | | | | Utilisation of CHQ Co-design Toolkit on at least 5x CHQ projects, including at least 2x Aboriginal and Torres Strait Islander focused projects. Establish benchmarks via formal and informal evaluation. |
| <i>CHQ Research Strategy</i> | <ul style="list-style-type: none"> Research plan developed in alignment with the CHQ Research Strategy | EDMS | EDAH/ EDNS | Director of Research | Research Sub-Committee | | | | | Research plan developed and commences implementation |
| <i>Leadership Excellence at CHQ</i> | <ul style="list-style-type: none"> Enhance and embed the <i>Growing Great Leaders</i> program within the CHQ Leadership Academy (<i>WFQ action</i>) | EDCCE | EDPG | | | | | | | Maintain or improve number of CHQ leaders who participated in the program. Establish benchmarks via 2023/24 utilisation rates. |

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| | <ul style="list-style-type: none"> Development and delivery of updated CHQ Finance Essentials Course to key cost centre managers and leaders (SCP - GGL1) | EDCS-CFO | EDPG EDCCE | Senior Director Finance | Finance and Performance Executive Committee (FPEC) | | | | | Financial literacy program |
| | <ul style="list-style-type: none"> Drive evidence-based decision making by incorporating data insights and performance dashboards to effectively monitor financial and operational performance against defined KPI's (SCP-GGL2) | EDCS-CFO | EDSPII EDPG | Senior Director Finance | FPEC | | | | | Development and implementation of CHQ Performance Dashboard to operational service leads Toolkit established which incorporates data insights and performance dashboards. |
| <i>Clinical Excellence at CHQ framework</i> | <ul style="list-style-type: none"> Review the mandatory training matrix and ensure fit for purpose and mapped to standards of care. | EDNS | EDAH/ EDMS | Workforce development Officer – Allied Health Nursing Director - Workforce Manager, Medical Workforce | Education and Training Committee | | | | | Improved mandatory compliance % Improved consistency of care |
| | <ul style="list-style-type: none"> Integrate CPD requirements of Medical workforce with targeted quality improvement initiatives | EDMS | EDSPII | Manager, Medical Workforce | Education and Training Committee | | | | | Tracking system for Medical workforce improvement initiatives |

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| | <ul style="list-style-type: none"> Review of professional, onsite orientation day | EDMS | EDAH/ EDNS | Nursing Director - Workforce Manager, Medical Workforce | Education and Training Committee | | | | | Onsite professional orientation day to include suite of mandatory/requisite training such as BLS, Occupational Violence, PPE management. |
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Priority area 4: Sustainable Care

Why this is important

The Queensland health system has and will continue to navigate increased hospital admissions and healthcare expenditure. Balancing the continued provision of acute and planned care with surge demands remains an ongoing challenge.

To maintain our position as a high-performing Hospital and Health Service, and to ensure we remain sustainable and responsive to the changing healthcare needs of children, young people, and their families now and into the future, several initiatives are under way as part of the CHQ Sustainable Care Program.

The CHQ Sustainable Care Program is designed to embed innovation, value, efficiency, and effective leadership at every level of our organisation so that the care we provide continues to be smart, safe and sustainable well into the future. By demonstrating good stewardship and use of our resources now we will continue to lead and drive creativity and innovation in paediatric care, education, and research for many years to come.

Strategies we are all working towards

- 1.4 Deliver compassionate leadership, respect and professionalism that promotes wellbeing and enables people to be at their best
- 2.3 Invest in leadership and talent development to create a pipeline that can respond to the opportunities ahead
- 3.7 Foster genuine connections that build trust and productive collaboration
- 4.7 Optimise efficiency, productivity and resource management to enable a sustainable system of care

Activity Optimisation (AO)

| Integrated planning | Key activities for FY 23/24 | Executive Sponsor | Partner with | Implementation Lead | Governance Committee | Timeframe | | | | KPIs (target) and/or deliverables |
|-------------------------------|---|-------------------|--------------|---------------------|----------------------|-----------|----|----|----|--|
| | | | | | | Q1 | Q2 | Q3 | Q4 | |
| Financial Sustainability Plan | <ul style="list-style-type: none"> Implement activity optimisation plan that supports ability to meet performance targets as outlined in the CHQ Service | EDCS | EDCS-CFO | | FPEC | | | | | Performance targets are met as reflected in Operational Scorecard. |

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| | Agreement (SCP-AO1A) | | | | | | | | | |
| | <ul style="list-style-type: none"> Clinical Documentation Improvement and Clinical Data Management (SCP-AO1B) | EDCS | EDCS-CFO | | Health Intelligence Committee | | | | | |
| | <ul style="list-style-type: none"> Research and clinical trials (SCP-AO2) | EDMS | EDSPII | | ELT | | | | | |
| Operational Excellence (OE) | | | | | | | | | | |
| Financial Sustainability Plan | <ul style="list-style-type: none"> Deliver <i>Patient flow workplan</i> (SCP-OE1) | EDNS | EDCS | | ELT | | | | | |
| | <ul style="list-style-type: none"> Deliver Nursing Workforce optimisation workplan (SCP-OE2) | EDNS | EDCS | | ELT | | | | | |
| | <ul style="list-style-type: none"> Deliver Medical Workforce optimisation workplan (SCP-OE3) | EDMS | EDCS | | ELT | | | | | |
| | <ul style="list-style-type: none"> Deliver ICT Optimisation workplan (SCP-OE4) | EDCS-CFO | EDCS | | ELT | | | | | |
| | <ul style="list-style-type: none"> Optimise Capex funds to support establishment of | EDCS-CFO | EDSPII | Senior Director Facilities and | Sustainable Investment | | | | | Development and endorsement of CHQ 5-Year Capital Asset Lifecycle Plan |

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| | SME Client Support roles essential to deliver the CHQ 5-Year Capital Asset Lifecycle Replacement Plan (SCP-OE5) | | | Capital Infrastructure Senior Director Finance Senior Director Digital Health | Review Committee | | | | | Identification of, and approval to recruit essential SME Client Support positions funded within identified Capex funds Utilise Capex funds to support key Opex funded positions that support delivery of Sustaining Capital Programs |
| | <ul style="list-style-type: none"> Implement medication and drug stewardship workplan (SCP-OE6) | EDMS | EDCS EDNS | | ELT | | | | | |

Strategic risk profile

CHQ's strategic risk profile reflects the positive and negative influences that may drive variability in our expected performance in pursuit of achieving our strategic objectives. As reviewed in June 2023, CHQ describes its strategic challenges and opportunities as follows:

Challenges

- Health system complexity and our response to changing public health context (e.g. COVID-19) impacts our ability to effectively and efficiently deliver connected care to our patients and families as close to home as possible
- Attracting, retaining and investing in a diverse workforce with specialised knowledge and skills, impacts how we deliver health service priorities.
- Our capacity to sustainably deliver paediatric services is impacted by population growth, increasing demand, changing disease profiles, and resource availability and stewardship.
- Our ability to innovate and expand the provision of high quality health service and performance of physical assets and facilities is impacted by access to capital funds to respond to growing population needs.

Opportunities

- Co-design culturally safe services to improve health equity and outcomes for all children and young people across Queensland including Aboriginal and Torres Strait Islander people and other vulnerable populations.
- Embed a person-centred approach to care that is inclusive, authentic and delivered in partnership with each child, young person, family and the community.
- Leverage innovative and contemporary digital solutions to enhance paediatric service delivery across the health system to improve accessibility of care and high quality health outcomes to all children, young people and families within the community.
- Lead and advocate translational research and innovation capability to improve health outcomes for children and young people.

Glossary

| | |
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| CDP | Child Development Program |
| CEQ | Clinical Excellence Queensland |
| CHF | Children's Hospital Foundation |
| CHIRPS | Children's Health Intelligence Reporting Portal |
| CHQ | Children's Health Queensland Hospital and Health Service |
| CIO | Chief Information Officer |
| EDA+TSIE | Executive Director Aboriginal and Torres Strait Islander Engagement |
| DoH | Department of Health |
| ECHO | Extension for Community Healthcare Outcomes |
| EDAH | Executive Director Allied Health |
| EDCCE | Executive Director Communications, Culture and Engagement |
| EDCS-CFO | Executive Director Clinical Services / Chief Finance Officer |
| EDCS | Executive Director Clinical Services |
| EDPG | Executive Director People and Governance |
| EDMS | Executive Director Medical Services |
| EDNS | Executive Director Nursing Services |
| EDSPII | Executive Director Strategy, Planning, Improvement and Innovation |

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| ELT | Executive Leadership Team |
| FCCC | Family Centred Care Committee |
| GCHHS | Gold Coast Hospital and Health Service |
| IUIH | Institute for Urban Indigenous Health |
| NHMRC | National Health and Medical Research Council |
| PICU | Paediatric Intensive Care Unit |
| PREM | Patient Reported Experience Measure |
| PROM | Patient Reported Outcome Measure |
| PSQS | Patient Safety and Quality Service |
| QAIHC | Queensland Aboriginal and Islander Health Council |
| QCH | Queensland Children's Hospital |
| QCYCN | Queensland Child and Youth Clinical Network |
| SWIM | Strength with Immersion |
| TBA | To be advised |
| THHS | Townsville Hospital and Health Service |
| UQ | University of Queensland |
| WHSW | Work Health Safety and Wellbeing |
| WMHHS | West Moreton Hospital and Health Service |

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Appendix 1 Strategic Plan 2020-2024 alignment

Value all people

- 1.1 Enable a supportive and inclusive culture that values diversity of experience, skills and perspectives
- 1.2 Actively listen, learn and respond to the voices of children, young people, families and staff in the design and delivery of care
- 1.3 Empower and equip children, young people and families to be knowledgeable and confident navigators of their health and wellbeing
- 1.4 Deliver compassionate leadership, respect and professionalism that promotes wellbeing and enables people to be at their best
- 1.5 Address the physical, psychological, cultural and social aspects of health and wellbeing
- 1.6 Deliver accessible, responsive and culturally safe care that improves health equity for Aboriginal and Torres Strait Islander people
- 1.7 Actively eliminate racial discrimination and institutional racism

Perform at our best every time

- 4.1 Embed continuous quality improvement in all that we do
- 4.2 Integrate quality and performance mechanisms for safe, reliable, high value care
- 4.3 Protect and enhance health and wellbeing through an agile and robust pandemic response
- 4.4 Align infrastructure, workforce and service planning to collectively respond to current and future needs
- 4.5 Strengthen decision-making and accountability through effective governance and timely access to the right information
- 4.6 Demonstrate our commitment to being environmentally responsible
- 4.7 Optimise efficiency, productivity and resource management to enable a sustainable system of care

Generate knowledge and innovate

- 2.1 Champion a culture of curiosity, critical enquiry, innovation and improvement
- 2.2 Mobilise and empower the Queensland paediatric research community to generate and lead ground-breaking research and translate new knowledge into better health outcomes
- 2.3 Invest in leadership and talent development to create a pipeline that can respond to the opportunities ahead
- 2.4 Support growth in a sustainable statewide paediatric workforce to deliver care where it is needed
- 2.5 Build interprofessional communities of practice whereby knowledge is fostered, and experience is shared
- 2.6 Advance health and business intelligence capability to support a population-based approach to planning and investment

Collaborate in care

- 3.1 Work together across boundaries for the best experience and outcomes
- 3.2 Advocate as a collective voice to reduce health inequities, by leading, influencing, and implementing policy and practice
- 3.3 Work with Aboriginal and Torres Strait Islander peoples, communities and organisations to co-design integrated models of care
- 3.4 Leverage virtual and alternative models to connect, understand and improve the experience and accessibility of care
- 3.5 Demonstrate leadership in local, regional and statewide care and planning
- 3.6 Proactively support seamless transition of children and young people through the care continuum
- 3.7 Foster genuine connections that build trust and productive collaboration