

# Children's Health Queensland

## Operational Plan FY 2024-2025

August 2024

**Children's Health Queensland Operational Plan FY 2024-2025**

Published by the State of Queensland (Queensland Health), August 2024



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## Table of contents

Our Current and Future Operating Environment.....	4
Setting CHQ's Operational Focus for FY 2024-2025.....	4
Integrated Strategy and Planning Framework .....	4
Supporting Queensland Government Priorities .....	5
Queensland Disaster Management Arrangements.....	5
Commitment to Human Rights Act 2019 .....	5
About us.....	5
Our Services .....	6
Our Activity .....	7
Our Workforce (June 2024).....	7
FY 2024-2025 Service Projections .....	8
Performance Accountability, Monitoring and Review.....	9
Leadership and Accountability .....	9
Performance Monitoring.....	9
Operational Priorities for FY 2024-2025 .....	12
Strategic risk profile .....	25
Glossary.....	25
References .....	26
Appendix 1 Strategic Plan 2024-2028 .....	27

## Our Current and Future Operating Environment

Children's Health Queensland (CHQ)'s complex operating environment requires continuous response and adaptation while balancing our core delivery requirements. Our integrated approach to planning and performance is critical to supporting organisational effort towards delivering safe, equitable and person-centred care within the fiscal environment.

As part of our integrated strategy and planning approach, CHQ has embedded regular horizon synthesis to identify and analyse future trends, challenges, and opportunities impacting on the delivery of paediatric healthcare services across Queensland and nationally. The development of the *CHQ Strategic Plan 2024-2028* involved a comprehensive internal and external analysis to inform CHQ's strategic planning as well as planning and service delivery across the next financial year.

CHQ's portfolio of organisational priorities and associated activities for Financial Year (FY) 2024 to 2025 are outlined in this *CHQ Operational Plan 2024-2025*. 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 2024-2025

### Integrated Strategy and Planning Framework

CHQ's Integrated Strategy and Planning Framework (Figure 1) ensures that our strategies, plans and frameworks support CHQ to enact our vision, values, and strategic direction. This approach enables CHQ leadership to make coordinated and sustainable investment to collectively deliver our vision: *children and young people first*.

CHQ's Operational priorities are aligned to the four strategic priorities of the [CHQ Strategic Plan 2024-2028](#):

- i. **Engaged workforce:** deliver an inclusive environment where our people are valued, safe and empowered to make change.
- ii. **Sustainable futures:** accelerate sustainable high-value care through integration, innovation, and transformation.
- iii. **Networked care:** Advance the statewide paediatric and adolescent health system through partnership.
- iv. **Strong communities:** Support prevention, promotion and early intervention that helps keep children and young people healthy in their communities.

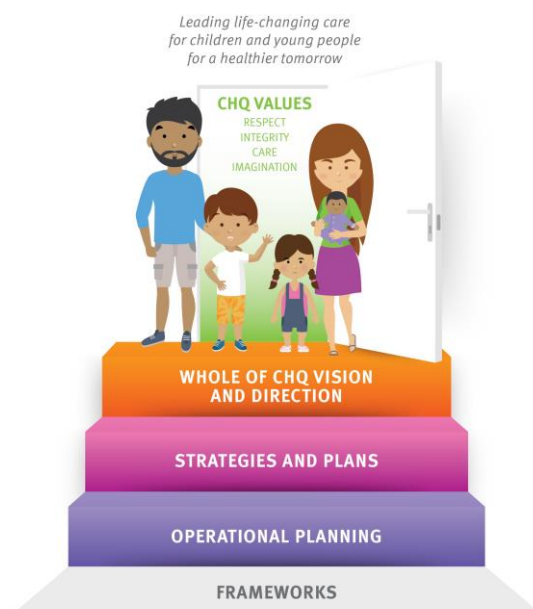


Figure 1. CHQ Integrated Strategy and Planning Framework

The *CHQ Operational Plan 2024-2025* articulates CHQ's approach to achieving strategic objectives during the financial year 2024-2025. This includes:

- A list of activities and deliverables for FY 2024-2025,
- Key performance indicators and associated targets,
- Leadership roles and responsibilities,
- Challenges and opportunities, and
- A process for effective performance monitoring.

The *CHQ Operational Plan 2024-2025* 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 2024-2025* complies with the [Agency Planning Requirements 2024](#) and Section 8 of the [Financial and Performance Management Standards 2019](#).

## Supporting Queensland Government Priorities

CHQ's operational planning is aligned with broader government objectives and strategy. 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 [Managing organisational disruption Policy](#) ("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 develop and continue to review our policies, programs, procedures, practices and service delivery to ensure our decisions and actions are compatible with human rights. We will ensure that human rights are central to everything 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, 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 over 70 sites across the greater Brisbane metropolitan area. CHQ also partners with the 15 other hospital and health services in Queensland, as well as a broad range of other government agencies, 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.

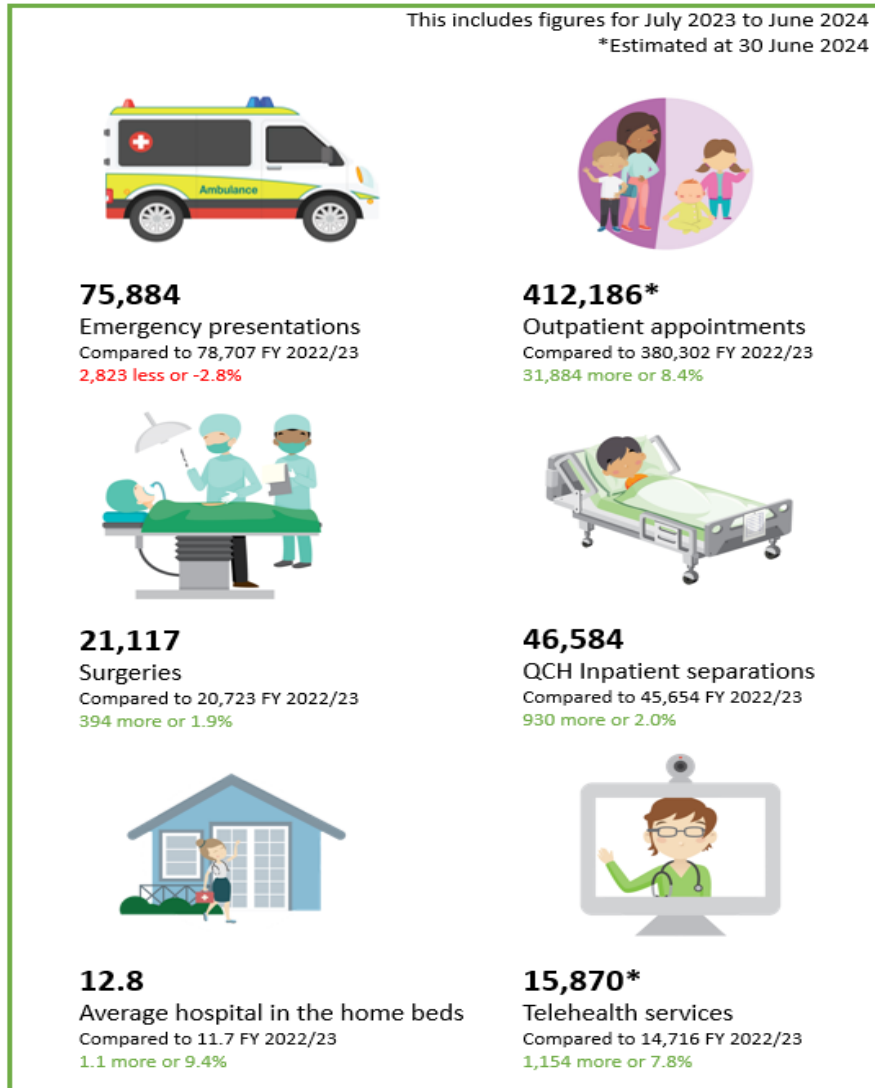
**Our Services**

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

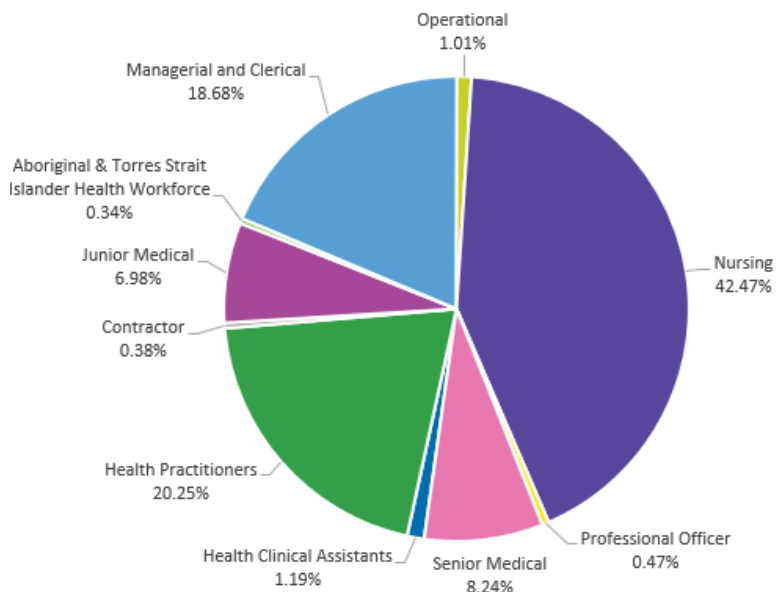
Figure 2. CHQ Services as outlined in the CHQ Master Plan 2021/22 – 2035/36

## Our Activity

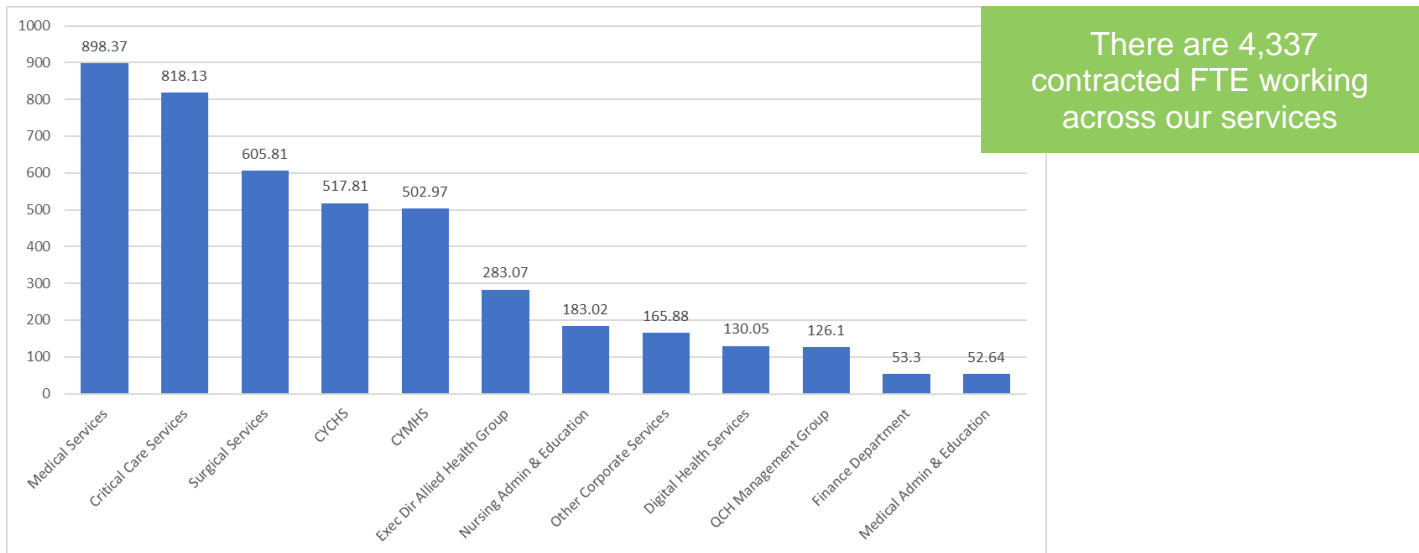
### FY 2023-2024 summary



## Our Workforce (June 2024)



There are 5,547 individuals across the CHQ workforce.



There are 4,337 contracted FTE working across our services

### FY 2024-2025 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 2023/24 WAU Target (SDS) (Q26)	FY 2024/25 WAU Target (SDS) (Q26)	FY 2023/24 Activity forecast^ Cases	FY 2024/25 Activity projected^ Cases
Acute Inpatients	69,801	70,943	46,597	47,265
Outpatient	16,675	18,625	377,529	385,431
Sub-acute	2,742	2,783	927	1,178
Emergency Department	9,269	9,435	75,897	78,332
Mental Health	4,425	4,483	891	1,038
<b>Total All Services</b>	<b>102,912</b>	<b>106,269</b>	<b>501,841</b>	<b>513,244</b>



## Performance Accountability, Monitoring and Review

### Leadership and Accountability

The ELT carry collective accountability for delivery of the *CHQ Operational Plan 2024-2025*. 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
<b>Leader of self</b> (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.
<b>Leader of others</b> (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.
<b>Leaders of leaders</b> (e.g. Service Directors, NUMs)	Coach leaders and optimise systems and processes, to enable teams to focus on operational activities in the most effective and efficient way.
<b>Leader of function</b> (e.g. Divisional Directors, Clinical Directors, Corporate Directors)	Create and prioritise activities that integrate and align with overarching CHQ operational activities and their deliverables, drive implementation, and monitor and report progress against aligned activities on a quarterly basis.
<b>Leaders of portfolio</b> (Executive Leadership Team)	Develop and hold accountability for operational activities, deliverables and measures of success that align with the strategic direction of CHQ; clearly articulate expectations and cascade appropriate activities in collaboration with divisional leaders or portfolio 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.
<b>Leader of health service</b> (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.
<b>Board</b>	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 CHQ's established organisational performance indicators and associated targets (see table 3 below) are tracked, reported, and discussed as a leadership team each Quarter. This quarterly 'organisational health check' is also shared with the Board on a quarterly basis.

**Table 3: Organisational Performance Scorecard – 'Organisational Health Check'**

Domain	Key performance indicators	Target (FY24/25)
Safe	Sentinel events	0
	Healthcare Associated Staphylococcus Aureus (including MRSA) Bacteraemia (SABSI)	≤1.0 per 10,000 bed days
	Severity Assessment Code (SAC) 1 analysis completed in 90 days	≥70%
	Seclusion events per 1,000 admitted patient days	≤15 events
	Hospital Acquired Complications (HAC)	≤95% band
Timely	Elective surgery long waits	0
	QCH specialist outpatient long waits	2,663
	Hospital in the home utilisation	≥13 beds
	Relative stay index	≤1.00
	Hospital Access Target: % of emergency stays within 4 hours (all patients)	≥77.6%
Person-centred	<p><i>Patient reported experience measure (PREM):</i></p> <ul style="list-style-type: none"> <li>Percentage of children/young people who report receiving information in a way they can understand</li> <li>Percentage of parents/carers who report receiving information in a way they can understand</li> <li>Percentage of children/young people who stated that they were involved in decisions about their care</li> <li>Percentage of parent/carer who stated that they were involved in decisions about the patients' care</li> </ul>	≥80%
Equitable	First Nations people representation in the workforce	≥ 3.01%
	Percentage of inpatients that identify as 'not stated'	≤ 2%
	Rate of failure to provide outpatient appointments for Aboriginal and Torres Strait Islander patients	≤9%
	CHQ specialist outpatients long waits for Aboriginal and Torres Strait Islander peoples	160
	Relative stay index for Aboriginal and Torres Strait Islander peoples (parity with non-Indigenous population)	≤ 1

Domain	Key performance indicators	Target (FY24/25)
Efficient	Year-to-Date Operating Position	Balanced or favourable
	Full Year Forecast Operating Position	Balanced or favourable
	NHRA In Scope QWAU Activity variance to plan	≥-0.5%
	Year-to-date cost per Queensland Weighted Activity Unit (QWAU)	≤\$5,883
	Private health insurance utilisation	≥23.0%
Workforce	Average sustainable full-time equivalent (FTE)	3852*
	Full-time equivalent (FTE) vs budget	≤budget
	Mandatory training compliance rate	≥90%
	Paid sick, carer's and pandemic leave rate	≤3.5%
	Work health and safety – Total recordable injury frequency rate (TRIFR)	<12.00
	Number of occupational violence incidents	270 per year (<67.5 per quarter)

\* To be confirmed for 2024/25

It is critical to balance **CHQ's Organisational Performance Scorecard** or quarterly '**Organisational Health Check**' alongside established **Strategic Plan Scorecard** (see table 4 below) which tracks CHQ's Strategic Plan 2024-2028 priorities and associated objectives. These strategic priorities and measures cascade to operational plans and demonstrate our strategic investment and impact of the year-on-year focused initiatives. Ultimately, this brings our [CHQ Strategic Plan 2024-2028](#) to life.

Furthermore, each integrated and aligned operational activity has its own KPIs and/or deliverables to identify and measure impact of the established initiative. Collectively, the prioritised operational activities drive impact against our strategic performance measures. These are monitored, reported, and discussed through the Quarterly Integrated Planning and Performance reviews.

**Table 4: CHQ Strategic Plan 2024-2028 Scorecard**

Strategy	Measured by	Key performance indicators
Engaged workforce	Improvement in indicators of workforce engagement, safety and wellbeing	Overall improvement of culture dashboard
		Working for Queensland (WfQ) staff engagement score (Annual)
		Total recordable injury frequency rate (TRIFR)
		Fatigue Penalty rate
		Fatigue Leave rate
	% increase of workforce that identify as Aboriginal and/or Torres Strait Islander	Aboriginal and Torres Strait Islander peoples' representation in the health
	CHQ workforce diversity and inclusion indicators comparable to Queensland population diversity	Proportion of Workforce - Non-English Speaking Background
		Proportion of Workforce - People With Disabilities
		Proportion of Workforce - LGBTIQ+
	% increase workforce retention rate in identified areas	Retention Rate - All Pay streams, Managerial and Clerical
Vacancy Rate - All Pay streams, Managerial and Clerical		

Strategy	Measured by	Key performance indicators
Sustainable Futures	Sustainable surplus is achieved and contributed to innovation and growth	Full Year Forecast Operating Position \$M
	Strategic infrastructure investment is informed through integrated planning.	Hold – Measure to be developed
	Reduction in the delivery of low value care	Hold – Measure to be developed
	Improved overall score on the annual Internal Institutional Racism Audit	CHQ racism audit score (Annual)
	Improvement in patient flow and specialist outpatient wait time at Queensland Children’s Hospital	Hospital Access Target: % of emergency stays within 4 hours (all patients)
		Emergency - Median wait time for service (minutes)
		Specialist Outpatients: Reduction of long wait patients
		Outpatients – Median Wait time for initial service event (days)
	Proportion of overnight inpatients discharged by 10am	
Networked Care	Number of formal training partnerships with other HHSs and education institutions	Number of Formal Training Partnerships
	The role and responsibilities for statewide services are reflected in the CHQ Service Agreement	Hold – Measure to be developed
	Increased consumer partnerships in CHQ care	Increased consumer partnerships in CHQ care – parents/carers
		Overall rating of care is positive – parents/carers
		Social, emotional, and cultural wellbeing – parents/carers
		Social, emotional, and cultural wellbeing – children/young people
Increased consumer partnerships in service planning, design, implementation and evaluation	Hold – Measure to be developed	
Strong Communities	% of overall patient experience feedback which is positive	Overall improvement of patient experience dashboard
	Reduced proportion of total overnight separations that are potentially preventable hospitalisations	Potentially Preventable Hospitalisations (non-diabetes complications)
	Increase in the uptake of Hospital in the Home activity	Hospital in the home (HITH) utilisation
	Increase in availability and utilisation of services for diverse communities	Hold – Measure to be developed

## Operational Priorities for FY 2024-2025

The [CHQ Strategic Plan 2024-2028](#) identifies four (4) core priorities that are being actioned through our prioritised operational activities.

CHQ’s priorities and associated activities for FY 2024-2025 cascade and drive outcomes towards our collective strategic objectives, strategies and their key performance measures as described in the [CHQ Strategic Plan 2024-2028](#). The strategic priorities and associated operational 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 ELT. It should be noted that this list does not include the significant daily operating workload that teams are delivering concurrently and continuously improving upon.



## Engaged Workforce

At CHQ, *we care for and value our people*. Deliver an inclusive environment where our people are valued, safe, and empowered to make change.

We will do this through our core strategies of:

- 1.1 Proactively provide an environment where physical health, psychological and cultural safety are paramount.
- 1.2 Invest in learning for leadership, digital capability and experience design through people, processes, and systems.
- 1.3 Build a diverse and inclusive workforce which includes lived experience and peer workforces.
- 1.4 Grow and retain the Aboriginal and Torres Strait Islander workforce.
- 1.5 Develop and celebrate workforce talent.

**Key for aligned strategies / plans:** **A&TSIHES** = Aboriginal and Torres Strait Islander Health Equity Strategy; **CCEP** = Consumer and Community Engagement Plan; **CCP** = Connected Community Pathways; **CSP** = Clinical Services Plan; **D&DS** = Digital and Data Strategy; **HWEP** = Health Worker Engagement Plan; **MHWS** = Mental Health & Wellbeing Strategy; **MP** = Master Plan; **SCP** = Sustainable Care Program; **SP** = Strategic Plan 2024-2028; **RS** = Research Strategy

Key activities for FY 24/25	Executive Sponsor	Divisional and functional alignment	Governance Committee	Timeline				KPIs (target) and/or deliverables	Aligned Strategies / Plans
				Q1	Q2	Q3	Q4		
<ul style="list-style-type: none"> <li>Launch Wellbeing strategy and associated actions for FY 24/25 including the Mentally Healthy Workforce Project and related psychosocial hazard code framework</li> </ul>	EDPG	Safety and Wellbeing	ELT					<ul style="list-style-type: none"> <li>*Accessible staff psychologist appointed and in role.</li> <li>*Psychosocial hazard risk assessment tool and insights developed.</li> </ul>	SP1.1 MHWS
<ul style="list-style-type: none"> <li>Complete a 3-year review and refresh of the <i>Leadership Excellence Framework</i></li> </ul>	EDCCE	Experience and Engagement	ELT					<ul style="list-style-type: none"> <li>*4x framework awareness workshops for leaders.</li> <li>*1X benchmark study on leader use of framework</li> </ul>	SP1.2 HWEP
<ul style="list-style-type: none"> <li>Deliver the <i>Nursing Excellence Strategy</i> and associated actions</li> </ul>	EDNS	All Clinical Divisions	ELT					Developed KPIs in leadership and performance tracked across strategy pillars.	SP1.2
<ul style="list-style-type: none"> <li>Increase opportunities for leadership development across CHQ</li> </ul>	EDCCE	Experience and Engagement	ELT					<ul style="list-style-type: none"> <li>*1x Benchmark study on workforce registrations and completions.</li> <li>*10% increase in # of leader registrations and completions of programs</li> <li>*Minimum 60% employee satisfaction with program content.</li> </ul>	SP1.2 HWEP

<ul style="list-style-type: none"> <li>Implement <i>CHQ Health Worker Engagement</i> action plan (year 1 actions)</li> </ul>	EDCCE	Experience and Engagement	Clinical Council					<ul style="list-style-type: none"> <li>*# CCE-HWEP activities delivered.</li> <li>*60% satisfaction rate with CCE-HWEP activities delivered.</li> <li>*1x Benchmark study on employee experience scorecard to set baseline</li> </ul>	SP1.2 HWEP
<ul style="list-style-type: none"> <li>Procure and implement an employee insights and data platform</li> </ul>	EDCCE	Experience and Engagement	ELT					<ul style="list-style-type: none"> <li>*Platform operational by 30 June 2025</li> <li>*Platform delivered within budget</li> <li>*6x platform change awareness engagement activities delivered.</li> </ul>	SP1.2 HWEP
<ul style="list-style-type: none"> <li>Deliver Co-design @ CHQ 2.0 to support workforce with practical guidance and tools to apply a co-design approach</li> </ul>	EDCCE	Strategic Partnerships	HSIIC					Co-design @ CHQ 2.0 interactive toolkit live	SP1.2 CCEP
<ul style="list-style-type: none"> <li>Co-design and implement with Aboriginal and Torres Strait Islander staff a CHQ Aboriginal and Torres Strait Islander workforce plan</li> </ul>	EDPG	Health Equity Program	HESSC					Plan will be developed quarter 1 with a view that actions falling out from the plan anticipated for implementation in quarter 3-4.	SP1.4 A&TSIHES
<ul style="list-style-type: none"> <li>CHQ Excellence Awards - Media of Distinction and Health Hero of the Decade Awards delivered.</li> </ul>	EDCCE	Experience and Engagement	ELT					Awards programme delivered on time and on budget	SP1.5
<ul style="list-style-type: none"> <li>Increase engaging content for identified experience priority areas. This includes but not limited to 10 years of QCH rolling initiatives across calendar year.</li> </ul>	EDCCE	Experience and Engagement	ELT					5% increase in quarterly social media engagements identified priority employee experiences	SP1.5

## Sustainable futures

At CHQ, we *imagine the future and enact plans to get us there*. Accelerate sustainable, high-value care through integration, innovation and transformation.

We will do this through our core strategies of:

- 2.1 Leverage technology to streamline and simplify healthcare.
- 2.2 Advance clinical excellence through initiatives that drive transformative health outcomes.
- 2.3 Actively eliminate racial discrimination and institutional racism.
- 2.4 Lead internationally-recognised research and knowledge translation.
- 2.5 Deliver healthcare that promotes sustainable development of the planet.
- 2.6 Integrate governance, operational processes and systems to improve efficiency.

**Key for aligned strategies / plans:** **A&TSIHES** = Aboriginal and Torres Strait Islander Health Equity Strategy; **CCEP** = Consumer and Community Engagement Plan; **CCP** = Connected Community Pathways; **CSP** = Clinical Services Plan; **D&DS** = Digital and Data Strategy; **HWEP** = Health Worker Engagement Plan; **MHWS** = Mental Health & Wellbeing Strategy; **MP** = Master Plan; **SCP** = Sustainable Care Program; **SP** = Strategic Plan 2024-2028; **RS** = Research Strategy

Key activities for FY 24/25	Executive Sponsor	Divisional and functional alignment	Governance Committee	Timeline				KPIs (target) and/or deliverables	Aligned Strategies / Plans
				Q1	Q2	Q3	Q4		
<ul style="list-style-type: none"> <li>Deliver the Sleep System Replacement project and supporting model of care</li> </ul>	EDCS	Division of Medicine	Divisional Management Meeting					*Transition and replacement plan *Developed Model of Care for implementation	SP2.1
<ul style="list-style-type: none"> <li>Deploy iWFM time in attendance integrated rostering system for Nursing</li> </ul>	EDNS		ELT					Project will commence in August 2024 and go-live 2/2/2025	SP2.1 SCP
<ul style="list-style-type: none"> <li>Finalise and implement the CHQ Digital and Data Strategy</li> </ul>	EDCS-CFO	Digital Health Services	Project Steering Committee					Action and implementation plan developed in alignment	SP2.1 D&DS
<ul style="list-style-type: none"> <li>Enable digital modes of collaboration across system boundaries</li> </ul>	EDCS-CFO	Digital Health Services	ELT					Implementation of a system to enable closed loop clinical communications and integrated task management - linkage to CHQ Master Plan	SP2.1 D&DS

<ul style="list-style-type: none"> <li>Evolve Dreaming Big at CHQ initiatives</li> </ul>	EDSP11	Improvement and Innovation	HSIIC					Refreshed Innovation Framework; Annual Hackathon; framework for external entrepreneurial and innovation partnerships	SP2.2
<ul style="list-style-type: none"> <li>Deliver upon the Kids First Program and associated actions</li> </ul>	EDNS	Facilities & Capital Infrastructure; Improvement and Innovation	Kids First Steering Committee					<ul style="list-style-type: none"> <li>*Develop method for prioritising projects and undertake 6mthly prioritisation review/s.</li> <li>*Deliver on agreed priority projects within each project's timeline.</li> <li>*Create project templates to support initiative owners in project record keeping and upskilling.</li> <li>*Support the mobilisation, trialling, embedding and evaluation of patient flow improvement work.</li> <li>*Improve governance and communication of Kids First across QCH.</li> <li>*Support 2024-2028 strategic plan indicators of: <ul style="list-style-type: none"> <li>-% emergency stays within 4hrs</li> <li>-% of overnight inpatients discharged by 10am</li> <li>-ED median wait time</li> </ul> </li> </ul>	SP2.2 SCP CSP
<ul style="list-style-type: none"> <li>Design and deliver sustainable ward configurations that meet the demand and service requirements (including short stay medical ward and home wards)</li> </ul>	EDCS	Division of Medicine; Facilities & Capital Infrastructure; Improvement and Innovation	Kids First Steering Committee					Ward reconfigurations (short stay medical ward, home wards).	SP2.2 SCP CSP MP



<ul style="list-style-type: none"> <li>Design and deliver model of care for general paediatrics</li> </ul>	EDMS	Division of Medicine; Improvement and Innovation	General Paediatric Model of Care Steering Committee					*Delivery across a range of program initiatives managed under the review including but not limited to: <ul style="list-style-type: none"> <li>Medical workforce rostering system and ICT enablement for general paediatrics (task manager).</li> </ul>	SP2.2 SCP CSP
<ul style="list-style-type: none"> <li>Implement and evaluate the Genetic Counselling MOC and plan for scale and expansions</li> </ul>	EDCS	Division of Medicine	SIRC					Improved and timely access to Genetic Counsellors at CHQ	SP2.2 CSP
<ul style="list-style-type: none"> <li>Commence planning and delivery of Oral immunotherapy at CHQ</li> </ul>	EDCS	Division of Medicine	SIRC						SP2.2 CSP
<ul style="list-style-type: none"> <li>Design fit for purpose model of care for improved access to specialist outpatients at QCH</li> </ul>	EDCS	Division of Critical Care, Medicine, Surgery and Perioperative Care	Outpatients Improvement Project Steering Committee					Achieve the long wait target of less than 2000 long waits by the end of December 2025	SP2.2 CSP MP
<ul style="list-style-type: none"> <li>Deliver expansion of SOPD clinic to improve capacity to provide enhanced ambulatory care services</li> </ul>	EDCS	Division of Critical Care, Medicine, Surgery and Perioperative Care; Facilities & Capital Infrastructure	SOPD Expansion Oversight Committee					Design, develop, and commission the additional SOPD clinic capacity on Level 6 QCH	SP2.2 CSP MP
<ul style="list-style-type: none"> <li>Design and implement the Statewide Paediatric Sexual Assault Examination Service</li> </ul>	EDCS	Division of Medicine	SIRC					Implement the first year of the statewide sexual assault examination service by end of June 2025	SP2.2 CSP

<ul style="list-style-type: none"> <li>Optimise Capex funds to support establishment of SME Client Support roles essential to deliver the CHQ 5-Year Capital Asset Lifecycle Replacement Plan (SCP-OE5)</li> </ul>	EDCS-CFO	Facilities & Capital Infrastructure; Financial Services	Sustainable Investment Review Committee					<ul style="list-style-type: none"> <li>*Development and endorsement of CHQ 5-Year Capital Asset Lifecycle Plan</li> <li>*Identification of, and approval to recruit essential SME Client Support positions funded within identified Capex funds</li> <li>*Utilise Capex funds to support key Opex funded positions that support delivery of Sustaining Capital Programs</li> </ul>	SP2.2 SCP
<ul style="list-style-type: none"> <li>Develop Closing the Gap priority waitlists (inpatients and outpatients) where Aboriginal and Torres Strait Islander patients are prioritised (relevant to health need)</li> </ul>	EDCS	All Clinical Divisions; Health Equity Program	HESSC/ Outpatients Improvement Project Steering Committee					Improvement in access through specialist outpatient and First Nations clinic expansions - Ophthalmology and Cardiology.	SP2.3 A&TSIHES
<ul style="list-style-type: none"> <li>Develop a Racism Complaints Pathway</li> </ul>	EDPG	Health Equity Program; Safety and Wellbeing	HESSC						SP2.3 A&TSIHES
<ul style="list-style-type: none"> <li>Enhance clinical trials and research translation</li> </ul>	EDMS	Research Directorate						<ul style="list-style-type: none"> <li>*Improved capacity for clinical trials in advanced therapeutics.</li> <li>*Strengthened financial governance</li> </ul>	SP2.4 SCP RS
<ul style="list-style-type: none"> <li>Improve organisational visibility of research project investment, actions, and outcomes</li> </ul>	EDMS	Research Directorate	ELT					Clear action and reporting of research project investments through Quarterly reporting and DDEL T	SP2.4 RS
<ul style="list-style-type: none"> <li>Strengthen Health Service and Systems Research activity</li> </ul>	EDAH							Reviewed HSSR governance and committee structure	SP2.4 RS
<ul style="list-style-type: none"> <li>Develop and launch Environmental Sustainability and Climate Change Plan</li> </ul>	EDAH/ EDCS-CFO		CHQ Board					<ul style="list-style-type: none"> <li>* Baseline analysis completed.</li> <li>* Developed by end of calendar year.</li> <li>* New governance to be established.</li> </ul>	SP2.5

<ul style="list-style-type: none"> <li>Develop and implement criteria-led partnership prioritisation methodology</li> </ul>	EDCCE	Strategic Partnerships	ELT					ELT approved methodology	SP2.6
<ul style="list-style-type: none"> <li>Drive evidence-based decision making by incorporating data insights and performance dashboards to effectively monitor financial and operational performance against defined KPIS</li> </ul>	EDPG	Strategy and Planning; Financial Services	FPEC					<ul style="list-style-type: none"> <li>*Development and implementation of CHQ Performance Dashboard to operational service leads</li> <li>*Toolkit established which incorporates data insights and performance dashboards.</li> </ul>	SP2.6 SCP
<ul style="list-style-type: none"> <li>Mobilise a Strategic Portfolio Management Function and deliver horizon 1 and 2 deliverables</li> </ul>	EDSPII	Strategy and Planning	SPMF Working Group and ELT					<ul style="list-style-type: none"> <li>*Mobilised strategic portfolio management function and phase 1 deliverables</li> <li>*Established tools and templates</li> <li>*Implementation Q2</li> <li>*Evaluation Q4</li> </ul>	SP2.6 SCP
<ul style="list-style-type: none"> <li>Future-proof CHQ's digital and data ecosystem</li> </ul>	EDCS-CFO	Digital Health Services	ELT					<ul style="list-style-type: none"> <li>*Implement a safe and efficient end-to-end clinical workflow which supports ordering meals with consideration of patient's nutrition needs and personal preferences.</li> <li>*Implement a new DHS Portfolio and Project Reporting Tool</li> </ul>	SP2.6 D&DS
<ul style="list-style-type: none"> <li>Enhance the reliability and agility of CHQ systems</li> </ul>	EDCS-CFO	Digital Health Services	ELT					<ul style="list-style-type: none"> <li>*Replace critical, end of life data storage infrastructure that supports clinical service delivery across CHQ. The three areas of focus for replacement are:(1) online storage, (2) network attached storage, (3) back-up infrastructure.</li> <li>*Continuation of implementation of ISMS Plan - Year 3 of ISMS Plan. Includes Cyber Awareness and Business Continuity Plan.</li> </ul>	SP2.6 D&DS

## Networked care

At CHQ, we learn and share our skills with integrity to make a real difference. Advance the statewide paediatric and adolescent health system through partnership.

We will do this through our core strategies of:

- 3.1 Evolve and deliver statewide models that transform continuity of care.
- 3.2 Scale and spread statewide paediatric and adolescent capability through innovative workforce models, registered training pathways and virtual opportunities.
- 3.3 Generate opportunities for networked paediatric and adolescent services using population-based health service insights.
- 3.4 Utilise Aboriginal and Torres Strait Islander-specific population based and social determinants data to drive equitable healthcare.
- 3.5 Build services that enable the capability of children, adolescents and young adults to transition beyond CHQ's care.

**Key for aligned strategies / plans:** **A&TSIHES** = Aboriginal and Torres Strait Islander Health Equity Strategy; **CCEP** = Consumer and Community Engagement Plan; **CCP** = Connected Community Pathways; **CSP** = Clinical Services Plan; **D&DS** = Digital and Data Strategy; **HWEPP** = Health Worker Engagement Plan; **MHWS** = Mental Health & Wellbeing Strategy; **MP** = Master Plan; **SCP** = Sustainable Care Program; **SP** = Strategic Plan 2024-2028; **RS** = Research Strategy

Key activities for FY 24/25	Executive Sponsor	Divisional and functional alignment	Governance Committee	Timeline				KPIs (target) and/or deliverables	Aligned Strategies / Plans
				Q1	Q2	Q3	Q4		
<ul style="list-style-type: none"> <li>Integrate and embed CHQ's Statewide role through strategic partnerships and planning initiatives across the Department of Health and cross agency departments</li> </ul>	EDSPII	Strategy and Planning	Statewide Paediatric Planning Steering Committee					System Planning initiatives reflect the paediatric context and CHQ's role in delivering care across the state. This includes development and deployment of: <ul style="list-style-type: none"> <li>- Statewide Cancer Strategy</li> <li>- Statewide Paediatric Plan</li> <li>- Paediatric Networked Care Model of Care pilots</li> <li>- Putting Kids First Strategy and associated initiatives (Connecting2U)</li> <li>- Mental Health and Wellbeing Strategy (HWQ)</li> </ul>	SP3.1/3.5 CSP
<ul style="list-style-type: none"> <li>Progress service planning approach for CHQ statewide services in partnership with Department and emergent contracting mechanisms. This includes piloted Networked Services.</li> </ul>	EDSPII	Strategy and Planning	ELT					*Number of Paediatric Networked care pilots  *Identify and scope Networked Models of Care for high demand CHQ statewide services.	SP3.1/3.5 CSP

<ul style="list-style-type: none"> <li>Clearly define CHQ's Statewide Services that are reported through the Annual Review Panel (ARP)</li> </ul>	EDSPII	Strategy and Planning	ELT Directors of Paediatrics ARP					CHQ Service Agreement reflects 7 ARP defined Statewide Services.	SP3.1 CSP
<ul style="list-style-type: none"> <li>Establish an internal reporting mechanism that provides statewide paediatric insights including capacity and service delivery challenges.</li> </ul>	EDSPII	Digital Health Service; Strategy and Planning	ELT Directors of Paediatrics Paed Planning Steer Co.					Paediatric Statewide Capacity report is scoped, designed by Dec 2024 with implementation and testing to follow.	SP3.3 CSP
<ul style="list-style-type: none"> <li>Build the capacity and capability of the paediatric health system through supporting other Hospital and Health Services with the design and delivery of paediatric services and expansions</li> </ul>	EDSPII	Strategy and Planning; Workforce Development leads (Allied Health, Nursing and Medicine)	SIOC Education and Training Committee					*Partnership with material expansions at: <ul style="list-style-type: none"> <li>The Prince Charles Hospital</li> <li>Townsville Children's Hospital</li> </ul> *Established tracker of innovative workforce models including joint HHS specialist appointments.	SP3.2/3.5 CSP MP
<ul style="list-style-type: none"> <li>Scope and develop a CHQ Clinical Services Plan</li> </ul>	EDSPII	Strategy and Planning	SIOC					Scope and develop phase to commence in September with launch in March 2025.	SP3.3 CSP MP
<ul style="list-style-type: none"> <li>Review and develop First Nations services closer to home (existing/new models) with local HHSs, ATSIHs and other organisations across all services including: virtual care, home visits and community outreach.</li> </ul>	EDCS	All Clinical Divisions; Health Equity Program	HESSC						SP3.4 A&TSIHES

## Strong communities

At CHQ, we *respect differences and promote ways to be healthy and well*. Support prevention, promotion and early intervention that helps keep children and young people healthy in their communities.

We will do this through our core strategies of:

- 4.1 Increase equitable access to person-centred and inclusive healthcare for diverse communities.
- 4.2 Develop and enhance partnerships with Aboriginal and Torres Strait Islander organisations.
- 4.3 Enable healthcare decision-making and navigation through health literacy initiatives.
- 4.4 Work in partnership with community to co-design and deliver integrated community-based services.
- 4.5 Promote the social, emotional and cultural wellbeing of all infants, children and young people who use CHQ hospital, community and mental health services.

**Key for aligned strategies / plans:** **A&TSIHES** = Aboriginal and Torres Strait Islander Health Equity Strategy; **CCEP** = Consumer and Community Engagement Plan; **CCP** = Connected Community Pathways; **CSP** = Clinical Services Plan; **D&DS** = Digital and Data Strategy; **HWEPE** = Health Worker Engagement Plan; **MHWS** = Mental Health & Wellbeing Strategy; **MP** = Master Plan; **SCP** = Sustainable Care Program; **SP** = Strategic Plan 2024-2028; **RS** = Research Strategy

Key activities for FY 24/25	Executive Sponsor	Divisional and functional alignment	Governance Committee	Timeline				KPIs (target) and/or deliverables	Aligned Strategies / Plans
				Q1	Q2	Q3	Q4		
<ul style="list-style-type: none"> <li>Leverage off the implementation of Mob-ED to design models of care that support all Aboriginal and Torres Strait Islander families access timely and relevant culturally appropriate services.</li> </ul>	EDCS	Division of Critical Care	HESSC					*Mod-ED evaluation utilised to inform optimal care pathways and support for Aboriginal and Torres Strait Islander families at CHQ and other HHSs.  *New service model that supports the IHLOS provide accessible support for inpatient and outpatient after hours care.	SP4.1 A&TSIHES
<ul style="list-style-type: none"> <li>Develop a Disability Action Plan</li> </ul>	EDAH		ELT						SP4.1

<ul style="list-style-type: none"> <li>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 mental health, suicide prevention, chronic health disease, youth incarceration, child safety, injury, substance misuse, sexual health and oral health).</li> </ul>	EDCS	CYCHS; CYMHS; Health Equity Program							SP4.2 A&TSIHES
<ul style="list-style-type: none"> <li>Review and develop culturally safe models of care with other health care providers to support a safe and seamless journey of care for the patient and their families (including consistent information patient record management).</li> </ul>	EDCS	All Clinical Divisions; Health Equity Program						Scoped and developed read only access for ieMR for information sharing across the care journey.	SP4.3 A&TSIHES
<ul style="list-style-type: none"> <li>Strengthen Health Literacy across CHQ and respond to Planetree recommendations.</li> </ul>	EDAH	Standards Committee	DDELT					Planetree recommendations are actioned against.	SP4.3
<ul style="list-style-type: none"> <li>Complete the Operational Commissioning and opening of the Dakabin Youth Hub</li> </ul>	EDCS-CFO	CYCHS; CYMHS; Facilities & Capital Infrastructure; Strategic Partnerships; Strategy and Planning	SIOC Project Steering Committee					Commissioning and opening of Dakabin Youth Hub by School Term 1 2025.	SP4.4 CSP MP
<ul style="list-style-type: none"> <li>In partnership HCD - design, commission and implement the service model for Yeronga Child and Youth Community Health Hub</li> </ul>	EDCS-CFO	CYCHS; CYMHS; Facilities & Capital Infrastructure; Strategy and Planning	SIOC Project Steering Committee					Master planning and service delivery profile determined for the Yeronga Child and Youth Health Hub	SP4.4 CSP MP

<ul style="list-style-type: none"> <li>Implementation of the Head2Health Kids-Q model (mental health and wellbeing centres) for early intervention supports for children aged 0-12 years and their families.</li> </ul>	EDCS	CYCHS; CYMHS	Divisional Performance Meetings					Mobilise and deliver to implementation plan	SP4.4 CSP MP
<ul style="list-style-type: none"> <li>In partnership with HCD - progress design, development and operational commissioning for Caboolture Community based Health Service</li> </ul>	EDCS-CFO	CYCHS; CYMHS; Facilities & Capital Infrastructure; Strategy and Planning	SIOC Project Steering Committee						SP4.4 CSP MP
<ul style="list-style-type: none"> <li>In partnership with HCD - design and development Inala Community based Health Service</li> </ul>	EDCS-CFO	CYCHS; CYMHS; Facilities & Capital Infrastructure; Strategy and Planning	SIOC Project Steering Committee						SP4.4 CSP MP
<ul style="list-style-type: none"> <li>Increase engaging content for identified experience priority areas</li> </ul>	EDCCE	Experience and Engagement	ELT					*5% uplift in quarterly social media engagements for identified priority consumer experiences.  *2 media opportunities per quarter promoting identified experience priority areas"	SP4.4



## Strategic risk profile

### Glossary

ABF	Activity Based Funding
ARP	Annual Review Panel
CHQ	Children's Health Queensland Hospital and Health Service
DDELT	Divisional Directors and Executive Leadership Team
DHS	Digital Health Service
ECHO	Extension for Community Healthcare Outcomes
EDA&TSIE	Executive Director Aboriginal and Torres Strait Islander Engagement
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
EDMS	Executive Director Medical Services
EDNS	Executive Director Nursing Services
EDPG	Executive Director People and Governance
EDSPII	Executive Director Strategy, Planning, Improvement and Innovation
ELT	Executive Leadership Team
FPEC	Finance and Performance Executive Committee
FTE	Full Time Equivalent
FY	Financial Year
HCD	Health Capital Division
HESSC	Health Equity Strategy Steering Committee
HSIIC	Health Service Improvement and Innovation Committee
HWQ	Health and Wellbeing Queensland
IHLO	Indigenous Health Liaison Officer
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcome Measure
QAIHC	Queensland Aboriginal and Islander Health Council
QCH	Queensland Children's Hospital
QWAU	Queensland Weighted Activity Unit
SIOC	Strategic Infrastructure Oversight Committee
SIRC	Strategic Investment Review Committee
SME	Subject Matter Expert
SOPD	Specialist Outpatient Department
SPMF	Strategic Portfolio Management Function
WAU	Weighted Activity Unit

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# Appendix 1 Strategic Plan 2024-2028



## Strategic Plan 2024-2028

Children's Health Queensland

	OBJECTIVES	STRATEGIES	MEASURED BY
OBJECTIVES	<b>Engaged workforce</b> <i>We care for and value our people</i>	<b>Sustainable futures</b> <i>We imagine the future and enact plans to get us there</i>	<b>Accelerate sustainable, high-value care through integration, innovation and transformation</b>
	<b>Deliver an inclusive environment where our people are valued, safe and empowered to make change</b>	<b>Networked care</b> <i>We learn and share our skills with integrity to make a real difference</i>	<b>Advance the statewide paediatric and adolescent health system through partnership</b>
	<b>MEASURED BY</b> <ul style="list-style-type: none"> <li>• Improvement in indicators of workforce engagement, safety and wellbeing</li> <li>• CHQ workforce diversity and inclusion indicators comparable to Queensland population diversity</li> <li>• % increase of workforce that identify as Aboriginal and/or Torres Strait Islander</li> <li>• % increase workforce retention rate in identified subspecialties</li> </ul>	<b>Strong communities</b> <i>We respect differences and promote ways to be healthy and well</i>	<b>Support prevention, promotion and early intervention that helps keep children and young people healthy in their communities</b>
STRATEGIES	<b>1.1</b> Proactively provide an environment where physical health, psychological and cultural safety are paramount. <b>1.2</b> Invest in learning for leadership, digital capability and experience design through people, processes and systems. <b>1.3</b> Build a diverse and inclusive workforce which includes lived experience and peer workforces. <b>1.4</b> Grow and retain the Aboriginal and Torres Strait Islander workforce. <b>1.5</b> Develop and celebrate workforce talent.	<b>3.1</b> Evolve and deliver statewide models that transform continuity of care. <b>3.2</b> Scale and spread statewide paediatric and adolescent capability through innovative workforce models, registered training pathways and virtual opportunities. <b>3.3</b> Generate opportunities for networked paediatric and adolescent services using population-based health service insights. <b>3.4</b> Utilise Aboriginal and Torres Strait Islander-specific population based and social determinants data to drive equitable healthcare. <b>3.5</b> Build services that enable the capability of children, adolescents and young adults to transition beyond CHQ's care.	<ul style="list-style-type: none"> <li>• Sustainable surplus is achieved and contributed to innovation and growth.</li> <li>• Prioritised infrastructure investment is informed through integrated planning.</li> <li>• Reduction in the delivery of low value care.</li> <li>• Improved overall score on the annual Internal Institutional Racism Audit.</li> </ul>
	<b>2.1</b> Leverage technology to streamline and simplify healthcare services. <b>2.2</b> Advance clinical excellence through initiatives that drive transformative health outcomes. <b>2.3</b> Actively eliminate racial discrimination and institutional racism. <b>2.4</b> Lead internationally-recognised research and knowledge translation. <b>2.5</b> Deliver healthcare that promotes sustainable development of the planet. <b>2.6</b> Integrate governance, operational processes and systems to improve efficiency.	<b>4.1</b> Increase equitable access to person-centred and inclusive healthcare for diverse communities. <b>4.2</b> Develop and enhance partnerships with Aboriginal and Torres Strait Islander organisations. <b>4.3</b> Enable healthcare decision-making and navigation through health literacy initiatives. <b>4.4</b> Work in partnership with community to co-design and deliver integrated community-based services. <b>4.5</b> Promote the social, emotional and cultural wellbeing of all infants, children and young people who use CHQ hospital, community and mental health services.	<ul style="list-style-type: none"> <li>• Improvement in patient flow and specialist outpatient wait time at QCH.</li> <li>• Number of formal training partnerships with other HHSs and education institutions.</li> <li>• The role and responsibilities for statewide services are reflected in the CHQ Service Agreement.</li> <li>• Increased consumer partnerships in CHQ care, service planning, design, implementation and evaluation.</li> </ul>
	<b>MEASURED BY</b> <ul style="list-style-type: none"> <li>• % of overall patient experience feedback which is positive.</li> <li>• Reduced proportion of total overnight separations that are potentially preventable hospitalisations.</li> <li>• Increase in the uptake of Hospital in the Home activity.</li> <li>• Increase in availability and utilisation of services for diverse communities.</li> </ul>		




### Our core principles

Implementation of the strategic priorities is guided by our core principles. These principles reflect our clinical excellence and encourage us to apply different lenses as we bring the strategies to life.



