Townsville Hospital and Health Service Children and Young People Strategy 2018 – 2028

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It gives me great pride to introduce the *Townsville Hospital and Health Service Children and Young People Strategy 2018 – 2028*, which is the first child and youth-specific strategy of its kind for our health service. This strategy is an important step on the path towards an integrated, seamless and sustainable child and youth health service network across northern Queensland. The strategy is the result of more than 12 months of consultation and engagement with families, clinicians and health delivery partners across Queensland.

The strategy places a strong emphasis on the need to strengthen the network of paediatric clinicians and health services across northern Queensland, whilst ensuring that at a local level we enhance and coordinate our services in a way that meets the future needs of our communities. Accomplishing this will require a committed and collaborative effort across northern Queensland health services, with support from Lady Cilento Children’s Hospital and Children’s Health Queensland.

The overarching priority of the strategy is to achieve the best health outcomes as close to home as possible for our children and young people in northern Queensland. To accomplish this, we need to focus on the multitude of health challenges the children of northern Queensland face in today’s society. The considerable gap in health outcomes for Aboriginal and Torres Strait Islander children must also be addressed.

It is essential that we value and advocate for our children and young people to support their growth and development in the healthiest way possible. Within this strategy, we recognise the need to build upon our role as the tertiary health service provider for northern Queensland in order to build a strong foundation and healthy future for our children and young people.

**DR PETER BRISTOW**

*Health Service Chief Executive*
Acknowledgment to Traditional Owners

The Townsville Hospital and Health Service respectfully acknowledges the traditional custodians past, present and future of the land and sea which we service and declare the Townsville Hospital and Health Service commitment to reducing inequalities between Indigenous and non-Indigenous health outcomes in line with the Australian Government’s Closing the Gap initiative.
Introduction

Townsville Hospital and Health Service

Leading the care of children and young people in northern Queensland

Northern Queensland is a very proud and unique corner of our great country Australia. For our children and youth, our region provides a diverse and expansive backyard in which to grow, play and learn, and offers an enviable lifestyle. Whilst our region is one of the most beautiful and idyllic locations to raise a child, the geographical expanse and our relative isolation from the major city centres provides us with unique tertiary-level health service delivery challenges not experienced anywhere else in the country.

As northern Queensland’s tertiary paediatric referral centre, we provide an extensive array of specialised paediatric services to a greater northern Queensland population of close to 700,000 people, reaching north to the Torres Strait Islands, south to Mackay, west to the Northern Territory border and east to the Palm and Magnetic Islands. For our communities our health services are essential, delivering equitable and high-quality health services for children and their families, as close to home as possible. Our main tertiary hospital in Townsville provides care for thousands of children every year through services including:

- Paediatric medical services and emergency care
- Paediatric surgical services
- Paediatric oncology services
- Paediatric intensive care services
- Community child and youth health services
- Child and adolescent mental health services
- Child developmental services

The Townsville Hospital and Health Service Board has recognised the important role our health service plays in ensuring that we safely, and responsibly deliver exceptional health services for our children and young people in northern Queensland. In support of this critical role, the Board has endorsed this strategy which defines the key paediatric service delivery priorities for our health service over the next 10 years.
Successfully addressing these priorities means strengthening the integration of paediatric healthcare at a state-wide, regional and local level. This requires continued collaboration and engagement with our partnering hospital and health services across northern Queensland, while working closely with Children’s Health Queensland in order to successfully meet the needs of children in our communities. Enhancing our partnership arrangements with the primary health sector, tertiary teaching institutes, government and non-government agencies while listening to the voices of children, young people, families and clinicians is critical to delivering quality, innovative health services.

The strategy considers key elements that will guide the way in which we deliver services to children and young people. It outlines the THHS Values, Purpose and Vision as well as highlighting the five strategic priorities that we must address over the next 10 years. The priority areas identified through the consultation process align with the Queensland Government’s Advancing Health 2026 vision of promoting wellbeing, delivering healthcare, connecting healthcare and pursuing innovation.

Our priorities are:

1. Quality Integrated Healthcare
2. Leadership and Advocacy
3. Engagement and Collaboration
4. Care Closer to Home
5. Education, Training and Research

The strategy’s Mission Statement, leading the care of children and young people in northern Queensland, supports our focus on taking a leading role in improving the health of children and young people to ensure they reach their potential.
It is so important to care for our little people close to home during their long journey with cancer. We are so proud and privileged to play an important part in their difficult journey.

- Dr Vanaja Sabesan, Paediatric Staff Specialist
Our Purpose

To deliver quality public health services, education and research for the Townsville region and tertiary health care for North Queensland.

Our Vision

A healthy North Queensland.

Our Mission

Leading the care of children and young people in northern Queensland.

We will:

- Provide children and young people with a safe, nurturing and culturally appropriate environment.
- Support parents and families to be with their children in hospital where possible and to ensure they are informed and included in planning care.
- Ensure children’s rights are respected, and they are consulted and informed about their care and treatment.
- Respect and listen to children and young people, ensuring they are appropriately involved in decision making around their own care and provided information in a developmentally appropriate way.
- Support children and young people in hospital to play and learn through the provision of educational and recreational facilities.
THHS Child & Youth Services at a glance

Our regional tertiary role for northern Queensland

NORTH WEST
Children from North West HHS accessed THHS inpatient services approximately 230 times in 2014/15. With an average length of stay of 5.5 days, this equated to 1,254 bed days. The main demand for services related to orthopaedics, neonatal, ENT, non-subspecialty surgery, neurology and urology services.

TORRES & CAPE
Children from Torres and Cape HHS accessed THHS inpatient services approximately 58 times in 2014/15. With an average length of stay of 11.9 days, this equated to 690 bed days. The main demand for services related to neonatal, non-subspecialty surgery, extensive burns, urology and orthopaedic services.

CAIRNS & HINTERLAND
Children from Cairns and Hinterland HHS accessed THHS inpatient services approximately 321 times in 2014/15. With an average length of stay of 9.8 days, this equated to 3,270 bed days. The main demand for services related to highly specialised services in the areas of chemotherapy, orthopaedics, haematology, ophthalmology, medical oncology, non sub-specialty surgery, ENT, urology, major burns and orthopaedic services.

THE TOWNSVILLE HOSPITAL
The Townsville Hospital is the primary paediatric retrieval service for northern Queensland and home to the only paediatric intensive care unit for the region. Paediatric Ward bed capacity at TTH will increase from 23 to 30, on completion of the redeveloped paediatric ward.

MACKAY
Children from Mackay HHS accessed THHS inpatient services approximately 311 times in 2014/15. With an average length of stay of 5.4 days, this equated to 1,687 bed days. The main demand for services related to neonatal, non-subspecialty surgery, ENT, urology and neurology services.

CHILDREN’S HEALTH QUEENSLAND
Children from Townsville HHS accessed Lady Cilento Children’s Hospital inpatient services approximately 321 times in 2014/15. With an average length of stay of 3.6 days, this equated to 1,150 bed days. The main demand for services related to highly specialised services in the areas of chemotherapy, orthopaedics, haematology, ophthalmology, medical oncology, non sub-specialty surgery, respiratory and ENT services.
**EMERGENCY DEPARTMENT**

- 20% of all emergency presentations annually are children
- 22,000 emergency presentations are children at The Townsville Hospital
- 15,000 emergency presentations are children at our rural facilities

**INPATIENTS**

- 51,000 annual separations
- 26% were for children identifying as Aboriginal and/or Torres Strait Islander
- 20,800 occupied bed days
- 34% were for children from outside THHS

**OUTPATIENTS (TTH ONLY)**

- 40,000 outpatient occasions of service annually
- 22% were for children identifying as Aboriginal and/or Torres Strait Islander
- 14% of all TTH outpatient appointments are children

**POPULATION**

- 13% projected growth in THHS child population. Increase from 50,000 in 2016 to 56,500 by 2026
- 10.5% projected growth in northern Queensland child population. Increase from 157,800 in 2016 to 174,500 by 2026
- 14% of THHS children identify as Aboriginal and/or Torres Strait Islander
If I could have been treated, or done my check-ups in Townsville, it would have been like I was never missing at all.

- Keely Johnson
My name is Keely Johnson and I am 18 years of age. I stopped growing at 10 years of age due to a tumour in my pituitary stalk. By the time it was identified at 13 ½ years of age, I had also lost puberty hormones, antidiuretic hormone and growth hormone. Thyroid hormone dropped out about six months later.

For the next two years, I spent many days away from my school, friends and family, with trips for doctors visits, surgeries and testing. After two brain surgeries without a diagnosis, we went to America. We saw a world-leading expert in one of the cancers we were told I could have. He diagnosed me with Langerhans Cell Histiocytosis in my central nervous system and I was also showing signs of neurodegeneration.

We started a year of chemo at the Wesley Hospital, as I was nearly at an adult age. We had to relocate to Brisbane for the whole year, just as many of my little mates had done along the way. I don’t have many friends my age, because of missing so much school I didn’t fit in with the others, and left to go to distance education.

When you are sick or away a lot friends start to drift away as they don’t want to hear about sickness all the time. If I could have been treated, or done my check-ups in Townsville, it would have been like I was never missing at all.

We are still travelling back and forward to Brisbane every three months to see doctors and get scans, it has been four and a half years now of doing this. We live in Ayr, which means we need to be away three days, so we can see all the different doctors at once. Dad takes leave to watch the farm every time, so he has very little days left for holidays at the end of the year.

When you are sick, and you are a child, the best thing possible to help you get through it is your mates and your family. I know this because my little mate had cancer of his spinal cord and he was in a wheelchair, but because he lived close by the hospital he could go to school for half days. I wished I could have been the same, even just to be back near my farm for a while would have been great.

The cost to the government is huge also, trying to cover us for trips to Brisbane, accommodation for Mum and I etc. I know of lots of families (I think there are around 140 paediatric oncology families in the North), that do this.

Thank you for the opportunity to share my story and hopefully one day we can work together so children and families can stay closer to their loved ones when they are going through the toughest times in their lives.
Children and Young People Strategy: Priorities

1. Quality Integrated Healthcare
Healthcare for children and young people is seamless, safe and resilient, and meets the highest attainable quality standards.

2. Leadership & Advocacy
Advocate and lead the development of a children and young people health services network across northern Queensland.

3. Engagement & Collaboration
Children, young people, families, elders, other providers and the broader community are engaged in the planning and delivery of health care.

4. Care Closer to Home
Equitable and timely care is provided to children, young people and families as close to home as possible.

5. Education, Training & Research
Promote and develop education, training and research to enable a sustainable, high quality children and young people workforce.
Mission: Leading the care of children and young people in northern Queensland
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<th>Priority</th>
<th>By 2018 – 2019</th>
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<tr>
<td><strong>1. Quality Integrated Healthcare</strong></td>
<td>Healthcare for children and young people is seamless, safe and resilient, and meets the highest attainable quality standards</td>
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</table>
| | * Quality standards are well defined and understood by all staff delivering care to children and young people*  
| | * We align to the *Charter of Rights for a Child in Care* in all aspects of service delivery*  
| | * THHS principles relating to family-centred care align with Children’s Health Queensland strategies* |
| **2. Leadership & Advocacy** | Advocate and lead the development of a children and young people health services network across northern Queensland |
| | * Clear child and youth service delivery priorities for THHS are defined and established*  
| | * Ensure internal clarity on THHS strategic priorities, while proactively engaging and consulting with northern Queensland HHSs*  
| | * Partnering arrangements with key child and youth service delivery partners are formalised*  
| | * Leadership and governance is defined across children and young people services at a local, regional and state level* |
| **3. Engagement & Collaboration** | Children, young people, families, elders, other providers and the broader community are engaged in the planning and delivery of health care |
| | * Consumer representatives are involved in and contribute to the planning for child and youth services*  
| | * Pulse check surveys are regularly undertaken, leading to the identification of continuous improvement initiatives*  
| | * Families are proactively engaged and are an essential part of the care team*  
| | * All THHS staff apply a consistent child and family-friendly focus to the delivery of child and youth services* |
| **4. Care Closer to Home** | Equitable and timely care is provided to children, young people and families as close to home as possible |
| | * Collaboration with Children’s Health Queensland has led to co-designed planning outcomes that benefit children and young people at a local, regional and state level*  
| | * THHS health service planning processes appropriately identify and quantify demands on child and youth services, leading to well-articulated service plans out to 2028*  
| | * The specific health and cultural needs of Aboriginal and Torres Strait Islander peoples and other vulnerable families, in terms of equity and access to services, are clearly understood and inform service planning processes*  
| | * Information on service outcomes for children and youth in northern Queensland, including the impacts on families, is understood and informs service planning processes*  
| | * Child and youth service delivery priorities inform THHS master planning processes*  
| | * Our role in supporting our neighbouring northern Queensland HHSs continues to identify opportunities to treat more children and young people closer to home* |
| **5. Education, Training & Research** | Promote and develop education, training and research to enable a sustainable, high-quality children and young people workforce |
| | * Gaps in skills, education, training and research are identified*  
| | * Training links with external providers are in place that strengthen our ability to provide high quality sustainable services*  
| | * Training requirements specific to the needs for child and youth service delivery is clearly defined, forming a key foundation for ongoing staff training and development programs within THHS and across northern Queensland*  
| | * Partnerships with external child and youth service providers are strengthened*  
| | * Education and research incentives are leveraged, leading to improved attraction and retention rates of staff* |

*Child Protection Act 1999. Child Safety Services, Department of Communities, Child Safety and Disability Services (Queensland Government), 2016*
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<th>By 2022 – 2023</th>
<th>By 2027 – 2028</th>
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<td>- Service planning processes continually review the child journey through THHS, and identify areas for ongoing improvement</td>
<td>- The child and young person journey through our health service is a consistent, high-quality experience</td>
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<td>- A continuous improvement workplace culture that puts the child and family first is embedded across the THHS</td>
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<td>- Models of care and care pathways meet the unique needs of Aboriginal and Torres Strait Islander people and their families in northern Queensland</td>
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<tr>
<td>- Child and youth services are delivered in a culturally appropriate and culturally safe manner</td>
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<tr>
<td>- Regional service mapping is completed and establishes a consensus view on the ‘current state’ of child and youth service delivery in northern Queensland</td>
<td>- Priority investment initiatives are embedded and we continue to re-evaluate and progress remaining and emerging priorities</td>
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<td>- A shared understanding of the desired ‘future state’ for child and youth service delivery in northern Queensland is achieved through collaboration with our service delivery partners</td>
<td>- A well-connected children and young person’s health services network is in place across northern Queensland</td>
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<td>- Regional consensus on priority investment opportunities is established, leading to the planning and implementation of the first of these initiatives</td>
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<td>- Our range of services and the levels of service delivery are well communicated and understood by our communities</td>
<td>- Engagement with all key stakeholders in the planning and delivery of health care has led to the delivery of improved services, in the right setting, as close to home as possible</td>
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<td>- Clarity on what services will be delivered in the hospital environment versus what will be delivered in the community is established through broad stakeholder engagement</td>
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<td>- Preventative measures are identified and form key components of strategic and operational plans</td>
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<td>- Parent education initiatives have improved health literacy for families and communities</td>
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<tr>
<td>- Child and youth services are mapped across northern Queensland, defining priority areas to address inequities in service delivery</td>
<td>- Models of care continue to be reviewed and modernised</td>
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<td>- Technological solutions to improve access and service delivery are explored, such as: high quality video consultations, online information, scheduling and bookings, integrated records and improved information management</td>
<td>- Northern Queensland children and young people have increased access to public health services that are as equitable as possible for our region</td>
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<tr>
<td>- Models of care and care pathways are developed that improve access to services</td>
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<tr>
<td>- Priority models of care are implemented, leading to improvements in equitable and timely care as close to home as possible</td>
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<tr>
<td>- Our role in supporting northern Queensland HHSs has been established through collaborative partnerships</td>
<td>- Education, training and research programs are embedded as foundation enablers for sustainable service delivery, providing unmatched development opportunities for existing and future staff</td>
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<td>- Succession planning mechanisms across the organisation are in place to secure the sustainability of key roles, and service delivery as a whole</td>
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<td>- Continuous review and reprioritisation of training and development requirements form part of ongoing service planning, ensuring our future workforce will meet the demands on our services</td>
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<td>- Our child and youth staff are supported to ensure they have the skills and opportunity to work to their full scope of practice</td>
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<tr>
<td>- We continue to grow our own child and youth health workforce, strengthened by greater ties with education providers</td>
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Where to from here?

The *Townsville Hospital and Health Service Children and Young People Strategy 2018 – 2028* was developed with a focus on delivering safe, quality services closer to home, in a way that embraces the network of health service delivery partners across Queensland. The strategy is the product of more than 12 months of consultation and engagement with consumers and their families, carers, staff, service delivery partners and community members, but the real work is only just beginning.

The ongoing success and implementation of the strategy will rely upon ongoing engagement and consultation with our clinicians, families and communities, along with our partners in health service delivery across the region, to continually evaluate and prioritise how we meet our strategic obligations over the coming ten years.

Townsville Hospital and Health Service is very fortunate to have passionate advocates for children and young people’s health, both within our fantastic workforce and from the families and communities that we serve. We are continually seeking ways to gather feedback and ideas on how to improve care for our children and young people.

Over the life of this strategy we will regularly take the time to listen, learn and adjust to the health care needs of our younger generations. We will take great care to ensure that our ongoing engagement considers the diverse range of people and stakeholders with a keen interest in the health of children across northern Queensland. We encourage you to be part of the journey.