

Our strategic plan

The Children's Health Queensland Strategic Plan 2013–17 is informed by the following Queensland Government's health priorities, principles and key outcomes.

The Queensland Government's commitment to the state's future prosperity is being achieved through the delivery of five pledges¹ to:

1. grow a four-pillar economy
2. lower the cost of living
3. invest in better infrastructure and use better planning
4. revitalise front-line services for families
5. restore accountability in government.

Health System Priorities for Queensland 2013–14, issued in May 2013, identified the following state and Department of Health priorities:

The *Blueprint for better healthcare in Queensland 2013* contains four principal themes:

- Health services focused on patients and people
- Empowering the community and our health workforce
- Providing Queenslanders with value in health services
- Investing, innovating and planning for the future.

In line with the above themes, the *Department of Health Strategic Plan 2012–2016* (2013 update) outlines four key outcomes:

1. Queenslanders live longer, healthier and more independent lives
2. Health equity is improving
3. Queenslanders have confidence that their health system responds well to their needs
4. The health system is affordable, sustainable and continually improving.

View the *Children's Health Queensland Strategic Plan 2013–2017* (2014 update) at:

www.health.qld.gov.au/childrenshealth/docs/strat-plan.pdf

Strategic goals

The Children's Health Queensland Strategic Plan 2013–17 sets out six strategic goals for the organisation:

1. Lead the provision of quality healthcare for children and young people

We will be a national leader in best-practice care models, patient safety, quality systems and clinical outcomes. We will take a collaborative approach based on mutual respect, timely and open communication, and partnership with families and communities to provide the best possible care for children and young people across Queensland.

2. Build strong partnerships and engagement for improved health outcomes

We are committed to building strong partnerships and networks as well as engaging with health providers, the community, consumers, families and clinicians to deliver improved care and health outcomes for children and young people.

3. Build an empowered and engaged workforce

We are committed to building an empowered and engaged workforce. Through staff communication and engagement we will attract and nurture a committed, talented staff and be an employer of choice for paediatric staff nationally.

4. Define and implement CHQ's statewide role

We will drive improvements in the delivery of quality healthcare to children and young people across the state.

5. Enhance financial management

We are committed to fiscal sustainability and responsiveness and managing costs to ensure we can fund opportunities for future investment in key initiatives.

6. Enhance research and learning

We strive for excellence in paediatric healthcare, through innovation, research, education and whole-of-organisation learning.

1. Getting Queensland back on track Statement of objectives for the community, Department of Premier and Cabinet, 2012

Children's Health Queensland is operating in a financially challenging environment which is likely to continue for the foreseeable future. As a result, it is the responsibility of everyone within the organisation to work towards ensuring the hospital and health service remains efficient and sustainable.

Fiscal impacts

The 2013 *Blueprint for better healthcare in Queensland* announced a decision to expose public sector health services to contestability, which means testing some services in an open market to ensure value for money.

Following a rigorous evaluation, the Minister for Health announced on 24 July 2013 that a combined team of Royal and Mater children's hospital staff would provide the majority of clinical and clinical support services in the LCCH.

On 1 April 2014, CHQ announced that Medirest had been awarded the contract to provide the following facilities management services at the LCCH: portage and patient support, cleaning, patient food, linen and laundry, materials distribution, building and engineering maintenance, grounds and gardens maintenance, security, pest control, central energy plant maintenance and a facilities management helpdesk. By partnering with Medirest to deliver these services, CHQ can focus on its core business of providing the best possible health care for children and young people.

The National Partnership Agreement on Hospital and Health Workforce Reform was established to improve the efficiency and capacity of public hospitals. Under the agreement, hospitals will move towards a funding model aligned with national activity-based criteria.

Burden of disease

As the population of Queensland and therefore its children and young people continues to grow, demand for our services will increase.

Health challenges for many Queensland children include obesity, respiratory diseases, mental health conditions, sexually transmittable diseases, infant mortality, dental health, premature and low birth weight, immunisation, physical harm and neglect, and childhood injuries.

Statistics from the *Snapshot 2013: Children and Young People in Queensland*, authored by the Commission for Children and Young People and the Child Guardian, indicates an estimated 22,150 children and young people (birth to 17 years) in Queensland require assistance in one or more core activity areas as a result of either disability or a long-term health condition. This translates to a rate of 21 out of every 1000 children and young people.

Workforce challenges

To prepare for the opening of the LCCH, CHQ has commenced a major and complex recruitment process to build a talented and motivated workforce that continues to deliver safe, high-quality and sustainable healthcare.

The *Lady Cilento Children's Hospital Workforce Establishment Strategy*, approved by the Director-General on 17 January 2014, is consistent with the organisation's goal to see the expertise and experience of staff at the RCH and MCH transferred to the new hospital. The strategy provides a phased approach to recruitment with two levels of eligibility for CHQ and Mater Health Services staff and then open merit advertising to the public for any positions not filled through this targeted advertising process. It is anticipated that the recruitment process will be complete by the end of September 2014.

The appointment of Medirest as the provider of facilities management services for the LCCH has impacted CHQ staff who currently provide some of these services at the RCH. CHQ is working with these staff members regarding their options, which includes the opportunity for re-training for other positions in the LCCH. Throughout this process CHQ is working closely with Medirest and an outplacement and career services provider to support staff.

CHQ will continue to undergo rapid growth and transformation over the next five years. To help the organisation navigate this period a cultural enhancement strategy has been developed. This strategy provides an overarching framework for building capacity and capability, with a focus on developing and retaining a motivated and high-quality professional workforce equipped to meet future challenges.



Transition and integration: Lady Cilento Children's Hospital

Children's Health Queensland has an opportunity to be a national leader providing quality health care to children and young people. The opening of the LCCH will allow CHQ to improve the provision of paediatric services by:

- harnessing the expertise of former RCH and MCH staff
- providing world class facilities
- creating new partnerships
- implementing best practice models of care
- improving efficiencies through design, environment and service co-location
- being a sought after place of employment, education and research
- harnessing staff, patient and community enthusiasm.

This transition however does not come without risk. CHQ and the MCH are working collaboratively to ensure that all staff are well prepared for the move and that patient safety is at the core of this transition.

Improving care across the state

Children's Health Queensland has an exciting opportunity as part of its statewide role to work with other hospital and health services and healthcare providers to improve the health of children across the state. CHQ plays a leading role in improving complex care coordination, paediatric education and training, access to paediatric advice and learnings from adverse clinical

events. This will require the development of new and innovative service models, as well as the maintenance and development of close and effective working relationships with other HHSs.

Funding availability

The ongoing devolution of responsibility from Queensland Health combined with increasing competition for funding, has necessitated a focus on ensuring HHS expectations and funding are matched appropriately. Increased cost modelling and effective communication between CHQ, the Department of Health and other HHSs will be instrumental in mitigating this risk.

Fiscal sustainability and responsiveness

Children's Health Queensland has an obligation to ensure its services are provided as cost effectively as possible. The delivery of services within a nationally efficient price requires the organisation to monitor performance, manage costs and actively explore own-source-revenue initiatives. In the past year CHQ has seen improvement in our ability to deliver on all key performance indicators and remains in a strong financial position.



Quality healthcare for all Queensland families

The best possible family-centred care as close to home as possible

As the only hospital and health service with a statewide paediatric remit, Children's Health Queensland is working hard to deliver a strengthened network of services and support to ensure we provide quality health services for children, young people and their families, regardless of where they live.

Following the 2013 launch of a \$3.2 million package of initiatives to improve the delivery and coordination of care, we have continued to address important needs of families and healthcare providers across the state.

These initiatives have provided an opportunity to partner with all hospital and health services to continue delivering important services and improve health outcomes for all Queensland children.

Connected Care Program

The Connected Care Program aims to improve access to specialist paediatric services and support for families of children with complex and chronic health conditions, particularly those living in regional and rural areas. By improving communication between health care providers, the program will ensure a child's care is managed seamlessly across acute, community and primary healthcare sectors.

A key component of the program is the appointment of local 'care coordinators', who serve as a central point of contact for families and facilitate integrated care that empowers clinicians and families within their local community. In 2013–14, 13 care coordinators were appointed across the state and by the end of June 2014, 92 children were enrolled in the program.

A single comprehensive care plan is prepared for each child to streamline their journey through the healthcare system. The care plan also helps reduce the risk of issues being missed and ensures that treatment for multiple conditions is integrated whenever possible.

The program also coordinates specialist clinics for children with complex and chronic conditions into one day where possible to make attending appointments easier for families. Fortnightly allocated clinic times mean we can bring specialists together based on the needs of children at that time rather than on the availability of the specialist.

For many regional and rural families, the need to see multiple specialists can be difficult to manage. This has typically resulted in unnecessary travel to metropolitan and regional centres. To improve this situation, clinics offering multiple specialities and disciplines have been

established at the RCH (and will transition to the LCCH) to ease some of the travel pressures faced by families and reducing the need for multiple hospital visits. This approach to managing complex care allows us to better meet international standards of care.

Following evaluation of the Connected Care Program pilot, full implementation of the program across Queensland will take place in 2014, enabling us to provide care coordination services for around 4700 children.

A 24/7 hotline for clinicians

Clinicians across the state will have access to a 24-hour, seven-day-a-week clinical advice service using telehealth video and teleconferencing technology.

In 2013–14 a partnership was established with Retrieval Services Queensland to collaborate on developing and implementing an improved paediatric advice service. This will occur throughout the next 12 months and ensure regional clinicians, often faced with uncommon paediatric conditions, can access the right information, from the right person, at the right time with one phone call.

This advice service will enable clinicians across Queensland to make the best decisions about how to treat, or whether to transfer a child to another centre. The service will be supported by connecting expert general paediatricians and specialists, who will provide clinical advice.

Ensuring regional clinicians can access the right information, from the right person, at the right time.



The Simulation Training on Resuscitation for Kids (SToRK) program

The SToRK program provides regional and rural clinicians with greater access to tailored paediatric training to ensure they are appropriately equipped to provide quality care in their local area.

Last year nearly 400 clinicians were trained in their local hospital and health service while a further 4000 clinicians statewide completed online training modules. The development of tailored in-service placements at the LCCH will further enhance the paediatric skills of clinicians across the state, ensuring every child who presents at a hospital can be assured the best possible response.

Queensland Children's Critical Incident panel

CHQ is now providing the enhanced support of the Queensland Children's Critical Incident Panel. This statewide panel of 25 clinicians provides support to local clinical teams to review critical incidents, implement coronial recommendations and support local teams to prevent similar events reoccurring. As of 30 June 2014, the panel had reviewed four incidents across the state.

Setting the standard for safe and effective paediatric healthcare

Children’s Health Queensland’s commitment to excellence in patient safety and quality is underlined by a strategic framework to make our vision of best possible health for every child and young person in Queensland a reality.

Launched in 2013, our *Patient Safety & Quality Improvement Strategy 2013–2015* outlines our vision, goals and performance measures for safety and quality by 2015, and identifies and addresses existing gaps in patient safety.

Developed by CHQ’s Patient Safety and Quality Service, with input from all clinicians, the strategy is informed by a quality framework¹, which defines healthcare under the domains of safety, efficiency, effectiveness, appropriateness, patient centricity and equity.

The strategy’s four objectives, addressing the principles of safe, appropriate, timely and effective care, contribute to the central objective of providing care consistently focused on the needs of our patients and families. Achievements under each of these objectives are outlined below.

Safe

- In 2013, CHQ achieved full accreditation status demonstrating that our care meets National Safety and Quality Health Services Standards.
- A new patient safety management system was implemented to prevent harm and improve the support available to staff and families who have been involved in situations where care has not gone as planned or where their child has been harmed.

Appropriate

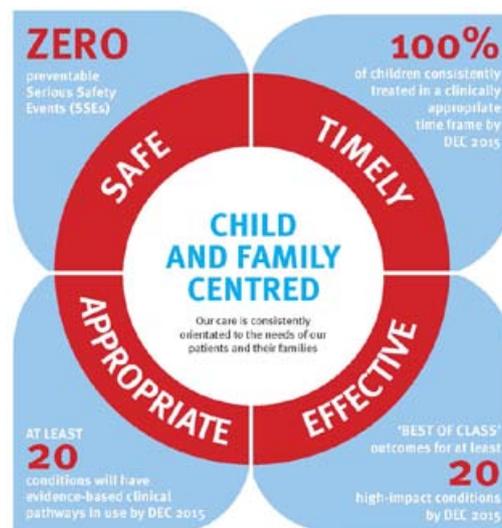
- Development of a series of clinical care pathways is under way to support medical and nursing staff in standardising care for children with a series of specific conditions. The use of care pathways reduces risk through streamlining of care. Our goal is to have 20 pathways in use by December 2015.
- The statewide Connected Care Program ensures children with complex or chronic health needs have access to the services they require as close to home as possible. We currently have 13 care coordinators looking after 92 children and families.

Timely

- The national emergency access target initiative aims to ensure patients are discharged home, admitted to a ward, or transferred to another facility within four hours of arriving in emergency. The RCH is consistently exceeding the current national target of 83 per cent, averaging around 87 per cent. We are continually striving to improve this. Similarly our performance against the national elective surgery target is on track. (See page 44.)
- A discharge communication redesign initiative aims to ensure families and care providers such as GPs receive written communication at discharge. This project resulted in a significant improvement in the percentage of discharge summaries completed within 48 hours, from 30 per cent to more than 90 per cent.

Effective

- Each clinical service in CHQ engages in national and international collaborations and benchmarking to ensure that children are receiving the best care possible. Enrolment in international collaborative trials in areas such as childhood cancer has resulted in a 90 per cent cure rate for children with acute lymphoblastic leukaemia, consistent with world’s best practice.



Child- and family-centred

- A Patient Experience Improvement Officer has been appointed to work directly with staff, children and families to develop strategies to improve the overall healthcare experience.
- CHQ was the first hospital and health service in Queensland to implement ‘Ryan’s Rule’, a tool for families to escalate concerns about their child’s care via a three-step process. In the first instance families are encouraged to speak with their child’s nurse or doctor. If they feel the matter is not resolved, they can then speak to the nurse in charge or call 13 Health to request a Ryan’s Rule clinical review. A Ryan’s Rule call will alert our Medical Emergency Response Team to visit the ward and assess the situation.

¹Institute of Medicine (IOM). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington DC: National Academy Press; 2001.



Working with our consumers is vital for continuous service improvement

Patients, families and carers play an invaluable role in health care planning

The Children's Health Queensland Consumer and Community Engagement Strategy 2012–15, provides the overall direction for engagement activities, particularly in relation to service improvements and organisational priorities.

A number of activities under the strategy have commenced. This includes the successful launch of the Patient Story Program, where families are invited to present their stories directly to the CHQ Hospital and Health Board. Through sharing their experiences, families can identify opportunities for service improvement, as well as highlight examples of excellence in care.

Partnering with families

The Family Advisory Council (FAC) is CHQ's key consumer advisory group. The FAC meets monthly to provide input in response to key priorities and issues, as well as proactively identifying opportunities for improvements to CHQ services. In 2013–14 the FAC refreshed its membership and welcomed two new co-chairs to oversee the FAC for the next 12 months during the transition to the LCCH and the expansion of CHQ's statewide role.

FAC members regularly attend inductions for new medical and nursing staff to highlight our goal of providing a truly patient- and family-centred service. The FAC's presentation is a powerful way of providing staff with an understanding of CHQ's services through the eyes of families. It also helps build an appreciation of the impact CHQ can have on the lives of children and their families.

In 2013–14, FAC members also sat on more than 20 selection panels for senior medical, nursing, allied health and administrative staff to ensure the consumer perspective is considered during recruitment processes. The FAC also provided input into models of care and other clinical initiatives in preparation for the LCCH.

In 2014–15 the FAC will work on enhancing its capacity to represent families across the state. Priorities will include the development of a broad consumer network and key portfolio areas, together with tools and resources to support consumer participation across the organisation.

Working together to give children a good start in life

The Good Start program works with families and communities to create local initiatives focused on improving the health and wellbeing of Pacific Islander and Maori children.

The program aims to build skills, knowledge and confidence about healthy eating and lifestyles among the seven targeted communities—Cook Islander, Fijian, Fijian-Indian, Maori, Papua New Guinean, Samoan and Tongan.

By teaching children about the importance of lifestyle choices, the program aims to prevent chronic diseases such as diabetes, heart disease and obesity.

In 2013–14, the Good Start team built on the relationships developed in the first years of the program. Working with the resources and materials developed, the program is now supporting these communities to address health issues and concerns for themselves.

In the past 12 months, the Good Start team collaborated with 26 schools in Queensland to deliver more than

720 nutrition education and physical activity sessions to over 16,700 kids. Within the community, they delivered more than 700 chronic disease prevention sessions to more than 4400 participants.

This year the program also expanded with new offices opening in Cairns and the Gold Coast. This saw the team increase to 16 multicultural health workers with Maori and Pacific Island backgrounds, including a Samoan medical scientist and a Tongan dietitian.

The University of Queensland’s School of Population Health has also come on board to evaluate outcomes of the projects. Initial results show a significant impact on knowledge, attitudes and practices for children in the program around consuming vegetables, reducing sugary drinks and increasing physical activity.

This initiative is an important element of Children’s Health Queensland’s contribution towards the National Partnership Agreement on Preventative Health.

Calendar shares stories of hope

CYMHS clients are using photography to share their personal journeys in a calendar that helps promote awareness of youth mental health issues.

The *Images of a Hero* calendar aims to present mental health information and services in an accessible way, enhance connection with others, and reduce the stigma associated with mental health.

To produce the calendar, young people and peer mentors from the Beautiful Minds youth advisory council work with a professional photographer to develop their creative skills and understand aspects of their personal strength and resilience.

The project has received extremely positive feedback from young people, parents, carers and service providers.

The 2015 *Images of a Hero* calendar will be launched during Mental Health Week in October 2014.



Celebrating children and families

National Families Week in May and National Children’s Week in October are a highlight of the Children’s Health Queensland events calendar.

Special celebrations are held each year at the Royal Children’s Hospital to recognise the important role that children and their families play in the health of the greater community.

With family being central to the care we provide at CHQ, the week also provides an opportunity

to highlight our commitment to partnering with families to deliver the best possible health outcomes for children and young people.

A program of activities, arts and crafts, live entertainment and special guests is developed for each week to engage patients and families and offer them a temporary distraction from their health issues.

Information stands and displays also increase awareness of child health services.

Health service strategic objective	Government's objectives for the community	CHQ strategies	Outcomes
<p>1. Leading the provision of quality healthcare for children and young people</p>	<p>Revitalise front-line services</p> <p>Invest in better infrastructure and better planning</p>	<p>Optimise quality health care and health outcomes</p>	<ul style="list-style-type: none"> • CHQ's <i>Patient Safety and Improvement Strategy 2013–2015</i> was developed, providing a road map of CHQ's vision and goals for safety and quality performance by 2015. • The RCH is meeting the national emergency access target as mandated by the national partnership agreement. The RCH is achieving 87 per cent (target is 83 per cent for 2014) of patients discharged home, admitted to a ward or transferred to another facility within four hours of arrival in the Emergency Department. • The RCH continues to deliver considerable improvements against the national elective surgery target, including long wait patients. The RCH met its overarching long wait goals as at end of June. These include key elective surgery targets, zero long wait patients exceeding the clinically recommended time frame for surgery, and key performance targets for 'treating-in-time' for category 2 and 3 patients. • Clinical care pathways are being developed to support medical and nursing staff to standardise care for children who have a series of conditions. Seven clinical pathways are almost complete, with a further three in early stages of development. The aim is to have established an agreed clinical pathway for the top 20 conditions by 2015. • The <i>Queensland Emergency Department Experience Survey 2013</i> found the RCH to be the top-rated hospital in the overall satisfaction category, with 88 per cent of parents/guardians rating their child's care as 'excellent' or 'very good'. • CHQ achieved full accreditation status against the National Safety and Quality Health Services Standards. • CHQ's safety events are monitored on a monthly basis, and multiple strategies are in place to achieve the target of zero serious safety events by 2015.
		<p>Effective commissioning of the Lady Cilento Children's Hospital</p>	<ul style="list-style-type: none"> • The LCCH is scheduled to open at the end of November 2014. CHQ is on track to meet time frames for the operation of the LCCH, with appropriate mitigation and patient safety plans in place.
<p>2. Building strong partnerships and engagement for improved health outcomes</p>	<p>Revitalise front-line services</p>	<p>Collaborate with Medicare Locals and other primary health care providers</p>	<ul style="list-style-type: none"> • CHQ has established formal agreements with a number of Medicare Locals to streamline referral pathways and increase access to health care services for families. Each agreement prioritises key health care priorities for the local area. To date CHQ has signed protocols with Metro North Brisbane, Greater Metro South Brisbane, West Moreton-Oxley, and Darling Downs South West Medicare Locals. Draft protocols and engagement with other Medicare Locals are in progress.
		<p>Optimise engagement with consumers and the community</p>	<ul style="list-style-type: none"> • CHQ has implemented the Patient Story Program, with families presenting their stories directly to the CHQ Board. This has helped identify opportunities for service improvement, as well as highlight examples of excellence in care. • FAC members regularly attended induction for medical and nursing staff. • FAC members participated in over 20 selection panels for senior medical, nursing, allied health and administrative staff, ensuring that the consumer perspective is considered during the recruitment process.

OUTCOMES

Health service strategic objective	Government's objectives for the community	CHQ strategies	Outcomes
2. Building strong partnerships and engagement for improved health outcomes		Optimise engagement with clinicians	<ul style="list-style-type: none"> A key component of the Clinical Engagement Strategy, the clinician engagement panel was implemented, bringing together clinicians from CHQ and the Mater Health Services Paediatric Services. The panel consulted on various CHQ strategy documents, including the <i>CHQ Research Strategy 2013–2016</i>, and the <i>CHQ Patient Safety and Quality Improvement Strategy</i>. The Board held monthly sessions on patient safety and quality with clinical teams under the banner of 'quality in focus'. The Board also regularly toured clinical areas.
		Build a strategic partnership with the Children's Hospital Foundation	<ul style="list-style-type: none"> The Children's Hospital Foundation's objectives have been linked to the broader CHQ statewide remit. The foundation has adopted the <i>CHQ Research Strategy 2013–2016</i> as the basis for decision making on funding research. The foundation also implemented a major gifts campaign, with the involvement of CHQ's Board Chair and Chief Executive, which targets major gift and bequest opportunities associated with the LCCH.
3. Define and implement Children's Health Queensland's statewide role	Revitalise front-line services	Enhance the coordination of care for children with chronic and complex conditions	<ul style="list-style-type: none"> The Connected Care Program has been implemented and will provide care coordination services for around 4700 children with complex and chronic health care needs across Queensland. This program streamlines the patient and family journey through the healthcare system, reducing unnecessary travel to metropolitan and regional centres to access care, and provides each child with a comprehensive care plan. There were 92 children enrolled in the program as at 30 June 2014.
		Improve the provision of timely and accessible advice to regional and rural practitioners	<ul style="list-style-type: none"> Clinicians across Queensland are now benefiting from a 24/7 support service which facilitates and formalises timely clinical specialist and sub-specialist advice, addressing the need for the right information from the right person at the right time. CHQ has partnered with Retrieval Services Queensland to improve expert paediatric advice services, ensuring timely and accessible clinical advice is available to regional and rural practitioners. The service will be developed with the aim of full integration of the paediatric nursing components of retrieval coordination, clinical advice and telehealth coordination.
		Enhance knowledge and confidence through paediatric training and education	<ul style="list-style-type: none"> To meet HHS demand, CHQ HHS has provided targeted online, face-to-face and in-house placements for Queensland Health clinicians through a tailored and responsive learning and development plan. The Simulation Training on Resuscitation for Kids (SToRK) program has provided online, face-to-face and in-service training packages for clinicians across the state on paediatric emergencies and basic life support. As at 30 June 2014, 5150 clinicians across Queensland had enrolled in the online training with 4000 of these having completed the modules. A further 400 have completed face-to-face training.
		Formation of a capable paediatric root cause analysis facility to be deployed across Queensland	<ul style="list-style-type: none"> The Queensland Children's Critical Incident Panel has been established to provide all Queensland hospital and health services with access to expert support and mentorship from a panel of 25 critical incident experts located throughout Queensland. To date, the panel has supported four complex and critical incidents across the state.

Health service strategic objective	Government's objectives for the community	CHQ strategies	Outcomes
4. Enhance financial management	Restore accountability in government	Enhance financial stewardship and accountability	<ul style="list-style-type: none"> The monthly divisional performance reports now include risk-rated major factor analysis for informing management of key issues and strategies. Four management capability training sessions have been provided for cost centre managers this year with 87 staff attending these sessions.
		Continue to improve Activity Based Funding (including understanding of and capability)	<ul style="list-style-type: none"> Continued efficiencies implemented during the year have resulted in the average cost per weighted average unit reducing from \$5142 in 2012–13 to \$4889 for 2013–14.
		Maximise Revenue and Investment Opportunities	<ul style="list-style-type: none"> The initiatives outlined in the own-source-revenue strategy have been implemented during this year. The benefit of these initiatives has not yet been fully realised. The PHI conversion rate as at 30 July 2014 was 77.5 per cent against the target of 85 per cent. The difference between the actual and target conversion rate is due to senior medical contract negotiations being underway during the later months of the 2013–14 financial year and some issues with BUPA around accommodation charges for patients and parents with private health insurance admitted at the Ellen Barron Family Centre. Work is underway to address these matters.
5. Build an empowered and engaged workforce	Revitalise front-line services	Assist staff to maximise their health and wellbeing by encouraging a productive and harmonious workplace environment	<ul style="list-style-type: none"> CHQ continued to implement the Work Health and Safety Strategic Plan. CHQ supports and implements Queensland Health's work-life balance policy by enabling staff to work according to flexible arrangements. These include opportunities to work part-time and to purchase leave in addition to standard recreational leave entitlements. This year, 25 staff participated in purchased leave arrangements. More than 400 staff (23 per cent of the CHQ permanent workforce) are employed on a permanent part-time basis. Work has also commenced on the development of a wellbeing program. This will focus on emotional, cultural, financial, spiritual, social and physical wellbeing outcomes for CHQ staff.
		Support capability and leadership development by building the capability of middle managers	<ul style="list-style-type: none"> CHQ delivered extensive staff training programs, both face-to-face and online, including orientation programs, mandatory training, non-clinical training and government training. An executive and senior manager framework has been developed and will be fully implemented during the 2014–15 financial year. The CHQ Management Capability Program continued this year. Designed specifically for CHQ's line managers, it builds and enhances a leadership culture at all levels that is accountable, safety-conscious and capable. Strengthening management capability in the areas of human resources, finance, project management and process improvement, 32 sessions were held throughout 2013–14. Eighty per cent of line manager participants said they felt competent to practically apply the knowledge and skills gained through the sessions. The program for 2014–15 has been updated to incorporate additional topics specifically for new managers and will continue to focus and build commitment for the new hospital environment and future capability.

OUTCOMES

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5. Build an empowered and engaged workforce		Develop a positive culture and identity which encourages and recognises high performance	<ul style="list-style-type: none"> Best Practice Australia facilitated a staff survey encouraging staff to outline the behaviours and attitudes that would support CHQ's agreed values. Fifty-six per cent of staff completed the survey. Results will be used to facilitate and integrate existing and new staff into the LCCH, and develop a culture that is understood and widely communicated.
		Provide meaningful opportunities for clinicians to engage in key issues across CHQ	<ul style="list-style-type: none"> Through a clinician engagement strategy, CHQ committed to engage with clinicians in a way that is purpose-driven and changes the way CHQ works to improve care for children. During 2013–14, CHQ utilised the clinician engagement panel to enable improved consultative methods with clinicians on key strategic documents. Clinicians have also been provided with the opportunity to engage in monthly sessions with the CHQ Board.
6. Develop and translate new knowledge into improved outcomes	Revitalise front-line services	Encourage and promote innovation and new ideas across all areas of the service	<ul style="list-style-type: none"> The Board Chair's Innovation Excellence Award, established in 2013, recognises people who have demonstrated innovation in service delivery, with a strong focus on enhancing the safety and quality of the care we provide our patients and families. This award is a component of the Celebrating Our People Awards, part of the <i>CHQ Reward and Recognition Plan 2012–2015</i>. In 2013, 46 nominations were received, with the General Paediatrics Allied Health Model of Care Project winning the inaugural Innovation Excellence Award. The plan also provides a framework for encouraging and rewarding staff for achievement at a local and national level.
		Implement a contemporary clinical education framework which improves clinical care	<ul style="list-style-type: none"> The nursing education unit is collaborating with medical and allied health colleagues to identify opportunities where inter-professional learning can take place. A number of multidisciplinary education sessions and programs took place in 2013–14, with continued focus on increasing this collaboration. The inter-professional Recognition and Management of the Deteriorating Paediatric Patient Program, incorporates clinical cases utilising the Children's Early Warning Tool (CEWT) and simulated scenarios.
		Actively promote research awareness and enhance a clinical research culture	<ul style="list-style-type: none"> CHQ developed and implemented the <i>CHQ Research Strategy 2013–2016</i> in late 2013, with five key themes aimed at improving the health of Queensland children and reducing the burden of disease. The strategy outlines CHQ's support to develop inter-disciplinary research and develop collaborative partnerships with universities including joint appointments in medicine, nursing and allied health disciplines. Multidisciplinary teams have been involved in the planning and execution of many studies in 2013–14, including research programmes in the areas of infections, indigenous health, cerebral palsy, respiratory disease, burns, and oncology. A new Director of Research commenced to lead the transition to the Centre for Children's Health Research alongside the LCCH, and to work with key stakeholders to develop and promote research in every division and service. The Director of Research is working with the Queensland Children's Medical Research Institute (QCMRI) director to develop governance structures that encourage closer collaboration between CHQ and QCMRI. New academic appointments are also planned involving university partners. An expanded research support unit will be developed to facilitate design, approval and execution of research across the organisation.

Health service strategic objective	Government's objectives for the community	CHQ strategies	Outcomes
<p>6. Develop and translate new knowledge into improved outcomes</p>		<p>Maximise research partnerships and their value to enhance care and health outcomes for children</p>	<ul style="list-style-type: none"> • A key theme of the <i>CHQ Research Strategy 2013–2016</i> is to translate research findings into practice, by working with our partners to grow research investment and output. • Published research that has influenced current or future clinical practice includes: <ul style="list-style-type: none"> » two randomised trials of azithromycin » a dose ranging study of safety and immunogenicity of a new vaccine against neisseria meningitidis in children and adolescents » a study published in the <i>New England Journal of Medicine</i>, demonstrating that neutrophil elastase was a significant factor in cystic fibrosis lung disease. This provides a basis for future trials of novel agents directed against activated neutrophils in this complex disease. • CHQ clinical researchers played a leading role in research activity of QCMRI, with QCMRI researchers attracting more than \$10 million in externally funded research in 2013. A number of fellowships, grants and PhD scholarships were also awarded. • The Children's Health and Environment Program, delivered by QCMRI, was recognised as a World Health Organisation Collaborating Centre in 2013.