Feedback

Feedback is important for improving the value of our future annual reports. We welcome your comments which can be made by contacting us at:

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Interpreter service statement

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Page 23. Courtesy of Deadly Ears program, Children’s Health Queensland Hospital and Health Service, Queensland Government.
Letter of compliance

The Honourable Lawrence Springborg MP
Minister for Health
Member for Southern Downs
Level 19, 147-163 Charlotte Street
Brisbane QLD 4000

Dear Minister Springborg,

I am pleased to present the 2012–13 Annual Report and financial statements for Children’s Health Queensland Hospital and Health Service.

I certify that this annual report complies with:
• the prescribed requirements of the Financial Accountability Act 2009 and the Financial and Performance Management Standard 2009, and
• the detailed requirements set out in the Annual report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements can be found on page 50 of this annual report or accessed at http://www.health.qld.gov.au/childrenshealth/html/publications.asp

Yours sincerely

Susan Johnston
Chair,
Children’s Health Queensland Hospital and Health Board
2012-13 at a glance

more than 332,700 episodes of care

20,144 hospital admissions

8,765 operations performed

24,632 emergency department presentations

3,233 mental health clients

158,138 community health appointments

21,699 prescriptions dispensed

104,438 outpatient appointments

110,000 patient meals prepared

average length of inpatient stay 2.5 days
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Overview

About us

Children’s Health Queensland (CHQ) is a specialist statewide hospital and health service committed to providing the best possible healthcare for every child and young person in Queensland. Created on 1 July 2012 as part of the National Health Reform Agreement, CHQ (formerly the Children’s Health Services District) cares for children and young people from across Queensland as well as northern New South Wales and overseas.

Our hospital and health service comprises the Royal Children’s Hospital (RCH), the Child and Youth Community Health Service (CYCHS), the Child and Youth Mental Health Service (CYMHS), as well as specialist paediatric outreach and telehealth services across the state.

As one of the major paediatric hospitals in Queensland, the Royal Children’s Hospital has cared for sick children and young people since 1878. Since that time it has built a reputation as a leader in clinical service delivery, education, research and child health advocacy.

Community and primary health services are delivered across the greater metropolitan Brisbane area from Kilcoy and Bribie Island in the north, south to Beaudesert and east to include the Moreton Bay islands. Child health, development and protection services are provided, as well as various specialised and statewide services such as the Ellen Barron Family Centre, Deadly Ears program and Early Years Initiative.

CYMHS offers specialised, high-level mental health services for families with children and young people (birth to 18 years) who are, or at-risk of, experiencing severe and complex mental health problems.

In collaboration with the Government’s Health Infrastructure Office, CHQ is responsible for the successful delivery of the Queensland Children’s Hospital.

CHQ also plays a key role in paediatric research and education, with strong links to the Queensland Children’s Medical Research Institute, the University of Queensland, the Queensland University of Technology, the Translational Research Institute and other academic institutions.

Our pioneering role in paediatric research will continue with the opening of an academic and research facility alongside the Queensland Children’s Hospital in 2014.

CHQ’s long-standing partnership with the Children’s Health Foundation Queensland continues to make an invaluable difference to the care we provide at the Royal Children’s Hospital. As well as contributing to research and the purchasing of new equipment, the Foundation’s 500-strong army of volunteers forms a vital part of our team.
Our vision

The best possible health for every child and young person, in every family, in every community in Queensland.

Our purpose

To provide children and young people with the best possible family-centred care.

Our values

Children’s Health Queensland is driven by the core value of patient- and family-centred care. We are committed to partnering with families in our pursuit of best possible healthcare outcomes for children and young people.

Patient- and family-centred care acknowledges that families can provide an important perspective for health professionals and they should be involved as partners in their child’s care. By working with parents, our staff can better understand the individual needs and issues facing a young patient and make more informed care decisions. Likewise, parents make better decisions for their children when they have all the information available.

Children’s Health Queensland aligns with the Queensland public service values of integrity and impartiality, promoting the public good, commitment to the system of government, and accountability and transparency.

Our approach

To help us provide children and young people with the best possible care, Children’s Health Queensland has adopted five ‘pillars of excellence’ to drive our shared goals throughout the organisation. These are:

People We will build an empowered and engaged workforce through teamwork, leadership development, recognition of achievement and meaningful communication.

Service We will transform the way paediatric healthcare is provided by practising patient- and family-centred care at every level of our service.

Safety and quality We will lead the way in patient safety, best-practice care models, quality systems and clinical outcomes.

Value We embrace redesign and innovation to deliver superior operating systems and continually improve the value of our service.

Research We strive to be at the forefront of discovery, education and the application of evidence-based practice in care processes and systems to deliver improved health outcomes for children and young people.

Aligning everything we do to one or more of these five pillars, and setting measurable goals and targets under each one, allows every single team member to see how their role supports the achievement of our strategic goals and directions—and ultimately our vision.

The Queensland Children’s Hospital

The Queensland Children’s Hospital (QCH), currently under construction in South Brisbane, is one of the major public health projects under way in Australia. On schedule to welcome patients and families at the end of 2014, the QCH will merge the expertise of the RCH and Mater Children’s Hospital (MCH).

The 12-level hospital will provide 359 beds—25 per cent more than the RCH and MCH combined—as well as 12 additional emergency department treatment bays.

The new hospital is just one part of a $1.5 billion program of works representing the largest capital investment in children’s health services in Queensland’s history.

Welcome to the first annual report for the Children’s Health Queensland Hospital and Health Service.

This year, we mark a significant change for the service, starting with the appointment of the inaugural Board and formation of Children’s Health Queensland as a statutory authority on 1 July 2012. Dr Peter Steer was appointed Health Service Chief Executive and, along with his Executive team and all staff, has worked closely with the Board to make the transition to the new operating environment.

Within this new dynamic environment, we have focused on building relationships with our critical partners as we strive to be leaders in the delivery of best-practice paediatric services at a state, national and international level. We recognise that positive, collaborative relationships with our Family Advisory Council, Medicare Locals, government, the non-government sector, universities and other hospital and health services is a key to providing children and young people with the best possible family-centred healthcare.

A year of progress and achievement

We have reached significant construction milestones on the new Queensland Children’s Hospital in South Brisbane. Following structural completion of the 12-level building in March, the focus of activity has turned to the internal fit-out of the hospital’s 3,500 rooms. The hospital remains on budget and on track to welcome its first patients in late 2014.

Within Children’s Health Queensland we have also made substantial progress in delivering on our core goal of providing high quality, patient- and family-centred care to all Queensland children.

A project is under way to redesign the hospital’s outpatients department ensuring all children will be seen within clinically appropriate times.

Children’s Health Queensland has committed to a new Patient Safety and Quality Improvement Strategy which aims to lift our performance even further. It is our intention to achieve ‘best of class’ outcomes for high-impact conditions, a stronger focus on use of evidence-based clinical pathways, zero preventable serious safety events, and 100 per cent of all our patients being consistently treated in a clinically appropriate timeframe by December 2015.

Children’s Health Queensland’s statewide role is now well defined. We have worked closely with our staff, other hospital and health services, primary care providers, and family representatives to scope new initiatives to enhance the care provided to children with complex and chronic conditions; to provide education and training to clinicians in regional and rural areas; and to improve the coordination and transfer of children between health services. Implementing these initiatives will be a key focus for the year ahead.

Along with our many successes there have been challenges over the past 12 months, most notably the workforce reforms implemented to meet savings targets. The organisation’s workforce was reduced by 68 accepted voluntary redundancies while a further reduction of 31 positions was made through vacancy management and position redesign. Throughout this exceptionally difficult period of change, our staff continued to demonstrate professionalism, support their colleagues and, importantly, provide the highest quality care for patients.

Our people

Nothing is more important to delivering on our vision than our people. During the course of 2012–13, Children’s Health Queensland established a clinical engagement panel to provide an additional forum for clinicians to provide their views on key issues. We also launched a reenergised reward and recognition program, and additional leadership programs to build management capability.

Close and constant engagement with our staff will be critical over the next 12 to 18 months as we move towards the Queensland Children’s Hospital and work to bring together staff from both the Royal Children’s Hospital and the Mater Children’s Hospital.

The organisation is also committed to ensuring that staff are kept well informed as we follow through on the decision to open Queensland Children’s Hospital back of house services, and a limited number of clinical support services, to contestability.

The year ahead

The Children’s Health Queensland Board believes the organisation is well placed to respond to the continuing challenges it faces in leading best practice and contemporary models of care in paediatrics.

We look forward to a year of consolidation, continued improvement, and close engagement with our staff to deliver on our vision of providing the best possible healthcare for every child and young person.

Children’s Health Queensland is a service to be proud of.

Susan Johnston
Chair, Children’s Health Queensland Hospital and Health Service
Chief Executive’s Report

Change has become a constant for Children’s Health Queensland, and this has never been more true than for the past 12 months.

Against a backdrop of National Health Reform, with a new government and Health Minister, Children’s Health Queensland underwent significant change starting with the transition to an independent hospital and health service on 1 July 2012. This has presented a number of opportunities for us to refine our strategic direction, streamline our clinical practices and processes and focus on building collaborative relationships with all of our partners.

We welcomed our first Board Chair Susan Johnston and the inaugural Board. I would like to personally thank Ms Johnston and the Board for their guidance and significant contribution to the Executive and broader organisation throughout 2012–13.

In reflecting on the past 12 months, I am particularly proud of the many achievements for Children’s Health Queensland. The Royal Children’s Hospital continued to exceed national performance targets in emergency department and elective surgery waiting times in 2012–13. Our wait times for specialist outpatient services also continued to improve with 82 per cent of Category 3 patients having their first appointment within 12 months—up from 58 per cent (see page 20).

Our community health service marked its first anniversary on 1 July 2012 with a name change, becoming the Child and Youth Community Health Service. In August 2012, new emergency, inpatient and outpatient services for children opened at The Prince Charles Hospital as part of our wider strategy to improve local facilities for families in South East Queensland.

Children’s Health Queensland successfully underwent its first organisation-wide Australian Council for Healthcare Standards (ACHS) accreditation survey. With a lot of hard work and dedication from staff across the entire organisation, we passed with outstanding results in a number of areas. As one of the first health services to be surveyed according to the new ACHS EQ UIP National standards, our result is even more impressive.

We are fortunate to work with a group of dedicated parents and community members who form our Family Advisory Committee (FAC). Our FAC members this year made significant contribution in a number of areas including patient safety and quality improvement. The FAC also continues to play an important role in making sure that the new Queensland Children’s Hospital—on schedule to open in late 2014—meets the needs of our patients and their families.

Our staff are key to our success. There has been considerable change in our workforce over the past year. During this period of change staff demonstrated their resilience and utmost professionalism to ensure the continuity of quality service provision. I am grateful to all staff for their ongoing commitment during that challenging time.

To those staff who left the organisation, I thank each and everyone of you for your commitment and contribution. Despite the significant challenges facing the organisation this year, staff have continued to meet significant milestones and achievements.

Two of our long-standing staff were this year recognised with Australia Day 2013 awards. Dr Jan Pratt was awarded a Member of the Order of Australia for her significant service to child health nursing through leadership in the area of professional development. Dr Neil Wigg was awarded a Public Service Medal for outstanding public service to paediatrics and child health in Australia.

More change is ahead of us over the next 12 months with the transition to the new Queensland Children’s Hospital. This move presents exciting opportunities for us to redefine our models of care to ensure we are delivering best-practice paediatric services both locally and statewide. To support staff during this transition, the organisation will continue to focus on enhancing our workforce culture and ensuring staff have a clear understanding of where we are heading, how we are going to get there, and how their day-to-day role supports the overall achievement of our goals.

Finally, I would like to personally thank the people who make Children’s Health Queensland the truly great organisation that it is. I am appreciative of our staff for their extraordinary commitment to providing the best possible family-centred care to our young patients.

I also thank our donors, supporters, patients and families for trusting us during what would be some of your most difficult days.

Dr Peter Steer
Chief Executive, Children’s Health Queensland Hospital and Health Service
JULY

• On 1 July 2012, Children’s Health Services District officially becomes the Children’s Health Queensland (CHQ) Hospital and Health Service as part of the National Health Reform Agreement.
• The first of July also marks the first anniversary of CHQ’s integrated community health service. On this day, the service was renamed the Child and Youth Community Health Service (see page 22).
• The newly formed CHQ Hospital and Health Board holds its inaugural meeting.

AUGUST

• The Prince Charles Hospital opens its new children’s emergency, inpatient and outpatient services. This forms part of CHQ’s remit to build a network of paediatric health services in South East Queensland.
• A Strategic Planning Forum was held and attended by all Board members to discuss the development of the Children’s Health Queensland Hospital and Health Service Strategic Plan.
• A ‘Meet the Board’ staff forum was held giving staff the opportunity to meet all Board members and hear why they chose to be part of CHQ.

SEPTEMBER

• A joint CHQ–Australian Medical Association Queensland summit was held to discuss the bed capacity at the new Queensland Children’s Hospital and the development of children’s services across South East Queensland.
• The CHQ Board and Executive team worked with staff to identify where service efficiencies could be gained to support the delivery of the whole-of-Government efficiency targets while maintaining frontline services.

OCTOBER

• CHQ celebrates National Children’s Week at the RCH with a week of events and activities for patients and families.
• Specialist outpatient services waiting list data audited and published on the internet.

NOVEMBER

• The Health Services Executive Committee endorses CHQ’s Consumer and Community Engagement Strategy 2012–15 (see page 32).

DECEMBER

• RCH staff and patients dress to impress for ‘Party Day 2012’ celebration. The theme was ‘I can hear music.’
• Santa Claus visits to the RCH on Christmas Day, courtesy of the Children’s Health Foundation Queensland.
• The inaugural Quality and Safety Board Sub-committee meeting is held. This group’s role is to support the Board to drive excellence in quality and safety for CHQ.
January
• The RCH serves up new menus and greater choice after a major redesign of patient food services.
• Work begins on the nine-level academic and research facility which will open alongside the Queensland Children’s Hospital (QCH).
• Queensland Health Australia Day Achievement Awards are presented to Dr Mary Jessop (CYMHS Kopin Program); Dr Elisabeth Hoehn, Sarah Davies-Roe, Catherine Rawlinson, Bev Burr, Liz de Plater, Kim Guerrera (The Queensland Centre for Perinatal and Infant Mental Health); Dr Faye Jordan, Chief Registrar, Paediatrics RCH; and Joanna McCosker, Wendy Poulsen, Sarah Anticich, Dr Polly Higgins and Dr Simon Brown (RCH Haemophilia Team).

February
• CHQ holds the inaugural ‘Quality in Focus’ session, which provides an opportunity for clinicians and Board members to discuss quality and safety performance, challenges and priorities.

March
• Health Minister Lawrence Springborg tours the QCH to mark the structural completion of the building. The focus now turns to internal fit-out of the building.

April
• Launch of CHQ’s statewide package of care initiatives designed to improve access to services for children in rural and regional areas (see page 17).
• The Deadly Ears program secures recurrent State Government funding to continue to deliver ear health services to indigenous children.

May
• CHQ and its Family Advisory Council team up to celebrate National Families Week.
• CHQ’s Patient Safety and Quality Improvement Strategy 2013–15 is launched (see page 18).
• CHQ thanks its 500-plus volunteers at its annual Volunteers Appreciation Ceremony.
• The RCH introduced a 23-Hour Ward and Medical Day Unit to improve patient flow processes (see page 20).

June
• CHQ undergoes its organisation-wide external accreditation survey by the Australian Council for Healthcare Standards (ACHS) under the EQuIP National Program (see page 18).
• CHQ’s Celebrating our People Awards program is launched to acknowledge the achievements of our staff at an individual and team level.
• The RCH Division of Surgery achieved key elective surgery targets including zero long-wait patients exceeding the clinically recommended timeframe for surgery (see page 20).
Organisational changes

Health reform

On 1 July 2012, as part of the National Health Reform Agreement, Queensland Health transformed into 17 hospital and health services, three divisions, two commercialised business units and the Office of the Director-General. Under the Hospital and Health Boards Act 2011, the former Children’s Health Services District officially became the Children’s Health Queensland (CHQ) Hospital and Health Service. As statutory bodies with hospital and health boards, all hospital and health services are accountable to the local community and the Queensland Parliament. The Department of Health continues as a regulator, performing a new role as System Manager.

Board

Susan Johnston was appointed as the inaugural Chair of the Children’s Health Queensland Hospital and Health Board in May 2012. Ms Johnston was reappointed for three years in May 2013.

Paul Cooper, Dr Leanne Johnston, Dr David Wood and Eileen Jones were appointed as Board members in June 2012. Mr Cooper and Dr Johnston have since been reappointed for three years. Dr Wood and Ms Jones were reappointed for one year.

Andrew Taylor served on the Board from July 2012 to March 2013.

Jane Yacopetti was appointed to the Board as Deputy Chair for three years in May 2013.

David Gow was appointed to the Board for one year in May 2013.

Health Service Chief Executive

Dr Peter Steer, Chief Executive Officer of the former Children’s Health Services District since 2009, was appointed Chief Executive of CHQ in July 2012.

Executive Management Team

The executive structures of the Royal Children’s Hospital and Children’s Health Queensland (CHQ) were redesigned in December 2012 to create a single governance structure for the new hospital and health service.

• Dianne Woolley was appointed as Executive Director, People and Culture in July 2012. She had been acting in the position prior to her appointment.

• Sue McKee was appointed as General Manager Operations of CHQ in December 2012. This role in the new CHQ executive management structure replaced the former Chief Operating Officer (COO) role. Sue had been acting in the COO role since March 2012.

• Loretta Seamer joined the executive management team as Chief Finance Officer in January 2013. Loretta previously worked as the general manager/senior consultant for a specialist health consulting firm, a business consultant, and as the Director of Business Services and Financial Controller for Mater Health Services.

• Dr John Wakefield was appointed to the position of Executive Director of Medical Services in November 2012. Prior to his appointment with CHQ, Dr Wakefield was the Executive Director of the Queensland Health Patient Safety and Quality Improvement Service.

• Shelley Nowlan was appointed to the position of Executive Director, Nursing Services in November 2012. Shelley came to CHQ from Central Queensland Hospital and Health Service where she was the Executive Director of Nursing Services.

• In November 2012, Carmel Perrett was appointed to the position of Executive Director of Allied Health. Carmel also holds the position of Divisional Director, Child and Youth Community Health Service, a position she had held since July 2011.

• Taresa Rosten was appointed to the position of Executive Director, Office of Strategy Management in February 2013. She had been acting in the position since March 2012. Prior to starting with CHQ, Taresa was an Executive Director with Wide Bay Health Service District.
Strategic directions

Strategic plan

The Children’s Health Queensland Strategic Plan 2012–16 was informed by the Statement of Government Health Priorities.

The Statement of Government Health Priorities issued in June 2012 identifies the following priorities for action:
- Revitalising services for patients
- Reforming Queensland’s health system
- Focusing resources on frontline services
- Restoring accountability and confidence in the health system.

The Children’s Health Queensland Strategic Plan 2013–17 was informed by both the Statement of Government Health Priorities and the Blueprint for better healthcare in Queensland.

The Blueprint for better healthcare in Queensland was released by the Minister for Health in February 2013 and sets out 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.


Strategic objectives

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

2. Building strong partnerships for outcomes
   CHQ is committed to building strong partnerships and networks with health providers, the community and others to deliver improved care for children and young people.

3. Defining and implementing CHQ’s statewide role
   CHQ will drive improvements in the delivery of quality healthcare to children and young people across the state.

4. Enhancing financial management
   CHQ is committed to fiscal sustainability and responsiveness in line with government priorities. CHQ will meet government-set financial targets and focus on enhancing revenue generation to provide opportunities for future investment in key initiatives.

5. Driving purposeful clinician, consumer and community engagement
   CHQ is committed to meaningful, outcome-focused, two-way communication with our clinicians, consumers and community partners. CHQ will view all feedback as an opportunity to reflect on and improve our service.

6. Building an empowered and engaged workforce
   CHQ is committed to building an empowered and engaged workforce. Through staff communication and engagement we will nurture and attract talented staff and be an employer of choice for paediatric staff nationally.

7. Embracing innovation
   CHQ will embrace invention and innovation to continually improve the value of our service.

8. Translating research into improved outcomes
   CHQ will strive for excellence in children’s healthcare through research, education and the application of evidence-based practice across our daily processes and systems.
Operating environment

Children’s Health Queensland (CHQ) 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 CHQ remains efficient and sustainable. In addition, the National Health Reform agenda, the movement to a national efficient price and the implementation of activity-based funding will drive the search for business efficiencies and better ways of delivering superior patient care.

Population growth

By the year 2021, the projected population of children and young people (birth to 19 years) within the Metro North and Metro South areas of Brisbane is 558,628—or 10 per cent of all ages.

Fiscal impacts

The Blueprint for better healthcare in Queensland released in early 2013 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.

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.

Strategic risks and opportunities

Transition and integration

CHQ welcomes the opportunity to be a national leader in the provision of quality healthcare to children and young people. The opening of the new Queensland Children’s Hospital in 2014 will consolidate currently fragmented acute clinical services.

This consolidation of services along with the integration of Child and Youth Community Health Service and Child and Youth Mental Health Service provides a critical mass of clinicians to focus and improve quality of care and health outcomes for children across Queensland. There are significant opportunities, as well as risks and challenges, in effectively bringing together a new organisation and new culture.

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 disease, 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 22,149 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, which translates to a rate of 20.7 per 1,000.

Workforce challenges

Significant organisational change and reform is occurring across CHQ and will continue over the coming 18 months as we prepare for the move to the Queensland Children’s Hospital in late 2014. Between now and then, there will be a focus on building a workforce that ensures CHQ continues to deliver safe, high-quality and sustainable healthcare for all Queensland children, young people and their families.

Fiscal sustainability and responsiveness

CHQ has an obligation to ensure that all of 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.
## Outcomes

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</table>
| 1. Leading the provision of quality healthcare for children and young people | Revitalising services for patients  
Focusing resources on frontline services | Continue to deliver high-quality and safe healthcare to children and young people  
Collaborate with the QCH Project team in building operational commissioning and workforce transitioning plans for the new hospital  
Value and utilise the skills of the MCH and RCH staff who together will develop one team and culture for the QCH  
Invite divisional leads to identify new models of care and initiatives which will improve the safety and quality of care | Key achievements in 2012–13 against this strategy include achieving compliance against Australian Council on Healthcare Standards (ACHS) and the 12 June 2013 launch of the CHQ Patient Safety and Quality Improvement Strategy  
CHQ People and Culture is leading the development of a Cultural Charter. A key element of the Cultural Charter is to address how the best parts of workplace culture at CHQ and Mater Health Service (MHS) will be integrated to support our current and future staff in their new work environment  
Initiatives to change models of care have been undertaken across CHQ including the introduction of the 23-Hour Ward and the NEAT project | Ongoing |

2. Building strong partnerships for outcomes

<table>
<thead>
<tr>
<th>Government's objectives for the community</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Revitalising services for patients  
Restoring accountability and confidence in the health system  
Reforming Queensland’s health system | CYCHS: We will drive the continued implementation of a service model that supports excellence in a single children’s community health service. We will build relationships with community providers in a family-centred care framework and define the focus and priorities for community healthcare to achieve improved outcomes  
Primary healthcare providers: We will develop purposeful and outcome-based protocols with Medicare Locals and other primary healthcare organisations across the state  
Regional universities: In addition to our traditional university partners, we will explore new strategic ventures and models of care which build on emerging workforces in regional and rural areas and improve services for children and young people in regional and rural areas | CYCHS transitioned from a conglomerate organisational structure of North, Central and South to a single integrated structure. Services across the catchment areas are now governed within a single structure and cover: community children’s health services (Child Health and Development); statewide and specialised services (Deadly Ears program, Good Start program, Child Protection and Early Years Initiative); and business support  
‘Working Together’ agreements and Medicare Local protocols are in place with Greater Metro South Medicare Local, Metro North Medicare Local and a protocol with West Moreton-Oxley is well developed. Plans are in place to have all protocols completed by April 2014  
In 2012–13 CHQ developed, in consultation with HHSs and Medicare Locals statewide, CHQ’s statewide role, which will deliver initiatives to streamline and better coordinate care for children with complex health needs; build regional and rural clinicians’ skills; and more formalised and broad dissemination of information to regional and rural paediatricians in relation to key learnings from CHQ led root-cause analysis assessments of severity access code 1 events  
We will collaborate with the Children’s Health Foundation Queensland (CHFQ) to identify opportunities for partnership and research |  
In 2012–13 CHQ developed, in consultation with HHSs and Medicare Locals statewide, CHQ’s statewide role, which will deliver initiatives to streamline and better coordinate care for children with complex health needs; build regional and rural clinicians’ skills; and more formalised and broad dissemination of information to regional and rural paediatricians in relation to key learnings from CHQ led root-cause analysis assessments of severity access code 1 events  
We will collaborate with the Children’s Health Foundation Queensland (CHFQ) to identify opportunities for partnership and research  
The CHQ Innovation Grants Scheme was launched as a key strategy to improve the alignment between CHQ strategic priorities and initiatives funded by CHFQ |  
Initiatives to change models of care have been undertaken across CHQ including the introduction of the 23-Hour Ward and the NEAT project |  
Ongoing |
<table>
<thead>
<tr>
<th>Health service strategic direction</th>
<th>Government’s objectives for the community</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Define and implement Children’s Health Queensland’s statewide role</td>
<td>Revitalising services for patients Reforming Queensland’s health system</td>
<td>Work in partnership with healthcare providers and other hospital and health services to identify, negotiate and implement the statewide role for CHQ</td>
<td>HHSs statewide provided input into the development of the CHQ statewide role. Formal, ongoing engagement is scheduled to commence with relevant HHSs, Medicare Locals and private practice clinical services</td>
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<td>Enhance capacity and competence in regional and remote areas by fostering, encouraging and promoting family-centred care for children and young people</td>
<td>CHQ has developed plans to commence a mentorship role to support regional and remote HHSs’ participation in statewide initiatives including professional development, provision of enhanced family-centred care and coordinating improved services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review existing telehealth, outreach and education services provided by CHQ and redefine the scope and mode of delivery of these services</td>
<td>Four initiatives of the statewide role project have been developed including reviewing and enhancing the capacity of telehealth, outreach and education support to ensure other HHSs are appropriately supported</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review and improve retrieval and transfer services to provide the best possible care for children and young people</td>
<td>The planned Clinical Advice and Transfer Coordination Headquarters (CATCH) line initiative, a key component of the statewide role, aims to improve and streamline the retrieval and transfer process in partnership with internal and external stakeholders to ensure the best possible care is readily available for children and young people across Queensland</td>
</tr>
<tr>
<td>4. Enhance financial management</td>
<td>Restoring accountability and confidence in the health system Focusing resources on frontline service</td>
<td>Meet government set financial targets</td>
<td>The government established significant budget savings measures and targets during the 2012–13 financial year which CHQ achieved by 30 June 2013. These were: - $3.35 million budget reduction; and - MOHRI target reduction of 99 FTE</td>
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<tr>
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<td>Encourage all CHQ staff to be responsible for contributing to CHQ’s financial stewardship and performance</td>
<td>CHQ implemented initiatives to enhance the financial management skills and knowledge of cost centre managers through targeted training programs and devolution of responsibility and accountability. This resulted in CHQ achieving a significant operating surplus for the year and enhancements to governance procedures and practices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify and implement opportunities for eliminating inefficiencies and improving services while providing a quality and safe health service</td>
<td>In line with the government savings measures, CHQ implemented process efficiency strategies designed to streamline procedures and reduce duplication of effort. CHQ also implemented discretionary cost saving strategies resulting in $0.5 million reduction in discretionary expenditure for the year</td>
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<td>Implement an assurance and integrated risk management framework to guide decision making around funding</td>
<td>A new risk management framework was developed in 2012–13 following the Board-approved Risk Appetite Statement 2012. The risk procedures have recently been endorsed and contain risk-management tools to promote the consideration of risk when making funding decisions</td>
</tr>
<tr>
<td></td>
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<td>Identify and act on opportunities for increasing own source revenue and strategic investments to maximise value and opportunities for innovation and enhancing services</td>
<td>CHQ continued to introduce own source revenue enhancement strategies during 2012–13 resulting in CHQ exceeding the Department of Health stretch target by $1.0 million</td>
</tr>
<tr>
<td>Health service strategic direction</td>
<td>Government’s objectives for the community</td>
<td>Strategies</td>
<td>Outcomes</td>
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<tr>
<td><strong>5. Driving purposefulclinician, consumer and community engagement</strong></td>
<td>Revitalising services for patients</td>
<td>Develop a purposeful and outcomes-based consumer and community engagement strategy, working in partnership with our consumer and community stakeholders</td>
<td>CHQ Consumer and Community Engagement Strategy 2012–15 developed and published</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Build links with consumer and community representatives across Queensland as part of the development and implementation of CHQ’s statewide role</td>
<td>CHQ statewide role finalised and formal and ongoing engagement is scheduled to commence with relevant HHSs, Medicare Locals and private practice clinical services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engage with our Aboriginal and Torres Strait Islander partners and other at-risk populations to better understand key issues and develop broad systemic responses</td>
<td>Planning of CHQ Consumer and Community Engagement Strategy is progressing based on an action plan that specifically addresses the needs of Aboriginal and Torres Strait Islander (A&amp;TSI) and other at-risk groups through engagement and information support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop a purposeful and outcomes-focused clinician engagement strategy with input from clinicians</td>
<td>CHQ Clinician Engagement Strategy 2012–15 published</td>
</tr>
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<td></td>
<td>Take an issues-based problem solving approach to working with our clinicians to identify and address problems</td>
<td>A clinician engagement panel was established and is providing a clinician perspective on a range of issues affecting CHQ and providing input, advice and feedback on specific issues as required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure communications about the activities of the HHS are available to clinicians</td>
<td>The CHQ communications and engagement team uses multiple strategies to inform CHQ staff about HHS activities including the intranet, email and monthly staff forums</td>
</tr>
<tr>
<td><strong>6. Building an empowered and engaged workforce</strong></td>
<td>Reforming Queensland’s health system</td>
<td>Support capability and leadership development by building the capability of middle managers</td>
<td>The Management Capability Program was developed and implemented to build and enhance a leadership culture at all levels of the organisation</td>
</tr>
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<td></td>
<td>Assist staff to maximise their health and wellbeing by encouraging a productive and harmonious work environment</td>
<td>CHQ supports and implements Queensland Health’s work-life balance policy by enabling staff to work according to flexible arrangements. More than 800 staff are employed on a permanent part-time basis. Across the service, 22 staff participate in the purchased leave arrangement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop and implement a rolling culture survey and evaluation process to inform the refinement of leadership and staff development, accountability and communication strategies</td>
<td>CHQ participated in the whole of government ‘Working for Queensland Employee Opinion Survey’. The results will be reported in September 2013 and action plans will be developed to implement strategies to improve organisation wide results for 2014</td>
</tr>
</tbody>
</table>
| | | Achieve an ‘Employer of Choice Award’ during the life of the CHQ Strategic Plan 2012–16 | CHQ launched the following key programs during 2012–13 for leader and management development:  
  + Hardwiring Leadership program  
  + Top 500 executive leadership development  
  + Management capability program |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>7. Embracing innovation</td>
<td>Reforming Queensland’s health system</td>
<td>Identify and realise alternative revenue streams</td>
<td>CHQ implemented Pharmaceutical Benefits Scheme online from January 2013, which realised an additional $0.95 million for six months of 2012–13. The expected full year earnings from this program are $2.1 million. Further opportunities through private sponsorships and commonwealth grants to support CHQ services were also undertaken during 2012–13</td>
</tr>
<tr>
<td></td>
<td>Revitalising services for patients</td>
<td>Implement an awards program for innovation which acknowledges, celebrates and recognises innovative ideas across the service</td>
<td>The Board Chair’s ‘Innovation Excellence Award’ has been established to recognise innovation excellence with a strong quality and safety focus</td>
</tr>
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<td>Introduce innovative approaches to patient flow and care pathways</td>
<td>In 2012–13, the RCH has been involved in the MacroNEAT project. This project has seen the introduction of two more electronic patient journey boards into McConnel and Robertson Wards and the planned transition to the use of patient flow manager software across the RCH. The use of iPhone technology to improve communication between team leaders and the Patient Flow and Staffing Unit Nurse Managers (PFSU NMs) has also been embedded into business as usual. The addition of iPad technology to the toolkit of the PFSU NM in the near future will further enhance nurse efficiency</td>
</tr>
<tr>
<td>8. Translating research into improved outcomes</td>
<td>Focusing resources on frontline services</td>
<td>Maximise the value of research conducted by translating research into improved care outcomes</td>
<td>Development of a CHQ research strategy is underway. The strategy will focus on translating research findings into practice</td>
</tr>
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<td>Implement the outcomes from the review of governance structures for the Queensland Children’s Medical Research Institute (QCMRI). Jointly develop a comprehensive research management plan reflective of the future needs of an institute to be based at South Brisbane</td>
<td>Amendments to the QCMRI Constitution have been drafted and are awaiting endorsement prior to finalisation in the first quarter of 2013–14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reinforce relationships with other research institutes and enhance links with universities</td>
<td>University of Queensland, Queensland University of Technology and the Translational Research Institute continued to co-partner with CHQ in the development of the QCH Academic and Research Facility</td>
</tr>
</tbody>
</table>
Our statewide role

Children living in rural and regional areas of Queensland will benefit from a package of initiatives to improve the delivery and coordination of care. Launched in April 2013 by the Health Minister Lawrence Springborg, the initiatives address important needs of families and healthcare providers across the state.

The $5.2 million strategy includes the Connected Care program, which involves the appointment of a network of care co-ordinators for children with complex and chronic conditions and the establishment of multispecialty, multidisciplinary clinics at the Royal Children’s Hospital and the new Queensland Children’s Hospital to ease some of the pressures faced by families.

Four pilot sites have been identified—Cairns, Gold Coast, Townsville and the Royal Children’s Hospital—to trial the program and develop a robust model of care which will be implemented statewide in late 2013. Approximately 35 families from regional, rural, remote and Indigenous communities will participate in the pilot, to evaluate and help us fine-tune the program prior to the statewide roll-out.

Clinicians will also have access to a 24-hour, seven-day-a-week clinical advice service. This will 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. The service will be developed and implemented over the next 12 months. This advice will enable them to make the best decisions about how to treat, or whether to transfer a child to another centre.

Regional and rural clinicians will also have greater access to tailored paediatric training to ensure they are appropriately equipped to provide quality care in their local area.

Through a combination of training conducted within their own hospital and health service, online training modules and in-service placements at the Royal Children’s Hospital, the paediatric skills of clinicians from every corner of the state will be enhanced to ensure every child who presents at a hospital can be assured the best possible response.

Queensland hospital and health services will also receive enhanced support from the Queensland Children’s Critical Incident Panel. This panel of statewide clinicians will partner with local clinical teams to review critical incidents, implement coronial recommendations and support local teams to prevent similar sentinel events reoccurring. This grow-our-own approach will foster Children’s Health Queensland’s commitment to supporting peer hospital and health services to provide better outcomes for Queensland children and the clinicians that care for them.

Targeted engagement in relation to the initiatives has commenced with regional and rural clinicians, patients and families and external clinical organisations.

The initiatives provide an opportunity for Children’s Health Queensland to partner with all hospital and health services to deliver important services and improve health outcomes for all Queensland children.
Patient safety and quality improvement strategy

Providing safe, quality care is at the heart of everything we do within Children’s Health Queensland (CHQ). In May 2013, we launched our new Patient Safety and Quality Improvement Strategy 2013-15 to guide us through the next two years.

The strategy outlines CHQ’s vision, objectives and goals, identifies gaps in safety and quality, and lists new safety and quality initiatives and measures that will help us know we are progressing towards achieving our goals.

It is a simple and practical strategy with five core objectives and a specific goal for each:

1. **Safe**: Zero preventable serious safety events.
2. **Timely**: 100% of children consistently treated in a clinically appropriate timeframe by December 2015.
3. **Effective**: We will have ‘best of class’ outcomes for at least 20 high-impact conditions by December 2015.
4. **Appropriate**: At least 20 conditions will have evidence-based clinical pathways in use by December 2015.
5. **Child- and family-centred**: Our care is consistently orientated to the needs of our patients and their families.

High performance in safety and quality does not happen by accident. It requires very deliberate systems and process of care underpinned by our best asset—our staff.

The goals, measures and organisation-wide initiatives are relevant to the daily work of every staff member.

Australian Council for Healthcare Standards accreditation

Children’s Health Queensland (CHQ) underwent its organisation-wide external accreditation survey by the Australian Council for Healthcare Standards (ACHS) from 24-28 June 2013.

CHQ was one of the first Queensland hospital and health services to be assessed against the 10 National Safety and Quality Health Service standards, the National Mental Health Standards and EQuIP National, the complementary program of five standards developed by ACHS.

These covered safety and quality governance, consumer partnerships, preventing healthcare-related infections, medication safety, patient identification and procedure matching, clinical handover, blood and blood products, pressure injuries, clinical deterioration in acute healthcare, fall prevention, service delivery, care provision, workforce planning and management and information management.

Together these programs allow for comprehensive assessment, monitoring and reporting of clinical and non-clinical systems and processes.

The survey across 21 sites by nine surveyors identified outstanding results in a number of areas including antimicrobial stewardship, disaster and emergency preparedness, waste management and the Evolve Therapeutic Service.

A preliminary report found CHQ had met all core and mandatory criteria to maintain ACHS accreditation.
Activity levels and performance

The Royal Children’s Hospital

The Royal Children’s Hospital has cared for the children of Queensland since it was founded in 1878. From humble beginnings as a 15-bed hospital, it has grown to the 135-bed tertiary paediatric facility that stands in Herston today. Providing all clinical services except cardiac surgery, the Royal Children’s Hospital is internationally recognised as a leading centre for paediatric treatment, advocacy, teaching and research.

The hospital is responsible for the provision of general paediatric health services to children and young people in the greater Brisbane demographic area, as well as tertiary paediatric services to the entire state and northern New South Wales.

It also offers a range of outreach clinics and is increasing the use of telemedicine to improve access to quality care for all patients, regardless of where they live. The Royal Children’s Hospital delivers a growing number of statewide paediatric specialty services, including rehabilitation medicine, cerebral palsy, cystic fibrosis, indigenous ear health, gastroenterology, oncology and haemophilia.

As part of its commitment to sharing knowledge, the hospital offers a broad range of clinical specialities and provides undergraduate, post graduate and practitioner training in paediatrics. The Royal Children’s Hospital also plays a significant role in medical research, undertaking research programs with affiliated universities including the University of Queensland and the Queensland University of Technology.

The hospital employs more than 1,600 people from a range of disciplines, it admits more than 20,000 inpatients and sees just over 100,000 additional children and young people as outpatients each year.

<table>
<thead>
<tr>
<th>Operational activity</th>
<th>2011–12</th>
<th>2012–13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total separations</td>
<td>20,769</td>
<td>20,144</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>2.45</td>
<td>2.50</td>
</tr>
<tr>
<td>Day-only cases</td>
<td>11,690</td>
<td>11,572</td>
</tr>
<tr>
<td>Occupied bed days</td>
<td>51,001</td>
<td>50,531</td>
</tr>
<tr>
<td>Emergency presentations</td>
<td>28,618</td>
<td>24,632*</td>
</tr>
<tr>
<td>Admissions from emergency</td>
<td>6,603</td>
<td>6,641</td>
</tr>
<tr>
<td>Outpatients</td>
<td>126,391</td>
<td>104,438</td>
</tr>
<tr>
<td>Outpatients (exc Allied Health)</td>
<td>85,298</td>
<td>84,086</td>
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</tbody>
</table>

* Decrease is due to the opening of The Prince Charles Hospital children’s emergency department.
Emergency and elective surgery waiting times decrease

The Royal Children’s Hospital continued to exceed national performance targets in emergency department and elective surgery waiting times in the 2012-13 financial year.

Comparative hospital performance data shows that 87.6 per cent of patients left the Royal Children’s Hospital Department of Emergency Medicine (DEM) within four hours of arrival—10.6 percentage points higher than the 2013 National Emergency Access Target (NEAT) of 77 per cent.

The DEM has been focusing on performance with the help of a dedicated National Emergency Access Targets (NEAT) team.

Under the National Partnership Agreement on Improving Public Hospital Services, hospitals must work towards a 2015 target of admitting, referring for treatment or discharging 90 per cent of all emergency department presentations within four hours. The hospital is well on track to achieving this target.

By the end of June 2013, the Division of Surgery had also achieved key elective surgery targets including zero long-wait patients exceeding the clinically recommended timeframe for surgery and key performance targets for ‘treating-in-time’ for Category 2 and 3 patients.

By June 2013, 98.4 per cent of Category 3 patients referred to the Royal Children’s Hospital had their elective surgery within the clinically recommended time of 12 months—the National Elective Surgery Target (NEST) is 94 per cent.

Access to specialist outpatients appointments improving

Waiting times for specialist outpatient appointments at the Royal Children’s Hospital have also improved. By the end of June 2013, 82 per cent of Category 3 patients had their first appointment within 12 months—up from 58 per cent in July-September 2012. This is the highest performance of all hospital and health services. The national target is 90 per cent.

Children’s Health Queensland is determined to continue to reduce the time children and young people are waiting for specialist appointments.

A redesign of the hospital’s outpatients department now under way is implementing the demand capacity matching model, which aims to ensure all children will be seen within clinically appropriate times, regardless of category.

Patient flow on the agenda

As part of Children’s Health Queensland’s commitment to continuous service improvement, the Royal Children’s Hospital introduced a 23-Hour Ward and Medical Day Unit in May 2013 to improve patient flow processes. These areas were previously Surfside Ward and the Day Procedure Unit.

The goals of this redesign were to (1) improve access and flow for patients undergoing procedures; (2) ensure we provide a patient- and family-centred service; and (3) improve satisfaction with the service we provide.
Fresh perspective on safety

The Royal Children’s Hospital Division of Oncology has introduced a ‘whole of service’ patient safety round initiative to improve child healthcare delivery systems and support a culture of safety.

The patient safety rounds are scheduled every fortnight and rotate between the three clinical wards in the oncology division. A variety of staff participate to discuss topics such as communication, clinical incidents and outcomes, current safety concerns, any near misses, equipment risks and outcomes/ action plans. Anonymous family feedback is also presented during the round to provide another perspective of how the organisation was doing.

Safety rounding is a key initiative that will be implemented throughout the organisation to enhance patient safety.

The ‘perfect’ operating list

Operating room suite (ORS) staff are reviewing the way they work to improve the experience and outcomes for patients. In 2012, ORS staff implemented The Productive Operating Theatre (TPOT), a service redesign program, which asks frontline staff to take the lead in transforming their work area.

A initiative of the UK’s National Health Service Institute for Innovation and Improvement, TPOT aims to empower staff to decide what needs to be done to deliver service improvements. The program is based on the pursuit of three main goals:
- Increase the safety and reliability of care
- Improve team performance and staff wellbeing
- Add value and improve efficiency.

Key achievements to date include:
- Implementation of a showcase theatre to test changes to see if they deliver a service improvement
- Significantly lower late starts in the showcase theatre
- Increase in the amount of turn-overs under 10 minutes (10 minute target for showcase)
- Brief and debriefs have been rolled out to all theatres
- Adopting the ‘Well Organised Theatre’ module has saved approximately $10,000 to date.

Better, healthier menu choices

Patients are enjoying new menus, greater choice and more snack options following an overhaul of patient food services in early 2013. Under the changes, children receive a variety of choices for morning and afternoon tea, and supper, and can choose from more than 10 high-protein snacks between meals.

Menu plans have increased from a seven to 14-day cycle, which means children have 35 hot meal options for lunch and dinner over a fortnight. Breakfast menus will soon also include hot and cold protein items.

Staff and families are also seeing the benefits of the enhancements with the hospital’s cafés, now under the management of the hospital’s Dietetics and Food Services department, relaunched as ‘Beansprout’. New menus reduce and limit the level of high-fat, deep-fried fast-food items available and increase the number of salads, fresh sandwiches and other healthier options.

Mobile snack trolleys are now also visiting the wards daily, so parents can purchase food without having to leave their children’s side.

Consumables service enhanced

In 2012–13, CHQ reviewed the way we prescribe, supply, review and distribute specialist clinical consumables to patients and their families. The aims of the project were to:
- improve service effectiveness by providing appropriate and timely clinical consumables for outpatients and patients post discharge.
- improve our delivery of family-centred care by developing an equitable and responsive program.
- reduce clinical consumable wastage, over-supply and costs.
- ensure CHQ can deliver sustainable healthcare for all Queensland children and their families.

The revised model, implemented from 1 July 2013, was developed in consultation with key stakeholders including parents, carers and the Family Advisory Council, medical and nursing staff, allied health professionals, and staff of the Royal Children’s Hospital Central Resources Service.
The Child and Youth Community Health Service (CYCHS) brings together a variety of specialist community services to help children, young people and their families lead healthier lives.

The CYCHS predominantly provides front-line healthcare to communities throughout South East Queensland. In fact, the service provides access to community care to around 470,000 children, which represents 42 per cent of Queensland’s children. A range of services are provided across the continuum of care as well as health promotion.

Four hundred and sixty-six (full-time equivalent) staff work in and from more than 50 community health centres, as well as clinics, hospitals, schools, shops and offices. Services are delivered across the greater metropolitan Brisbane area from Kilcoy and Bribie Island in the north, south to Beaudesert and east to include the Moreton Bay islands.

A number of CYCHS programs, including Deadly Ears, Good Start and the Ellen Barron Family Centre reach communities throughout Queensland.

In its fifth year, the Deadly Ears program aims to reduce the high rates of otitis media or middle ear disease in Aboriginal and Torres Strait Islander children in remote communities. Middle ear disease affects up to eight out of 10 children living in these communities. The program has seen a decline in the number of children presenting with chronic ear disease (also known as chronic suppurative otitis media).

The Good Start program aims to reduce the high incidence of chronic disease and obesity in Maori and Pacific Islander children by working with families to build skills, knowledge and confidence in healthy eating, exercise and lifestyle practices. The Good Start Program targets seven communities—Cook Islander, Fijian, Fijian Indian, Maori, Papua New Guinean, Samoan and Tongan.

The Ellen Barron Family Centre provides a specialist child health service to families who require support with building practical skills and confidence in parenting.

The service was previously known as Community Child Youth and Family Health Service. The name change followed a year of consolidating three services into one and reflected the new purpose and single identity of the integrated service.

<table>
<thead>
<tr>
<th>Operational activity</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYCHS occasions of service</td>
<td>148,399</td>
<td>158,138</td>
</tr>
<tr>
<td>Health home visit programs</td>
<td>15,324</td>
<td>17,147</td>
</tr>
<tr>
<td>Deadly Ears - patients seen</td>
<td>2,050</td>
<td>2,557</td>
</tr>
<tr>
<td>Deadly Ears - surgical procedures</td>
<td>352</td>
<td>467</td>
</tr>
<tr>
<td>Ellen Barron admissions</td>
<td>2,447</td>
<td>2,496</td>
</tr>
<tr>
<td>Good Start nutrition sessions</td>
<td>N/a</td>
<td>831</td>
</tr>
</tbody>
</table>

Child and Youth Community Health Service
Study for developmental outcomes
CYCHS is taking part in a national study exploring the way a child’s development is affected by their home community.

The study, funded by the Australian Research Council, will investigate the characteristics of communities whose children achieve good developmental outcomes at the start of school despite the challenges of living in a low socio-economic environment.

‘The Kids in Communities Study: national investigation of community level effects on children’s developmental outcomes’ will take place in a number of communities across five Australian states and territories.

Good Start’s good work expanding
In 2012–13 the Good Start team delivered 831 nutrition education sessions with 18,000 participations from Maori and Pacific Islander people in the community and schools in Brisbane, Gold Coast and Cairns.

The program opened offices in Cairns and on the Gold Coast and expanded to a total of 16 multicultural health workers from Tonga, Samoa, Maori, Cook Islands, Fiji, Fiji Indian and Papua New Guinea. A Samoan medical scientist and a Tongan dietitian also joined the team.

More than 400 Maori and Pacific Islanders took part in a walk in May to help spread the word about healthy living. Coordinated by the Good Start program and Ipswich City Council, the Maori and Pacific Islander ‘Walk for Life’ aimed to raise awareness of the need to be physically active and eat healthy foods to prevent chronic diseases such as diabetes, heart disease and obesity.

Staying is easier for young families
Families needing specialist support with their baby or toddler will now find their stay a little easier at the Ellen Barron Family Centre following a review of the client journey.

This project focused on the client experience from pre-admissions to discharge to ensure patients and families felt heard, attended to and comfortable during their stay.

In addition, admission staff received training to help them communicate more effectively with patients, particularly during times of high stress and anxiety.

Clinical staff are also facilitating group discussions with families, to formally introduce parents staying at the centre to each other and assist in discussions around common concerns with their babies.

The centre this year ran four statewide videoconferences to assist rural and regional clinicians with education around topics including responsive settling, responsive feeding and working with dads.

Indigenous ear and hearing health
Aboriginal and Torres Strait Islander children in Queensland’s remote communities continue to enjoy better ear and hearing health as the result of the work of the award-winning Deadly Ears program.

On 30 June 2013, Deadly Ears concluded a major two-year project agreement with the Australian Government’s Department of Health and Ageing. During the project, 1,541 children were seen by an ear, nose and throat specialist and 286 surgical procedures were done. These milestones significantly exceeded those specified in the project agreement.

In addition, as part of this project agreement, 854 children were assessed by an audiologist, and local health staff were provided with a range of information, education and training to assist them to manage ear and hearing conditions among children.

Last year, 150 health staff in the remote Aboriginal and Torres Strait Islander communities were trained in ear and hearing screening.
Child and Youth Mental Health Service

The Child and Youth Mental Health Service (CYMHS) offers specialised, high-level mental health services for families with children and young people (birth to 18 years) who are, or at-risk of experiencing severe and complex mental health problems.

It provides a comprehensive, recovery-orientated mental healthcare service that aims to improve the mental health and wellbeing of children and young people and their carer networks.

The service covers the local area of Brisbane north and surrounds with a population of approximately 750,000, and has several specialist statewide teams.

In alignment with the national and state clinical reform priorities for mental health, CYMHS provides a range of acute and tertiary specialities including:

- paediatric inpatient and family assessment unit
- forensic drug and alcohol and mental health
- infant mental health and early years specialist teams
- access, extended hours and community treatment teams
- telepsychiatry (e-CYMHS)
- consultation liaison
- evolve therapeutic services
- a range of specialist early intervention and statewide hosted services.

<table>
<thead>
<tr>
<th>Operational activity</th>
<th>2011–12</th>
<th>2012–13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client count</td>
<td>3,112</td>
<td>3,233</td>
</tr>
<tr>
<td>Occasions of service (OOS)</td>
<td>30,438</td>
<td>34,097</td>
</tr>
<tr>
<td>New referral count</td>
<td>3,315</td>
<td>3,745</td>
</tr>
<tr>
<td>Inpatient avg length of stay</td>
<td>23 days</td>
<td>18 days</td>
</tr>
<tr>
<td>Local CFTU* discharges</td>
<td>58%</td>
<td>69%</td>
</tr>
<tr>
<td>Statewide CFTU* discharges</td>
<td>42%</td>
<td>31%</td>
</tr>
<tr>
<td>Statewide e-CYMHS OOS</td>
<td>1,572</td>
<td>2,018</td>
</tr>
<tr>
<td>Forensic drug and alcohol OOS</td>
<td>3,258</td>
<td>3,664</td>
</tr>
</tbody>
</table>

*Child and Family Therapy Unit

The service has a defined target population and has a responsive intake mechanism for assessment and intervention which encapsulates high priority on collaborative care, consultation, and liaison in line with current state policy and the Mental Health Plan.
Improving care for rural and remote children and families

Specialist mental health support and care is now closer to home for children and young people in rural and remote Queensland.

e-CYMHS provides outreach and telehealth services to seven sites in rural and regional Queensland including Tablelands, Innisfail, Bowen (Whitsunday), Mount Isa, Longreach, Charters Towers and Moranbah.

Clinicians from these sites use telehealth for weekly meetings with a Brisbane-based multidisciplinary team, which includes a child psychiatrist, to discuss patient treatment and care. Telehealth is also used for professional development and to build capacity at these rural and remote sites.

Telehealth also gives young patients direct access to Brisbane-based child psychiatrists, saving travel time and expense for the child and their family.

In the past year e-CYMHS experienced a 25 per cent increase in the use of telehealth, making CYMHS the highest user of telehealth services within Children’s Health Queensland.

e-CYMHS was established in 2005 to ensure equal access to specialist CYMHS services for children regardless of whether they live in metropolitan, rural or remote Queensland. Feedback indicates e-CYMHS also contributes to staff retention in rural and remote staff.

Supporting youth in detention

A transition program at the Brisbane Youth Detention Centre is giving young people access to mental health and drug and alcohol related support during and after detention.

The program, run by Mental Health Alcohol, Tobacco and Other Drugs (MHAODS), aims to keep young people drug and alcohol free and reduce the risk of reoffending once they leave detention.

More than 50 young people have benefited from the program since it began three years ago.

Funded by Closing the Gap in Indigenous Outcomes, the program connects young people with mental health clinicians and indigenous health workers while in Brisbane Youth Detention Centre. The program links them into appropriate support services in their local community once they leave detention.

Redesigning our care

CYMHS staff from Children’s Health Queensland and Mater Children’s Hospital are working together to redesign the way they will provide care to young people once the services amalgamate at the new Queensland Children’s Hospital and in the community in late 2014.

Two projects, funded by the Clinical and Re-design Unit and Queensland Institute of Clinical Redesign, are under way to prepare for the changes.

The first is looking at timely and consistent mental healthcare for every young person who presents at an emergency department in metropolitan Brisbane. Staff are researching an evidence-based acute response model to implement across multiple emergency departments.

The second project will identify and trial a consistent approach to access and treatment models for young people who receive care in the community. This will include developing clinical pathways for the most commonly diagnosed mental health conditions.

A tonic for the senses

Children experiencing mental health problems are using sensory modulation techniques involving sight, touch, smell and hearing to help them calm and organise their thoughts, emotions and behaviours.

Staff at the Royal Children’s Hospital-based Child and Family Therapy Unit, which provides acute inpatient care for children up to 13 years, developed a sensory room offering a range of experiences for young people to experiment and engage in different sensory activities.

Activities include listening to soothing music, touching interesting textures and squeeze balls, viewing coloured lights and bubble tubes and exploring in tactile tunnels. Evidence suggests such sensory activities can calm children by reducing tension, promoting relaxation and helping them develop their social and emotional skills.

Being in this safe environment also helps the young people to become aware of their physical and emotional responses to stress and develop calming techniques.

Opened during 2012–13, the sensory room is an evidence-informed approach to reducing seclusion and restraint in acute mental healthcare.
Children’s Health Queensland’s (CHQ) clinician researchers and scientists conduct a range of projects and clinical trials on a state, national and international level to improve health outcomes for children.

Research activities occur throughout all clinical divisions within the Royal Children’s Hospital, the Child and Youth Community Health Service, and the Child and Youth Mental Health Service. Many projects are carried out in conjunction with our major partner, the Queensland Children’s Medical Research Institute (QCMRI).

Our staff also work with academics and researchers in other hospitals, universities and international collaborative groups such as the Children’s Oncology Group and the Children’s Health and Environment Program (a QCMRI group with collaborative links with the World Health Organisation).

In April 2012, Dr Peng Tjun Choy was appointed as research governance officer for CHQ. Dr Choy plays a key role in site-specific assessment of all clinical research.

The Human Research Ethics Committee based at the Royal Children’s Hospital is certified by the National Health and Medical Research Council (NHMRC) as a lead committee for paediatric research ethics review. The committee’s reviews can be accepted by all publicly funded hospitals, universities, private hospitals and research institutions under the NHMRC national approach to a single ethical review process designed to simplify, speed up and reduce duplicates.

In 2012, the Human Research Ethics Committee and the CHQ research governance office processed 147 ethics applications and 105 site-specific assessment reviews. This was an increase of 26 per cent compared with the previous year.

The QCMRI, which is based at the Royal Children’s Hospital, received more than $8.5 million in grants and fellowship awards in the 2012 NHMRC grants round. Some notable recipients included:

- Professor Claire Wainwright: received two project grants as lead chief investigator, worth a combined total of $1.71 million
- Professor Anne Chang: awarded $2.5 million by the council’s Centre of Research Excellence for her research of indigenous children’s health at Menzies School of Health Research in the Northern Territory.

In 2012, CHQ and QCMRI researchers:

- published more than 180 peer reviewed manuscripts, many of which were published in international high-impact journals
- published more than 20 books and book chapters
- supervised more than 70 research Masters or PhD students through university partnerships.

CHQ and QCMRI research achievements are made possible by the generous support of all donors, partners and collaborators.
Bronchiolitis rehydration study wins research prize

Bronchiolitis is the leading cause of hospitalisation and the most common lower respiratory tract infection in the first year of life.

The hospital’s Paediatric Emergency Research Unit, in collaboration with the major paediatric tertiary hospital emergency departments in Australia and New Zealand, conducted a randomised trial to compare intravenous with nasogastric fluid replacement in children aged between two and 12 months admitted to hospital with bronchiolitis.

The study found that both methods are safe and there is no difference in terms of length of stay or complications. It did find, however, that first-attempt success was higher with the nasogastric route.

The Comparison of Rehydration Methods in Infants with Bronchiolitis paper was awarded the Best Original Research prize at the 2012 International Conference on Emergency Medicine in Dublin and the results were published in The Lancet Respiratory Medicine journal.

New vaccine for Meningococcal type B evaluated

The type B meningococcus bacteria is now the most common strain causing potentially fatal meningococcal disease, responsible for 80 per cent of the cases reported in Australia each year.

A clinical trial run by the Queensland Paediatric Infectious Diseases research group at the Royal Children’s Hospital has evaluated a new vaccine for Meningococcal type B disease.

This Phase Two trial was designed to test the immune response to a new protein vaccine (recombinant lipoprotein 2086) and determine its safety and effectiveness to prevent the disease occurring. It was shown to be safe and effective in approximately 2,000 adolescents aged 11 to 18 years and the results were published in The Lancet Infectious Diseases journal.

Effectiveness of whooping cough vaccine in question

A recent resurgence of whooping cough in younger age groups could be related to the lack of effectiveness of the current vaccine, research conducted by a team of collaborators from the Royal Children’s Hospital, QCMRI and the University of Queensland demonstrated.

The current vaccine was introduced in March 1999 for publicly funded primary course immunisations delivered at two months, four months, and six months. The previous vaccine was associated with a much higher rate of reactions in young children, including redness and pain at the injection site, fever, other rarer, but serious complications. The new vaccine was associated with far fewer reactions, but also thought, at the time, to be as protective as the old vaccine.

The study found that children who received a three-dose course of the current vaccine had higher rates of whooping cough than those who received a three-dose primary course of the old vaccine in the pre-epidemic period and recent outbreak.

The challenge for developers of future whooping cough vaccines is to address the benefit-risk trade-off highlighted by the study.

The findings were published in the Journal of the American Medical Association.

Researching children’s cancer

The Queensland Children’s Cancer Centre at the Royal Children’s Hospital provides a comprehensive statewide service for children with malignant diseases. The centre’s research unit opened more than 30 trials this year.

Two large randomised trials in which the centre participated were successfully completed and published this year and asked very different questions regarding treatment strategies.

- A study in Ewing’s sarcoma, a bone cancer, demonstrated that, using bone marrow growth factors, the time dose intensity of chemotherapy could be increased by 30 per cent. The results, which were published in the Journal of Clinical Oncology, showed a significant improvement in event-free survival.
- A study in Hodgkin lymphoma, a cancer of lymph glands, considered whether treatment could be reduced for this type of cancer. It demonstrated that radiation therapy could be omitted without adversely affecting the outcome in patients whose tumour responded rapidly to chemotherapy.
Medical education

Medical education and training is core business at Children’s Health Queensland. Continued investment in medical skills and knowledge is essential to enable safe, timely, effective and appropriate care is provided to children and young people.

**Medical education unit**

The medical education unit supports junior doctor education and training by providing leadership, advice and coordination of ‘fit for purpose’ educational initiatives. The unit works closely with key stakeholders to build capacity and capability and deliver responsive, targeted, flexible and high-quality education and training. This is enhanced through well-established partnerships with professional colleges, tertiary education institutions and other educational agencies.

**Medical officer education and training**

The Royal Children’s Hospital runs several education and training programs to support the creation of a sustainable medical workforce with effective clinical and non-clinical skills and knowledge. The use of simulation and web-based technologies supports flexible delivery of these programs, improving access and enhancing skills and knowledge.

Throughout 2012–13 simulation training and clinical skills sessions continued to be run regularly. These provide a unique opportunity for medical staff to develop their practical and procedural skills. With the support of funding from the Children’s Health Foundation Queensland, the Paediatric Advance Care in Trauma Course was developed in collaboration with Royal Children’s Hospital and Mater Children’s Hospital emergency medicine departments, Royal Children’s Hospital Paediatric Intensive Care Unit, Queensland Health’s Skills Development Centre and the trauma service. The course supports clinical staff in managing paediatric major trauma. Eleven Royal Children’s Hospital medical staff completed the course in 2012–13.

Flexible and accessible education and training is supported by videoconferencing and web-based technologies, with a number of programs now accessible across the state.

Weekly paediatric grand rounds at the hospital attract a high calibre of local and international speakers and are attended widely by local and remote audiences via videoconference. In 2012–13 the grand rounds started being successfully recorded and uploaded—allowing the sessions to be viewed online after the event.

In 2012–13 an online lecture series was developed to support paediatric trainees in preparing for their Royal Australasian College of Physicians (RACP) examinations. The program uses a blended learning approach to cover the basic training curriculum with online audiovisual presentations and monthly videoconference discussion.
sessions. In 2012–13 more than 75 per cent of Royal Children’s Hospital employees successfully completed the basic training examinations. These examinations are a vital step in trainees being awarded fellowship of RACP.

Ongoing partnerships and initiatives will ensure simulation and web-based education and training continues to support high standards of care delivery in 2013–14 and into the future.

Intern education and training
Children’s Health Queensland partners with several tertiary hospitals to provide opportunities for interns to gain paediatric experience through clinical placement at the Royal Children’s Hospital. The intern education and training program supports the transition from student to practitioner while allowing interns to develop paediatric clinical skills and knowledge. The program is accredited by the Postgraduate Medical Education Council of Queensland. In 2012–13 a Facility Education Program was implemented for interns supporting the development of paediatric specific skill and knowledge. With further enhancements, the intern education program will continue to support high standards of care delivery.

Medical student education and training
Children’s Health Queensland maintains a strong partnership with the University of Queensland Clinical School of Paediatric and Child Health supporting placement of fourth year medical students and first year elective, interstate and international students. The school has developed a responsive curriculum to produce work-ready graduates, through clinical opportunities complemented by case-based learning. In 2012–13, 195 medical students undertook a rotation.

Nursing education

Simulated learning
Nursing education practices are moving towards ‘simulated learning environments’ in both the clinical and classroom settings. Simulated learning programs are multidisciplinary and focus on the clinical and human factors relating to recognising, managing and caring for the deteriorating patient. Simulated programs at the Royal Children’s Hospital include the mock medical emergency, retrieval training, and competency-based training.

The outcomes of these programs include:
- increased staff exposure to medical emergency events
- improved knowledge and skills in paediatric resuscitation
- efficient and effective medical emergency response and team function.

In 2012, a Health Workforce Australia grant was received to develop a paediatric life support e-learning program. Two courses—basic and advanced paediatric life support—have been developed in a collaborative effort with medical and nursing colleagues from the Royal Children’s Hospital and the Mater Children’s Hospital.

EPIQ transition support programs
In 2012, Education for Practice in Queensland (EPIQ) Transition Support Paediatric programs were launched. These programs replaced the Transition to Practice nurse education programs and include paediatric intensive care, acute paediatrics and community child health. They were written in collaboration with a nurse educator from the Mater Paediatric Intensive Care Unit. All programs are used across the state in a variety of paediatric settings.

EPIQ uses blended learning to support the acquisition of knowledge and skills to safely and effectively provide care for paediatric patients and their families. Each program equates to 300 hours of learning and articulates into post-graduate programs at a number of universities.
**Undergraduate clinical placements**

The nursing education unit actively supports the experiential learning of undergraduate nursing students. The number of student weeks offered has increased significantly over the past five years (see graph 1 below)—from 520 weeks in 2008 to 1,475 weeks in 2012 for the Royal Children’s Hospital and Child and Youth Mental Health Service, and a further 78 student weeks in the Child and Youth Community Health Service.

**Inter-professional education**

A challenge for 2013 is to increase inter-professional education across the hospital and health services. While nurses, doctors and allied health professionals practice as a team they do not traditionally learn as a team. The nursing education unit is collaborating with medical and allied health colleagues to identify opportunities where inter-professional learning can take place. While a number of multidisciplinary education sessions and programs currently occur, there is scope to increase this collaboration.

**Oncology statewide education**

Oncology provides inter-professional education within the shared care model across the state. Education is conducted regularly to support multidisciplinary regional staff via workshops, video conferences, courses and clinical placements. This equated to more than 950 participations across the state in 2012.

**Allied health education**

**Simulated learning boosts workforce**

Allied health students will enter the workforce with improved clinical skills following the introduction of paediatric simulation training to the curricula at six Queensland universities.

The Simulated Learning Initiative in Paediatrics for Allied Health professionals (SLIPAH) was developed by Children’s Health Queensland, Griffith and Bond universities and The University of Queensland.

Piloted in 2012–13 with physiotherapy, speech pathology and occupational therapy students at the three universities, the initiative aims to better prepare students for clinical placements by introducing a range of simulation activities to their studies.

The initiative secured ongoing funding from Health Workforce Australia to expand to three more sites including Central Queensland, Australian Catholic and James Cook universities.

**Videoconference training for new graduates**

Allied health new graduates have access to increased support in their professional development via inter-professional training sessions offered through a statewide videoconference program. The program has been developed and facilitated by the Occupational Therapy Clinical Education Program (OTCEP).

The inter-professional topics presented are relevant to all areas of clinical practice. Allied health new graduates are offered four professional education sessions in 2013 within the monthly Occupational Therapy New Graduate videoconference series.

In 2012–13 OTCEP revised the existing Occupational Therapy New Graduate professional development initiative to include topics for allied health new graduates in their first two years of practice. The inter-professional sessions, presented by experienced clinicians from across the state, promote learning in key areas such as therapeutic alliance, motivational interviewing, quality projects and evidence based initiatives.

New graduates who attend these videoconferences are encouraged to complete a learning log which can be used within professional supervision.
## Performance statement 2012–13

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Percentage of patients attending emergency departments seen within recommended timeframes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Category 1 (within 2 minutes)</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
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<tr>
<td>- Category 2 (within 10 minutes)</td>
<td>80%</td>
<td>99%</td>
<td>99.1%</td>
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<td>- Category 3 (within 30 minutes)</td>
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<td>- Category 4 (within 60 minutes)</td>
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<td>- Category 5 (within 120 minutes)</td>
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<td>99%</td>
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<tr>
<td>Percentage of emergency department attendances who depart within four hours of their arrival in the department</td>
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<td>87%</td>
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<td>Median wait time for treatment in emergency department (minutes)</td>
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<td>11</td>
<td>12</td>
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<tr>
<td>Median wait time for elective surgery (days)</td>
<td>25</td>
<td>27</td>
<td>30</td>
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<tr>
<td>Percentage of elective surgery patients treated within clinically recommended times:</td>
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<td></td>
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<tr>
<td>- Category 1 (30 days)</td>
<td>95%</td>
<td>90%</td>
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<td>- Category 2 (90 days)</td>
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<td>- Category 3 (365 days)</td>
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<td>100%</td>
<td>98.4%</td>
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<td>Other measures</td>
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<tr>
<td>Total weighted activity units (Original Phase 15):</td>
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<td></td>
</tr>
<tr>
<td>- Inpatients (including Critical Care)</td>
<td>20,961</td>
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<tr>
<td>- Outpatients</td>
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<tr>
<td>- Sub acute</td>
<td>377</td>
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<td>217</td>
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<tr>
<td>- Emergency department</td>
<td>4,159</td>
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<tr>
<td>- Mental health</td>
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<td>Total weighted activity units (Revised Phase 16):</td>
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<tr>
<td>- Acute inpatients</td>
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<td>- Outpatients</td>
<td>6,867</td>
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<tr>
<td>- Sub acute</td>
<td>856</td>
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<td>- Emergency department</td>
<td>3,253</td>
<td>2,845</td>
<td>2,846</td>
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<tr>
<td>- Mental health</td>
<td>3,372</td>
<td>4,006</td>
<td>3,942</td>
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<tr>
<td>- Interventions and procedures</td>
<td>1,209</td>
<td>1,931</td>
<td>1,977</td>
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<tr>
<td>Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit</td>
<td>55%</td>
<td>47.10%</td>
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<tr>
<td>Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge</td>
<td>14%</td>
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<tr>
<td>Number of ambulatory service contacts (mental health)</td>
<td>36,840</td>
<td>21,324</td>
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</table>
The Children’s Health Queensland Consumer and Community Engagement Strategy 2012–15, approved in December 2012, provides the overall direction for engagement activities, particularly in relation to service improvements and organisational consultation priorities.

The strategy will engage consumers and the wider community to ensure children’s services effectively meet the needs, priorities and expectations of our patients and their families.

Priorities are geared towards ensuring:

- consumers know how to access children’s health services in the community and hospital setting
- services are convenient to the needs of families
- services are designed and delivered in a culturally appropriate manner.

The strategy also includes measures to evaluate performance as a guide to future improvements.

Family Advisory Council

The Family Advisory Council (FAC) is Children’s Health Queensland’s (CHQ) peak consumer advisory group. The FAC meets monthly to provide comment and input both in response to key CHQ priorities and issues, as well as to proactively provide feedback on CHQ’s services. In 2012–13 the FAC provided input during the development of the CHQ Patient Safety and Quality Improvement Strategy 2013–15, the implementation of major service changes to the provision of clinical consumables and many other priority projects for CHQ.

FAC members regularly attend staff induction for medical and nursing staff, to highlight to new staff that everything we do at CHQ is patient- and family-centred. The FAC’s presentation at induction sessions is a powerful way to provide staff with an understanding of CHQ’s services through the eyes of families. It also helps build an appreciation of the considerable impact CHQ can have on the lives of children and their families.

A review and internal restructure of the FAC is currently underway to improve its capacity to represent all families across the state. Priorities for the FAC in 2013–14 will be to develop the skills of members to better support their important role in CHQ, particularly leading up to the transition to the Queensland Children’s Hospital.
Targeted engagement through community programs

The Good Start partnership between the federal government and CHQ aims to reduce chronic disease and obesity in Pacific Islander families by working directly with them to build skills, knowledge and confidence in healthy eating and active lifestyles. Through 831 nutrition education sessions provided in the community and schools in Brisbane, Gold Coast and Cairns some 18,000 Maori and Pacific Islander people were actively engaged in the program.

Teachers have reported a 35 per cent increase in general engagement by students in the program activities, a 43 per cent reduction in soft drink consumption and an overall increase in sporting activity of 37 per cent.

At a community level, interactive information kiosks have been introduced in health centres, churches and community venues. Using iPads the kiosks deliver information covering a wide range of ages and family circumstances.

Consumer groups who represent special needs

The Oncology Patient Family and Carer Network contributed to service committee meetings, workshops and focus groups and give feedback on service improvements and family resources. An initiative to collect, transcribe and share anonymous family stories with clinical teams has given staff a vital insight into how the family is impacted by childhood cancer. Identified parent needs are then catered for in ongoing improvements to clinical practice and support provided to families.

Working with clients and families

Consumer and carer participation underpins all of Child and Youth Mental Health Service (CYMHS) service planning, delivery and evaluation. CYMHS Consumer and Carer Network includes a youth advisory group (Beautiful Minds), a carer advisory group (Minders) and a comprehensive network of current and past clients, carers and other interested community members.

This year, staff and clients worked with a local artist to create two butterfly mosaic panels now displayed at Pine Rivers CYMHS.

Mental Health Alcohol Tobacco and Other Drugs Service consumers helped staff to develop mental health brochures that are appropriate for young indigenous people. The brochures have been distributed nationally.

NAIDOC week engagement assists hearing health

The Deadly Ears team joined in the official NAIDOC week celebrations held annually in Musgrave Park in South Brisbane to encourage children and their families to adopt simple measures to safeguard ear health. Six interactive health stations proved very popular with families and spread valuable information on ear health, in particular the impacts of otitis media in children aged birth to four years. The stations were:

- Baby Binungs: a discussion on newborn hearing screening with an emphasis on regular checking of children for signs of infection
- PHR booklet: a promotion of the stages at which children routinely need their hearing checked by community health staff
- Snot tray: a participatory activity where children handle green jelly to gain an understanding of the links between colds and flu, middle ear infections and potential hearing loss.
- Face station: kids get to blow their nose and wash their hands as a useful step towards achieving good ear health.
- Watch a video: an outline of experiences of ear and hearing health and the importance of retaining good hearing.
- Share a story: have fun describing what you have learned and the key messages about hearing to remember and observe in the future.
Patient and family feedback

Children’s Health Queensland (CHQ) is always striving to provide outstanding patient- and family-centred care at every level of the organisation. We welcome and encourage feedback from our patients and families, and view it as an opportunity to reflect on and improve our service.

During 2012–13, CHQ received 314 compliments. There was a decrease in complaints from 251 during 2011–12 to 224 this financial year.

The majority of complaints fall into one of three categories: access, communication and treatment. To improve access to service, redesign care projects have been introduced in Outpatients and The Oncology Day Procedure Unit. A new 23-Hour Ward and Medical Day Unit were also opened this year to improve patient flow processes. The goals of this redesign are to (1) improve access and flow for patients undergoing procedures; (2) ensure we provide a patient- and family-centred service; and (3) improve patient and family satisfaction with the service we provide.

Communication is a priority area for CHQ and staff are offered education and training so they have the skills to effectively communicate with people who are often feeling vulnerable and anxious.

How to provide feedback?

We encourage patients and families to talk to the staff in the area at the time of their complaint or compliment.

Tell us how we’re doing forms are available online at www.health.qld.gov.au/rch/families/have-yr-say.asp

Patients and families are also welcome to speak with the Consumer Feedback Coordinator on 07 3636 5071.

“Thanks so much to everyone at the Queensland Paediatric Immunology and Allergy Service. Your service has been extremely helpful for our son and has changed his life for the better! The staff are caring and friendly, and always happy to answer questions and concerns.”

JACQUIE, MOTHER OF DANIEL, 2
Patient and family feedback

‘I arrived with my 4 month old baby who had been unwell and presented to DEM. The staff were fantastic and very caring. They made me feel completely at ease and their assessment of my son was made quickly and professionally.’

PARENTS OF HARRISON, 3 months

‘I like you guys so much I drew you an elephant.’

ANONYMOUS

We would like to thank the entire group from triage to short stay for a quick thorough and effective treatment of Finn. The entire time we felt that we were given good advice, options were explained and huge efforts were made to keep Finn comfortable and to allow the rest of us to remain there too. Thanks to all.

JAMES & NICOLE, PARENTS OF FINN

‘Nicky [speech pathologist] is awesome; her courses should be compulsory for all who use the Child and Youth Mental Health Service (North West). A 10/10 for all who work here, from reception to shrink. Thank you for saving our son.’

FATHER OF A YOUNG PERSON ACCESSING NORTH WEST CHILD AND YOUTH MENTAL HEALTH SERVICE

I am writing to commend the entire team at the RCH. My youngest son Joshua was discharged from the RCH on December 14, and although it has been a long and draining experience for the whole family, it has also provided us with many positive experiences. We were fortunate enough to meet so many wonderful people who made our time at the hospital a lot more bearable. You all do such a fantastic job and my family and I hope you know how much it is appreciated.

JASON, FATHER OF JOSHUA

‘We were overwhelmed by the support and communication of the nurses, doctors and specialists. We have found CFTU a positive experience. We have our daughter back. I felt I was not judged as a parent and they respected what I had to say. I understand that our daughter will need ongoing treatment and the support has been set up for us. I have the highest regards for CFTU.’

PARENT OF 12 YEAR OLD ADMITTED TO THE CHILD AND FAMILY THERAPY UNIT.
Governance

Organisational chart
The role of the Children’s Health Queensland Hospital and Health Board is to govern the Children’s Health Queensland (CHQ) Hospital and Health Service. The breadth and depth of experience of CHQ’s Board members provides a rich base for their guidance of the organisation now and into the future. The Board’s responsibilities include:

- overseeing CHQ, as necessary, including its control and accountability systems
- appointing and removing as necessary ‘Health Service Executives’ (as defined by the Hospital and Health Boards Act 2011)
- providing input into and final approval of management’s development of organisational strategy and performance objectives, including agreeing the terms of the CHQ Service Agreement with the Chief Executive (Director-General) of the Department of Health
- reviewing, ratifying and monitoring systems of risk management and internal control and legal compliance
- monitoring Health Service Chief Executive’s and senior executives’ performance and implementation of strategy
- ensuring appropriate resources are available to senior executives
- approving and monitoring the progress of minor capital expenditure, capital management, and acquisitions and divestitures
- approving and monitoring the annual budget and financial and other reporting.

<table>
<thead>
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<tr>
<td>26 July 2012</td>
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<td>26 April 2013</td>
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<td>18 October 2012</td>
<td>30 May 2013</td>
</tr>
<tr>
<td>29 November 2012</td>
<td>27 June 2013</td>
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</tbody>
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Key achievements

- Continued improvements delivered in reducing clinical incidents and improving performance against quality and safety indicators in the balanced scorecard and Quality and Safety Strategic Plan
- 87.6 per cent of patients left the Royal Children’s Hospital emergency department within four hours of arrival—10.6 percentage points higher than the 2013 national target of 77 per cent (Hospital and Health Services Performance Report)
- 98.4 per cent of Category 3 patients referred to the RCH had their elective surgery within the clinically recommended time of 12 months. The national target is 94 per cent (Hospital and Health Services Performance Report)
- Achieved improvements to food services across RCH
- Endorsed the 2013–17 Children’s Health Queensland Strategic Plan
- Endorsed Children’s Health Queensland Patient Safety and Quality Improvement Strategy 2013–15
- Implemented the 2012–15 Consumer Engagement Strategy
- Implemented the 2012–15 Clinician Engagement Strategy
- Achieved ACHS accreditation for CHQ
- Endorsed the internal audit charter and audit protocols
- Endorsed co-sourced internal audit integrated management framework
- Government endorsement for a statewide children’s health improvement package to be administered by CHQ
- Endorsed protocols with Primary Health Care Organisations (Medicare Locals)
- Endorsed the annual financial statements for the CHQ Board (in conjunction with Audit and Risk Sub-committee)
- Achieved improvements in the operating and financial performance of CHQ
- Endorsed the CHQ annual accounts and budget
- Achieved a ‘high standard’ of best practice against the Treasury’s Audit Committee Guidelines in the assessment of the Audit and Risk Sub-committee’s performance
- Delivered services within budget for 2012–13.
Board members

Susan Johnston  Chair
Ms Johnston is a lawyer with more than 20 years experience in senior management and policy advisory roles and more than 10 years experience as a company director and member of various industry advisory and funding bodies.

Ms Johnston served as the inaugural Assistant Commissioner (Patient Safety) on the Queensland Health Quality and Complaints Commission.

She has extensive experience in governance and is currently a director of Seymour Whyte Limited, an ASX-listed civil construction company.

Ms Johnston has led significant reviews of health and safety in the mining and energy industries and has provided advice to both private industry and government on improving implementation and monitoring of safety systems and programs.

Jane Yacopetti  Deputy Chair
Ms Yacopetti brings to the Board extensive executive management experience in the health sector, including her current role as Managing Director of Carramar Consulting, which provides a range of expert health-related services.

Ms Yacopetti has held a number of senior positions in health management including policy, strategic planning, health service administration and infrastructure planning.

A former executive at the Royal Children’s Hospital, Ms Yacopetti went on to be Deputy Chief Executive Officer of Mater Health Services from 1998–2000 and the Executive Director of the Queensland Children’s Hospital Project from 2009–2011.

Paul Cooper
Mr Cooper has more than 25 years experience as an accountant in private practice. He is also a Director of West Moreton-Oxley Medicare Local, one of the initial Medicare Locals formed to coordinate the delivery of primary and allied health for that region.

Mr Cooper has broad experience in a number of industries with current and former board positions in manufacturing, accounting, education, industrial electronics and was previously a director and chairman of the Finance Committee of CPA Australia. He is also a former Queensland President of CPA Australia.

Mr Cooper is also a Director of the Export Council of Australia and the Rinstrum Group.

Dr Leanne Johnston
Dr Johnston is a physiotherapist with a Doctor of Philosophy in Paediatric Physiotherapy. She has had 18 years experience working as a paediatric physiotherapist, including 11 years within the Mater Children’s, Mater Mother’s and Royal Children’s hospitals.

Dr Johnston has also had an extensive career as a paediatric researcher, receiving a number of research awards and grants, and now leads a multidisciplinary research program at the Cerebral Palsy League, following her role managing the statewide Allied Health Advisory Team at the Cerebral Palsy League. Leanne’s current role is to manage multidisciplinary, statewide research for the Cerebral Palsy League.
Children's Health Queensland     ANNUAL REPORT 2012–13

Eileen Jones
Ms Jones is a member of the statewide Child and Youth Clinical Network steering committee. She was formerly the Chair of the Royal Children’s Hospital Health Community Council and Board member of the Royal Children’s Hospital Foundation.

Ms Jones has held a variety of positions in health including research officer to the Thomson Committee of Inquiry into Medical Education. Her extensive community involvement and previous professional appointments highlight her contributions to the health industry and particularly support for people formerly in care of the state.

Dr David Wood AM
Dr Wood has more than 20 years experience in child protection in Queensland. He is a board member and former Chair of ACT for Kids (previously known as Abused Child Trust) and until recently, Director of Paediatric Health Services at Mater Children’s Hospital. Dr Wood is a well-respected paediatrician who brings significant experience working in Queensland hospitals.

As a founding member of the Abused Child Trust he has been instrumental in breaking the cycle of abuse and neglect in Australia through therapy for abused children and their families. The charity is also involved in advocacy for children and research into child abuse and child-protection.

Sub-committee membership

Audit and Risk Sub-committee
Paul Cooper Chair
David Gow
Dr David Wood

Finance and Performance Sub-committee
David Gow Chair
Dr Leanne Johnston
Paul Cooper

Quality and Safety Sub-committee
Dr David Wood Chair
Susan Johnston
Eileen Jones

Health Service Executive Sub-committee
Jane Yacopetti Chair
Eileen Jones
Dr Leanne Johnston
Executive Management Team

Dr Peter Steer  
*Health Service Chief Executive*

A medical graduate of the University of Queensland, Peter undertook his training in paediatrics in Brisbane and sub-specialty training in neonatology in New Zealand. He also completed a two-year fellowship in Canada, where he held positions as the chief of paediatrics at McMaster Children’s Hospital and St. Joseph’s Healthcare in Hamilton, and professor and chair of the Academic Department of Paediatrics at McMaster University.

Sue McKee  
*General Manager Operations*

Sue’s 30-year career has included nursing and leadership positions in the public and private sector, in both a hospital and community environment. She trained in general nursing and completed a Bachelor of Applied Science (Human Movement). She furthered her studies in leadership with a Masters of Business Administration and a post-graduate Certificate in Leadership and Catholic Culture. Several leadership roles have led her to her current position as the General Manager of Operations at Children’s Health Queensland.

Loretta Seamer  
*Chief Finance Officer*

Loretta has more than 27 years experience in financial management, auditing, reporting and governance across various industries and organisations. This has included implementing and re-engineering business processes and financial systems, health service planning in the private and public sector, and health funding. Loretta holds a Bachelor of Business degree and a Masters of Business Administration, and is a Fellow of CPA Australia and a graduate of the Australian Institute of Company Directors.

Taresa Rosten  
*Executive Director, Office of Strategy Management (maternity leave from April 2013)*

Taresa came to Children’s Health Queensland from her position as an Executive Director with Wide Bay Health Service District. She has previously worked with Queensland Health in human resources and as the director of workplace relations in corporate office, and for NSW Health and the Public Service Commission. Taresa has a Bachelor of Commerce with honours in human resources and a Bachelor of Laws.

Deb Miller  
*A/Executive Director, Office of Strategy Management (April 2013–May 2014)*

Deb Miller has more than 27 years experience in public and private sector leadership roles within the health system. Deb has completed a Bachelor of Nursing degree and a Masters of Business Administration. Her experience includes organisational redesign, financial improvement, representation on national health-related committees, short-term consultancies in general practice and advising on health reform in eastern Europe. Deb currently lectures in the Public Health master’s program at Griffith University.
Dr John Wakefield
*Executive Director, Medical Services*

A UK medical graduate, John has worked in private and public health in Queensland since 1989. With experience in clinical and management roles in rural, regional and tertiary public sectors, he has a broad understanding of the challenges of delivering healthcare in a large decentralised state. Before starting with CHQ, John was Executive Director of the Queensland Health Patient Safety and Quality Improvement Service. He is also an Adjunct Professor of Public Health at the Queensland University of Technology.

Shelley Nowlan
*Executive Director, Allied Health and Community Services*

Carmel Perrett
*Executive Director, Allied Health and Community Services*

After training as a nurse in Toowoomba and gaining comprehensive clinical experience, Shelley spent 10 years in senior executive roles in regional centres across the state. In this time, she has led several workforce and clinical care redesign projects and earned a 2008 Australia Day Award. Shelley has also completed a Bachelor of Nursing, Masters of Health Management, Diploma of Project Management and is a Graduate of the Australian Institute of Company Directors.

Shelley Nowlan
*Executive Director, Nursing Services*

After training as a nurse in Toowoomba and gaining comprehensive clinical experience, Shelley spent 10 years in senior executive roles in regional centres across the state. In this time, she has led several workforce and clinical care redesign projects and earned a 2008 Australia Day Award. Shelley has also completed a Bachelor of Nursing, Masters of Health Management, Diploma of Project Management and is a Graduate of the Australian Institute of Company Directors.

Dianne Woolley
*Executive Director, People and Culture*

Dianne is a highly skilled Human Resource (HR) leader with experience in organisational change and growth, core HR operations, organisational learning and the improvement of processes and systems. Dianne has worked internally and as a consultant to Queensland Government and the private sector to lead the development, implementation and evaluation of human resource policies and operations relevant to change initiatives for organisations.

Carmel Perrett
*Executive Director, Allied Health and Community Services*

Carmel’s previous positions within Queensland Health include Allied Health Director at the QEII Jubilee Hospital, Team Leader of Children’s Allied Health for Brisbane South and Executive Director of CHQ’s Child and Youth Community Health Service. She has also held senior allied health roles with the Cerebral Palsy League Queensland and as an occupational therapist for Education Queensland and the National Health Service in the UK.

David Rose
*Senior Director, Communications and Engagement*

David trained as a journalist in the UK, working as a reporter with daily newspapers and BBC radio. He moved to Australia in 1995, and has since lived and worked in Sydney, Hobart, Cairns, Canberra and Brisbane. His previous communications roles have included the head of communications for the British High Commission in Canberra and General Manager of Communications and Stakeholder Management with the Federal Department of Infrastructure and Transport.
Risk management and accountability

Risk management

Risk management helps Children’s Health Queensland (CHQ) achieve its objectives through a structured and integrated approach. This facilitates informed discussion and effective decision making to improve services.

An integrated risk management framework (IRMF) is used and applies to all employees, contractors, consultants and volunteers across all divisions, functions, projects and activities.

The IRMF is consistent with the requirements of the Australian and New Zealand Risk Management Standard (AS/NZS ISO 31000:2009) and the CHQ Board is committed to the effective implementation of the IRMF.

A risk review was performed soon after the formation of CHQ and the Board approved the Risk Appetite Statement in October 2012. Risk management is an embedded process of every department, division and committee and is governed by the Office of Strategy Management (OSM). The OSM is responsible for maintaining the integrated risk management procedure and supporting tools, providing education, administering the establishment of divisional risk registers, oversight of the strategic risk register and supporting the Board Audit and Risk Sub-committee.

CHQ has recently reviewed the IRMF to better align the risk matrix with the workplace health and safety matrix. This also brought about changes to the consequence and likelihood tables and implementation of a risk register to support the framework. A refresh of the integrated risk management procedure has also been undertaken to include these modifications.

This new framework brings together the identification and management of strategic, operational, financial and information technology risk categories under clinical or corporate non-clinical risk types.

External scrutiny

During the course of the year, the following external reviews were conducted and reported on:

- An audit of the work health and safety management system. This audit found a commitment to high standards of health and safety practice.
- The Queensland Fire and Rescue Service conducted a compliance inspection of 11 buildings at the Royal Children’s Hospital. No significant issues were noted.
- The Queensland Audit Office conducted a detailed assessment of existing controls over the major financial systems. This reported that overall the existing controls are operating effectively with some recommendations to further improve processes. Management is actively implementing the recommendations.

Audit and risk committee

The CHQ Board Audit and Risk Sub-committee (the committee) provides independent assurance and assistance to the Board on:

- risk, control and compliance frameworks

The committee oversees both audit and risk functions and reports on all relevant matters to the Board and Health Service Chief Executive. Core areas of responsibility include:

- appropriateness of accounting practices used
- compliance with prescribed accounting standards
- accuracy and completeness of financial statements
- compliance and effectiveness of controls over systems and processes
- establishment of and progress against the annual internal audit plan
- progress of the implementation of recommendations from previous internal and external audits i.e. Queensland Audit Office (QAO)
- liaison with QAO in relation to their internal audit strategies and plans
- assessment of complex or unusual transactions, trends or material deviation from the CHQ budget
- assessment of risks identified in the risk register as well as internal and external audit reports
- oversight of the effectiveness and operation of the integrated risk management framework
- assessment of the adequacy of processes for the identification, elimination and control of top line risks.

Although the minimum requirement is to meet four times per year, the committee met seven times in 2012–13. External members of the committee are Board members therefore remuneration for their duties are included in their Board remuneration. The amount paid is included in the remuneration disclosures section of the annual report (CHQ Financial statements, page 28).

The committee has established the foundations for the operation of internal audit and a refresh of the integrated risk management framework.
Other achievements include the establishment and endorsement of the internal audit charter and audit protocols, the appointment of an internal audit and risk management officer and a co-sourced internal audit team. The committee recently assessed its performance against the Treasury’s Audit Committee Guidelines and noted a high standard of best practice.

**Table 5: Audit and Risk Committee membership**

<table>
<thead>
<tr>
<th>Name</th>
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<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Cooper</td>
<td>Chair (external member)</td>
<td>Jul 2012–Jun 2013</td>
</tr>
<tr>
<td>Dr David Wood</td>
<td>External member</td>
<td>Jul 2012–Jun 2013</td>
</tr>
<tr>
<td>Mr Andrew Taylor</td>
<td>External member</td>
<td>Jul 2012–Mar 2013</td>
</tr>
<tr>
<td>Mr David Gow</td>
<td>External member</td>
<td>May 2013–Jun 2013</td>
</tr>
</tbody>
</table>

**Internal audit**

As a result of the restructuring of Queensland’s Department of Health and the devolution of responsibilities to the new hospital and health services, new governance structures evolved within CHQ. A requirement of the Hospital and Health Boards Act 2011 is the appointment of Health Service Auditors. The organisation employed a senior audit and risk management officer who reports to the executive director of OSM.

In March 2013, Ernst and Young were engaged to provide a co-sourced internal audit service. The senior audit and risk management officer works closely with the core Ernst and Young team to deliver audits from the approved Annual Internal Audit Plan having due regard to the International Auditing Standards and Treasury’s Audit Committee Guidelines.

Internal audit provides independent, objective assurance on the state of risks and internal controls, providing management with recommendations to enhance controls. The internal audit team works within the provisions of the endorsed Internal Audit Charter, which is consistent with relevant audit and ethical standards.

Internal audit’s secondary objective is to assist the Health Service Chief Executive and Executive Management Team in the discharge of their responsibilities to the Board in the areas of risk management and internal control through independent appraisals of the adequacy and effectiveness of the risk management and internal control systems.

The committee approved an internal audit plan for 2013–15, including the Annual audit plan (2012–13), which was executed throughout the year. The three-year plan has been further revised for 2014–16 with the inclusion of the annual internal audit plan (2013–14) and was approved by the committee. The 2013–14 audit projects were selected by identifying organisational priorities, key operational and financial risks, projects and challenges for the next year while considering the capacity of the internal audit team to conduct the audits.

The executive director of OSM, the senior audit and risk management officer and representatives of Ernst and Young presented findings from current audit reports at committee meetings and provided status updates on the implementation of recommendations from previous audits. The audit team will present seven internal audit reports to the committee conducted this financial year. Recommendations provided in the reports tabled to date have helped strengthen controls and efficiencies in processes throughout CHQ.

**Information systems and recordkeeping**

CHQ is committed to improving recordkeeping and records management. In 2012–13 recordkeeping practices and training were reviewed to ensure compliance with the Public Records Act 2002.

Online training for administrative staff in recordkeeping and records management was introduced this year and will continue to be rolled out across the organisation in 2013–14. The modules aim to develop knowledge in the identification and capture of records, and storage, maintenance and disposal of records.

Record retention and disposal practices are being reviewed to identify gaps and ensure compliance with the policies and procedures of State Archives.

A review of records management resources in 2013–14 will determine what expertise and resources are needed for records management now and into the future.

The Department of Health completed the transfer of records to CHQ in May 2013.

The RCH continues to use RecFind for electronic recordkeeping. The Queensland Children’s Hospital program is formally investigating an electronic solution for the management and storage of records.

The RCH and the Ellen Barron Family Centre are participating in the statewide formal Integrated Electronic Medical Record project, which was established in 2012. The project aims to implement an electronic records in a phased approach. The first phase (electronic scanning) is estimated to go live in November 2013.
Human resources

Children’s Health Queensland (CHQ) employed 1,907 full-time equivalent (FTE) staff as at the end of June 2013. Graph 2 (below) shows the number of MOHRI occupied FTE staff by employment stream.

Of those 1,907 FTE staff, 76 per cent were nursing, medical (including visiting medical officers), professional and technical employees.

The retention rate for permanent staff was 77.5 per cent in 2012–13. The retention rate is the number of permanent staff employed by CHQ at the start of the financial year and who remain employed at the end of the financial year, expressed as a per cent of total staff employed.

CHQ’s separation rate for 2012–13 was 21.4 per cent and describes the number of permanent staff who left their employment during the year as a percentage of permanent staff in CHQ.

Early retirement, redundancy and retrenchment

A program of redundancies was implemented during 2012–13. During the period, 68 staff received redundancy packages at a cost of $5,493,641. Staff who did not accept an offer of a redundancy were offered case management.

Workforce planning, attraction and retention

The CHQ workforce planning and management framework for 2012–15 outlines the approach for developing and retaining a high-quality and professional workforce for the future.

CHQ’s approach to workforce planning and management focuses on:
• attracting and retaining skilled professionals
• developing the leadership and performance culture
• building a safe working environment
• looking after and valuing our people.

In 2012–13, work began on a cultural charter that will focus on creating a workplace that is respectful, enduring, innovative and agile. One of the first initiatives to be developed under this charter is the ‘Look after your workmates’ campaign, which aims to foster a culture of caring and enhanced team work by asking staff to keep an eye on their work colleagues.

Raising awareness and educating staff about the vital link between health and culture has been a priority for CHQ. An Aboriginal and Torres Strait Islander cultural practice program facilitator has been engaged to improve the cultural competence of staff. More than 1,300 staff participated in cultural competence training and staff will continue to access the program in the next 12 months.

Graph 2: Minimum Obligatory Human Resource Information (MOHRI) occupied full-time equivalent (FTE) by employment stream

![Graph showing the number of MOHRI occupied FTE staff by employment stream from 2009 to 2013.](image-url)
The importance of workforce planning and management was highlighted throughout the year with major workforce reforms within the Queensland public service and the state government’s contestability review of the Queensland Children’s Hospital (QCH).

Future challenges include the workforce establishment for the QCH opening late 2014 and the predicted population growth in South East Queensland.

Employee performance

The CHQ Organisational Development Framework 2012–15 plans for business success in a changing environment by aiming to have the ‘right people in the right jobs at the right time’. It establishes clear initiatives and activities to support and develop CHQ staff.

Extensive staff training programs are offered face-to-face and online and include orientation programs, mandatory training, non-clinical training and government training.

The performance appraisal and development process is designed to support staff in achieving professional outcomes. It is also an opportunity for staff to be recognised for achievements, receive feedback and undertake care planning as well as professional development. In 2012–13 more than 75 per cent of staff developed and completed a performance appraisal and development plan with their direct line manager. CHQ endeavours to continually improve on compliance throughout the service.

Reward and recognition plays a key role in attracting and retaining great staff. The Reward and Recognition Program 2012–15 outlines the way CHQ formally recognises staff for their exceptional contribution to the organisation and to the care of our young patients and their families. The program identifies three award programs including:

- Celebrating our People Awards
- external awards program
- local workplace awards.

The Celebrating our People Awards were launched in 2013 as an annual program to celebrate the achievements of individual staff and teams for their high level of performance and commitment in pursuing excellence in the care of children, young people and their families.

The awards include:
- Strategic Pillar Awards recognising staff achievements under the pillar categories of people, service, quality and safety, value and research
- Board Chair’s Innovation Excellence Award
- Rising STAR Award—an award for staff with fewer than two years service who have excelled within the business.

The external awards program includes Australia Day Achievement Awards, Queensland Great medals and the Premier’s Awards for Excellence in Public Service delivery and more.

Local workplace awards give line managers the opportunity to informally recognise staff for achievements and effort at the local level.

Leadership and management development

CHQ launched the following key programs during 2012–13 for leader and management development:

Hardwiring leadership program

CHQ is committed to pursuing excellence in the care of children, young people and their families. The Hardwiring Service Excellence framework is used by CHQ to continuously build on a culture of excellence.

To support a culture of excellence and recognise and value staff as leaders, about 100 executives, senior leaders and senior managers participated in a Hardwiring Leadership Excellence program. The program was designed to equip current and emerging leaders with the skills and perspectives required to impact organisational performance.

CHQ staff have ongoing support with access to best-practice research and Hardwiring Service Excellence tools and templates, in addition to a number of face-to-face sessions with the program facilitators.

Top 500 executive leadership development

Executives and senior leaders of CHQ participated in the Top 500 Executive Leadership program, which is designed to increase awareness and capacity around leadership in the healthcare setting, reaffirming values and strategic priorities.
Children’s Health Queensland is committed to upholding the values and standards of conduct outlined in the Code of Conduct for the Queensland Public Service. The Code reflects the principles of integrity and impartiality, promoting the public good, commitment to the system of government, accountability and transparency.

All CHQ employees are required to undertake training in the Code during orientation to the service and to sign an acceptance of appointment form, which states they will abide by the Code.

CHQ identifies the Code as one of six mandatory training requirements for all employees. Annual refresher training in the Code is also a mandatory requirement.

The Code is available to all staff on the CHQ intranet site along with an online learning program. Face-to-face training is offered every two months to CHQ staff and is promoted on the intranet.

**Management capability program**

This program was specifically designed as part of CHQ’s commitment to build and enhance a leadership culture at all levels within the organisation.

The aim of the program is to deliver practical learning outcomes based on fully integrated modules on people management, business management, project management and process improvement.

**Work-life balance**

Children’s Health Queensland supports and implements Queensland Health’s work-life balance policy by enabling staff to work according to flexible arrangements. Work-life balance opportunities are promoted on CHQ’s People and Culture intranet site.

More than 800 staff (48 per cent of the CHQ permanent workforce) are employed on a permanent part-time basis. Of the permanent part-time staff, 92 per cent are female and eight per cent are male.

Twenty-two staff participate in the purchased leave arrangement, which allows staff to purchase leave in addition to paid recreation leave entitlements. Staff are able to access between one and six weeks unpaid leave for the purpose of work-life balance.

An established breastfeeding room at the Royal Children’s Hospital campus enables staff returning to work from maternity leave to continue breastfeeding.

**Industrial and employee relations**

Children’s Health Queensland’s consultative framework consists of the District Consultative Forum and the Nursing Consultative Forum. In addition, there is a Queensland Children’s Hospital Union Consultative Forum to engage with and inform unions of project progress and any potential issues in the planning and implementation processes that may impact on the future workforce.

**Public Sector Ethics Act**

Children’s Health Queensland (CHQ) is committed to upholding the values and standards of conduct outlined in the Code of Conduct for the Queensland Public Service.

A quarterly management capability learning program for line managers includes a learning module on ethical decision making and the Code.

Fraud risk management and control workshops were held for 55 staff across seven divisions and three service lines and the Executive Management Team to provide knowledge, awareness and mechanisms to strengthen governance.

The main messages covered in the presentation included:

- The definition of official misconduct
- Public interest disclosure
- Why CHQ is placing a focus on fraud?
- How staff can report a concern
- What causes misconduct to occur?
- How can CHQ staff prevent misconduct occurring?

The workshops were developed following the discovery of a significant fraud in the Department of Health in December 2011.
Financial overview

Summary of performance

Children’s Health Queensland (CHQ) operates the specialist statewide paediatric Royal Children’s Hospital (RCH) and also provides statewide and community child health services for Queensland. CHQ is committed to providing child- and family-centred care at every level of our service. CHQ 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 continually monitor performance, manage costs and actively explore own source revenue initiatives.

How the money was spent

CHQ’s major services and their relative share are shown in Chart 1.

The majority of expenses relate to the operation of the RCH, child and youth community and mental health services, and hosted and statewide child health services.

CHQ achieved an operating surplus of $10.3 million in 2012–13 while still delivering on all agreed major services. The surplus is mainly attributable to improved efficiency of service provision across all areas. The financial results also include an asset revaluation surplus of $3.2 million, resulting in a total comprehensive income of $13.4 million for 2012–13.

Income

The majority of funding for CHQ is from user charges and grants from state and Commonwealth revenue (97.8%).

CHQ’s total income for 2012–13 was $327.3 million. Of this, the state grants were $219.5 million, user charges $20.1 million, Commonwealth grants $76.7 million, other grants $4.1 million, recoveries $6.4 million and $0.5 million was earned from other sources.

Chart 2 displays CHQ’s income.

Expenses

CHQ’s total expenses for 2012–13 were $317.1 million. The majority of expenses incurred related to:

- health service employee costs—73% of total expenses
- supplies and services—23.6% of total expenses.

Depreciation and amortisation represent 2.2% of total expenses. The total expenses for 2012–13 also includes impairment losses of $0.7 million and a revaluation decrement relating to land of $0.1 million for 2012–13.

Graph 3 displays the 2012–13 expenses by category.
Statement of financial performance

The following audited statement of financial performance is compared to the 2012–13 budget initially allocated to CHQ in the 2012–13 Queensland Government state budget papers. The CHQ contract is amended throughout the year for changes in additional grants and contributions from the Queensland Department of Health (DoH). The following notes provide commentary of the key variances of the final 2012–13 financial position and the budget published in the state budget papers.

Table 6: Financial performance report 2012–13

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012-13 actual</th>
<th>2012-13 budget</th>
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<td><strong>Income from continuing operations</strong></td>
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</tr>
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<td>User charges</td>
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<tr>
<td>Grants and other contributions</td>
<td>2</td>
<td>300,350</td>
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<tr>
<td>Other revenue</td>
<td>3</td>
<td>6,866</td>
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<tr>
<td><strong>Total income from continuing operations</strong></td>
<td></td>
<td>327,320</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Total income from continuing operations</strong></td>
<td></td>
<td>327,345</td>
</tr>
<tr>
<td><strong>Expenses from continuing operations</strong></td>
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<td></td>
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<tr>
<td>Employee expenses</td>
<td>4</td>
<td>1,614</td>
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<tr>
<td>Supplies and services</td>
<td>5</td>
<td>306,318</td>
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<tr>
<td>Grants and subsidies</td>
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<td>7,005</td>
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<tr>
<td>Depreciation and amortisation</td>
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<td>7,005</td>
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<tr>
<td>Other expenses</td>
<td>6</td>
<td>2,070</td>
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<tr>
<td><strong>Total expenses from continuing operations</strong></td>
<td></td>
<td>317,082</td>
</tr>
<tr>
<td>Operating result from continuing operations</td>
<td></td>
<td>10,263</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in asset revaluation surplus</td>
<td></td>
<td>3,157</td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td></td>
<td>13,420</td>
</tr>
</tbody>
</table>

Notes

1. Improved own source revenue due to implementation of Pharmaceutical Benefits Scheme online.

2. Higher grants and other contributions due to the transfer of funding statewide hosted programs and corporate services from DoH to CHQ (such as cultural capability, occupational health and safety, statewide recruitment services), research contribution from DoH held over from the prior year and funding of voluntary redundancies.

3. Increase in other revenue due primarily to salary recoveries for staff seconded to external health services providers/hospitals (in particular the Mater Children’s Hospital).

4. Budget for employee expenses reflects only Board of Directors commitments, whilst actual costs also include contract executive staff.

5. Increase in supplies and services are due to voluntary redundancy program and corporate services transferred from DoH (refer point 2). This is offset by expenditure savings due to workforce management initiatives.

6. Decrease in other expenditure due to controls on discretionary and corporate costs such as lower computer and communications, travel and operating lease expenses.
Chief Finance Officer statement

Section 77 (2)(b) of the Financial Accountability Act 2009 requires the Chief Finance Officer (CFO) of departments to provide the accountable officer with a statement as to whether the department’s financial internal controls are operating efficiently, effectively and economically.

Whilst not legislated as mandatory for CHQ, as best practice, for the financial year ended 30 June 2013, a statement assessing CHQ’s financial internal controls has been provided by the CFO to the Health Service Chief Executive and the Board.

The statement was prepared in conformance with Section 57 of the Financial and Performance Management Standard 2009. The statement was also provided to the CHQ Audit and Risk Sub-committee.

Hospital and health service statutory authority

In accordance with the government’s commitment at the March 2012 elections, the Children’s Health Queensland Hospital and Health Service commenced operation from the 1 July 2012 operating as a statutory authority under an independent board. The authority operates under the Hospital and Health Boards Act 2011 and is responsible for the delivery of health services.

Purchasing and performance

From 1 July 2012, the provision of public health services is delivered under a purchaser-provider model whereby the organisation operates in accordance with a service level agreement with the Queensland Department of Health to deliver an agreed level of services.

The Hospital and Health Services Performance Framework 2012–13 provides an integrated process for the review, assessment and reporting of performance for CHQ and forms part of the service level agreement.

The CHQ finance department monitors the performance against this service level agreement framework on a monthly basis and provides reports to the Board and Finance and Performance Sub-committee. The framework uses key performance indicators as the basis for monitoring and driving performance. The targets, where possible, are also linked to national agreement such as the National Healthcare Agreement, National Partnership Agreements and National Performance and Accountability Framework.

Future outlook

Additional services to be provided in 2013–14 include:

- new paediatric statewide role $3.2m
- additional funding for the Deadly Ears program $2m
- growth funding for cochlear implants, surgical procedures and transplant patients $2.8m
- additional funding for ear, nose and throat elective surgery $900k
- additional funding for adolescent and young adult services $743k.

Activity based funding and the national efficient price

The National Health Reform Agreement commits the states and territories and the Commonwealth to work in partnership to implement new arrangements for the health system including the use of activity based funding (ABF). The aim of ABF is to improve patient access to services and increase public hospital efficiency by funding providers based on the services they provide rather than a historical basis. Block funding will continue to be supported for smaller facilities such as the Ellen Barron Family Centre for mothers and babies operated by CHQ in Chermside, Brisbane.

From 2012–13 the Department of Health has commenced measuring the efficiency of health services based on a Queensland adjusted national efficient price with the intention to move to the full national efficient price model from 2014–15. CHQ will continue to monitor our performance and benchmark using this pricing mechanism to continue to improve our quality and efficiency of health services provided in line with the new funding model.

The national efficient price is developed by the Independent Hospital Pricing Authority (IHPA) and will release a further version and update of the pricing in late 2013 in readiness for 2014–15. CHQ will continue to review the adequacy of the paediatric funding model for tertiary health services and provide feedback to the Department of Health and IHPA as necessary to inform the pricing model.
## Appendices

### Compliance checklist

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<th>Basis for requirement</th>
<th>AR ref.</th>
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<td>Letter of compliance</td>
<td>A letter of compliance from the accountable officer or statutory body to the relevant Minister</td>
<td>ARRs—section 8</td>
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<tr>
<td>Accessibility</td>
<td>Table of contents, glossary</td>
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<td>Organsional structure</td>
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<td>Executive management</td>
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<td><strong>Public Sector Ethics Act 1994 (section 23 and schedule)</strong></td>
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<td>Voluntary separation program</td>
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<td>Certification of financial statements</td>
<td>FAA—section 62, FPMS—sections 42, 43 and 50</td>
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<td>FAA—section 62, FPMS—section 50</td>
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<td>Remuneration disclosures</td>
<td>Financial reporting requirements for Queensland Government agencies</td>
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## Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Accessible</td>
<td>Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography.</td>
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</table>
| Activity based funding (ABF) | A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by:  
  - capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery  
  - creating an explicit relationship between funds allocated and services provided  
  - strengthening management’s focus on outputs, outcomes and quality  
  - encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness  
  - providing mechanisms to reward good practice and support quality initiatives. |
| Acute                       | Having a short and relatively severe course.                                                   |
| Acute care                  | Care in which the clinical intent or treatment goal is to:  
  - cure illness or provide definitive treatment of injury  
  - perform surgery  
  - relieve symptoms of illness or injury (excluding palliative care)  
  - reduce severity of an illness or injury  
  - protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function  
  - perform diagnostic or therapeutic procedures. |
<p>| Acute hospital              | Generally a recognised hospital that provides acute care and excludes dental and psychiatric hospitals. |
| Admission                   | The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for hospital-in-the-home patients). |
| Admitted patient            | A patient who undergoes a hospital's formal admission process as an overnight-stay patient or a same-day patient. |
| Allied health staff         | Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology, clinical measurement sciences, dietetics and nutrition, exercise physiology, leisure therapy, medical imaging, music therapy, nuclear medicine technology, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, radiation therapy, sonography, speech pathology and social work. |
| Benchmarking                | Involves collecting performance information to undertake comparisons of performance with similar organisations. |
| Best practice               | Cooperative way in which organisations and their employees undertake business activities in all key processes, and use benchmarking that can be expected to lead to sustainable positive outcomes. |
| Clinical governance         | A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. |
| Clinical practice           | Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care. |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Clinical workforce</td>
<td>Staff who are or who support health professionals working in clinical practice, have healthcare specific knowledge/experience, and provide clinical services to health consumers, either directly and/or indirectly, through services that have a direct impact on clinical outcomes.</td>
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<tr>
<td>Emergency department waiting time</td>
<td>Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event.</td>
</tr>
<tr>
<td>Full-time equivalent (FTE)</td>
<td>Refers to full-time equivalent staff currently working in a position.</td>
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<td>Health outcome</td>
<td>Change in the health of an individual, group of people or population attributable to an intervention or series of interventions.</td>
</tr>
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<td>Hospital</td>
<td>Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.</td>
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<tr>
<td>Hospital and health boards</td>
<td>The hospital and health boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation, charged with authority under the <em>Hospital and Health Boards Act 2011</em>.</td>
</tr>
<tr>
<td>Hospital and health service</td>
<td>A hospital and health service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services. The first HHSs commenced on 1 July 2012. Queensland’s 17 HHSs will replace existing health service districts.</td>
</tr>
<tr>
<td>Hospital-in-the-home</td>
<td>Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation.</td>
</tr>
<tr>
<td>Immunisation</td>
<td>Process of inducing immunity to an infectious agency by administering a vaccine.</td>
</tr>
<tr>
<td>Incidence</td>
<td>Number of new cases of a condition occurring within a given population over a certain period of time.</td>
</tr>
<tr>
<td>Long wait</td>
<td>A ‘long wait’ elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.</td>
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<tr>
<td>Medicare Locals</td>
<td>Established by the Commonwealth to coordinate primary healthcare services across all providers in a geographic area. Medicare Locals work closely with HHSs to identify and address local health needs. They are selected and funded by the Commonwealth and are being rolled out progressively from 1 July 2011.</td>
</tr>
<tr>
<td>Medical practitioner</td>
<td>A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.</td>
</tr>
<tr>
<td>Non-admitted patient</td>
<td>A patient who does not undergo a hospital’s formal admission process.</td>
</tr>
<tr>
<td>Non-admitted patient services</td>
<td>An examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>An individual who accesses non-admitted health service at a hospital or health facility.</td>
</tr>
<tr>
<td>Outpatient service</td>
<td>Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<td>----------------------</td>
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</tr>
<tr>
<td>Outpatient service</td>
<td>Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital.</td>
</tr>
<tr>
<td>Overnight-stay patient</td>
<td>A patient who is admitted to, and separated from, the hospital on different dates (not same-day patients).</td>
</tr>
<tr>
<td>Patient flow</td>
<td>Optimal patient flow means the patient’s journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care.</td>
</tr>
<tr>
<td>Performance indicator</td>
<td>A measure that provides an ‘indication’ of progress towards achieving the organisation’s objectives and usually has targets that define the level of performance expected against the performance indicator.</td>
</tr>
<tr>
<td>Population health</td>
<td>Promotion of healthy lifestyles, prevention or early detection of illness or disease, prevention of injury and protection of health through organised population-based programs and strategies.</td>
</tr>
<tr>
<td>Private hospital</td>
<td>A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice.</td>
</tr>
<tr>
<td>Public patient</td>
<td>A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.</td>
</tr>
<tr>
<td>Public hospital</td>
<td>Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.</td>
</tr>
<tr>
<td>Statutory bodies</td>
<td>A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees or councils.</td>
</tr>
<tr>
<td>Sustainable</td>
<td>A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.</td>
</tr>
<tr>
<td>Telehealth</td>
<td>Delivery of health-related services and information via telecommunication, including: • live, audio and/or video interactive links for clinical consultations and educational purposes • store-and-forward telehealth, including digital images, video, audio and clinical (stored) data on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • teleradiology for remote reporting and clinical advice for diagnostic images • telehealth services and equipment to monitor people’s health in their home.</td>
</tr>
<tr>
<td>Triage category</td>
<td>Urgency of a patient’s need for medical and nursing care.</td>
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</tbody>
</table>
## Glossary of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Acronym</th>
<th>Acronym</th>
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</thead>
<tbody>
<tr>
<td>ABF</td>
<td>Activity based funding</td>
<td>IHPA</td>
</tr>
<tr>
<td>ACHS</td>
<td>The Australian Council on Healthcare Standards</td>
<td>IRMF</td>
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<td>ARRs</td>
<td>Annual report requirements for Queensland Government agencies</td>
<td>KPIs</td>
</tr>
<tr>
<td>A&amp;TSI</td>
<td>Aboriginal and Torres Strait Islander</td>
<td>MCH</td>
</tr>
<tr>
<td>BYDC</td>
<td>Brisbane Youth Detention Centre</td>
<td>MHATODS</td>
</tr>
<tr>
<td>CARU</td>
<td>Clinical and Redesign Unit</td>
<td>MPI</td>
</tr>
<tr>
<td>CE</td>
<td>Chief Executive</td>
<td>MOHRI</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
<td>NEAT</td>
</tr>
<tr>
<td>CFO</td>
<td>Chief Finance Officer</td>
<td>NEST</td>
</tr>
<tr>
<td>CFTU</td>
<td>Child and Family Therapy Unit</td>
<td>NHMRC</td>
</tr>
<tr>
<td>CHQ</td>
<td>Children’s Health Queensland</td>
<td>NHS</td>
</tr>
<tr>
<td>COO</td>
<td>Chief Operating Officer</td>
<td>NM</td>
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<tr>
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<td>Children’s Health Foundation Queensland</td>
<td>NPA</td>
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<td>Child and Youth Community Health Service</td>
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<td>CYMHS</td>
<td>Child and Youth Mental Health Service</td>
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<td>DEM</td>
<td>Department of Emergency Medicine</td>
<td>OSM</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>EBD</td>
<td>Evidence based-design</td>
<td>PFSU</td>
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<td>EMT</td>
<td>Executive Management Team</td>
<td>QAO</td>
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<td>ENT</td>
<td>Ear, nose and throat</td>
<td>QCMRI</td>
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<td>EPIQ</td>
<td>Education for practice in Queensland</td>
<td>QH</td>
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<tr>
<td>EQuIP</td>
<td>Evaluation and quality improvement program</td>
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<td>FAA</td>
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<td>RACP</td>
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<td>Family Advisory Council</td>
<td>QuICR</td>
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<tr>
<td>FPMS</td>
<td>Financial and Performance Management Standard 2009</td>
<td>RCH</td>
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<tr>
<td>FTE</td>
<td>Full-time equivalent</td>
<td>SLIPAH</td>
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<td>Hospital and health board</td>
<td>TPCH</td>
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<td>Hospital and health service</td>
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