



Significant issues



Living with COVID-19

Health care systems around the world have learnt a lot from the COVID-19 pandemic. The Child and Adolescent Health Service (CAHS) responded swiftly and proactively during the pandemic in response to evolving needs and directions. Maintaining services, and protecting the safety of children, young people and their families and our staff were key considerations at all times.

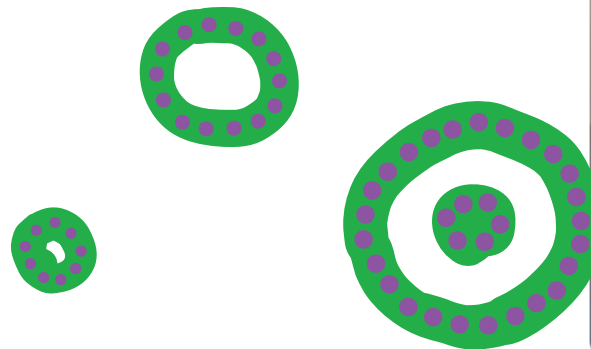
COVID-19 has now become a part of everyday life within the community. CAHS continues to provide a COVID-19 vaccination and information service to its staff, and the Stan Perron Immunisation Service continues to provide a COVID-19 vaccination and information service to patients and consumers.

CAHS Staff Health and Infection Prevention and Control teams continue to monitor the situation and make recommendations to the CAHS Executive. By tracking reports on influenza-like illnesses in patients and reports from staff working in COVID-19 health care, the teams are developing strategies to minimise risks from COVID-19. An example is wearing of masks in clinical areas during a surge in respiratory virus activity in the community, when there are outbreaks in clinical areas or when more virulent or transmissible strains of COVID-19 emerge.

The Infection Prevention and Control team also reviews international learnings about how aerosol droplets are produced and infections transmitted. Where appropriate, this new information is incorporated into infection control practices at CAHS sites.

At the beginning of the pandemic CAHS began testing how well respirators fitted staff to ensure that staff and patients are protected. This 'fit testing' has now become a permanent requirement of the CAHS Respiratory Protection Program every two years for staff who need to wear particle filtration respirators.

The CAHS pandemic plan is regularly reviewed and updated to ensure that CAHS can rapidly respond to outbreaks in a coordinated way.



Child Development Service demand for services

Early intervention and diagnosis of child development concerns is essential to support a child to reach their potential.

The multidisciplinary metropolitan Child Development Service (CDS) provides assessment, early intervention and treatment services to children with developmental delay or difficulties that impact on function, participation in daily life or parent–child relationships. The CDS works with families to plan and set goals for the child and to address parents' concerns and priorities for their child.

Increasing demand for CDS services continues to impact on the timeliness of assessment and intervention services, with the number of referrals increasing 52 per cent over the last decade and no major increase in funding to match the increasing demand. This had led to lengthy waiting periods for children to access the services they need. The CDS has seen a particularly significant increase in demand over the last decade for clinical psychology services (114 per cent since 2013–14) and paediatrician appointments (132 per cent since 2013–14).

The CDS is committed to continual improvement and has piloted various initiatives in response to service demand and consumer feedback, including a joint nurse–paediatrician pathway for children referred with attention, regulation and concentration concerns, and combined service planning and assessment appointments with specific referral cohorts.



The increased demand for CDS services and the associated increase in waiting times for services has led to the WA Legislative Council establishing a Select Committee to inquire into child development services in WA. The CDS has actively contributed to this inquiry, advocating for the importance of public child development services and solutions that can enable the CDS to meet the needs of children, young people, and their families.

In 2022–23 the CDS consulted with staff, clients and other external stakeholders to develop a strategic roadmap for 2023–28 and set the service's priority areas of focus for the next five years. These priority areas are early intervention, capacity and sustainability, contemporary service delivery, equitable access, infrastructure and technology, internal collaboration and integration, and external partnerships.

Improving service delivery with innovative attention deficit hyperactivity disorder research project

Child Development Service paediatrician Dr Rona Kelly and her team secured seed funding from CAHS Innovation and the [Future Health Research and Innovation Fund](#) to undertake the early stages of a research project on attention deficit hyperactivity disorder (ADHD).



The project investigated the feasibility and consumer acceptability of a specialist nurse-led clinical care pathway, prompted by increased demand for ADHD services and the importance of providing timely diagnosis and support. ADHD is the most common mental health condition in children, with more than one in 20 school-aged children estimated to have ADHD. With additional funding, this groundwork can pave the way for an innovative approach in early identification and intervention for children presenting with attention, regulation and concentration difficulties. ADHD has lifelong effects, so the project has the potential to improve long-term mental health outcomes for Western Australians.

Infrastructure

Well-maintained, fit-for-purpose, infrastructure is essential for delivering quality care to the community.

PCH has now been open for five years, and planning is underway to fit out a twelfth theatre as part of a focus on future planning.

Ageing community facilities

CAHS operates from 174 community facilities throughout the Perth metropolitan area, of which 159 are leased and 15 are owned.

CAHS community facilities need significant refurbishment and upgrades to address critical risks and meet current and future service delivery requirements. CAHS continues to work within its budget to address building and structural issues, accessibility issues related to the *Disability Discrimination Act*, fire safety, and work, health and safety issues.

Meeting current and future demand is significantly restricted at leased sites due to constraints such as available space, functionality and layout, in addition to the reliance on property managers and liaison with the building owners. A significant proportion of CAHS' minor works budget is allocated to maintain and improve community facilities, focusing on key health and safety matters for its staff, children and families.

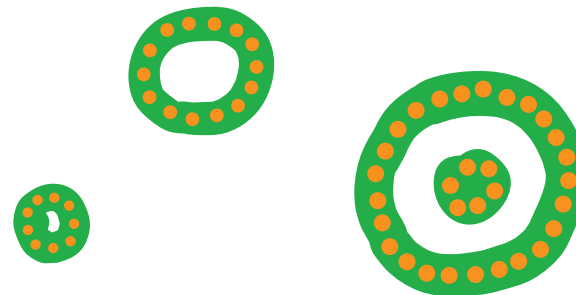
A number of local authorities have implemented commercial terms and conditions for leases under contemporary legal arrangements, resulting in higher costs for CAHS for leased properties.

Midland and Murdoch hubs

The CAHS Community Hubs will deliver purpose-built infrastructure, allowing for the co-location of CAHS community-based child health, development, immunisation and mental health services. The hubs will support a collaborative approach to care and ultimately make it easier for children, young people and families to access the support they need.

It is envisaged that the hubs will be culturally safe and welcoming for our Aboriginal consumers and families. CAHS has developed the Hubs Cultural Safety Plan in partnership with Aboriginal consumers and staff. The plan identifies the key service delivery and infrastructure strategies that will be implemented to contribute toward cultural safety.

Detailed designs for both the Midland and Murdoch hubs are now complete. Consumers and stakeholders were extensively involved to ensure that the design will meet the needs of the different services based at the hubs. It is anticipated that the hubs will open in 2024.



Digital Health Services

Digital health asset investment in CAHS has historically been opportunistic and driven by demand. PCH had significant investment as part of commissioning; however, information, communication and technology (ICT) infrastructure, such as server infrastructure, computer devices and audio-visual equipment, will require significant ongoing funding to ensure continuing digital performance and to maintain electronic medical records. ICT infrastructure across community sites has faced funding challenges for many years.



To assist with informing current and future needs, CAHS is collaborating with Health Support Services (HSS) to develop an ICT Asset Management Plan which will cover various ICT assets including end-user computing, and network and server infrastructure. Network asset replacement is currently being managed by the HSS Critical Health ICT Infrastructure Program. CAHS Digital Health Services is applying for project funding to address the modernisation of the existing CAHS server platform and audio-visual services.

Medical Equipment Replacement Program

CAHS is equipped with over 23,500 pieces of medical equipment, with an estimated value of \$106 million. A current challenge is medical equipment replacement worth \$26.2 million, with a further \$29.1 million worth of devices reaching end-of-life in 2023 (as per manufacturer recommendation).

Over the next five years it is expected that CAHS will need to replace \$78 million worth of medical equipment. CAHS is working with the Department of Health (DoH) to achieve this through the Medical Equipment Replacement Program, as well as the Asset Maintenance Fund.

Cyber security

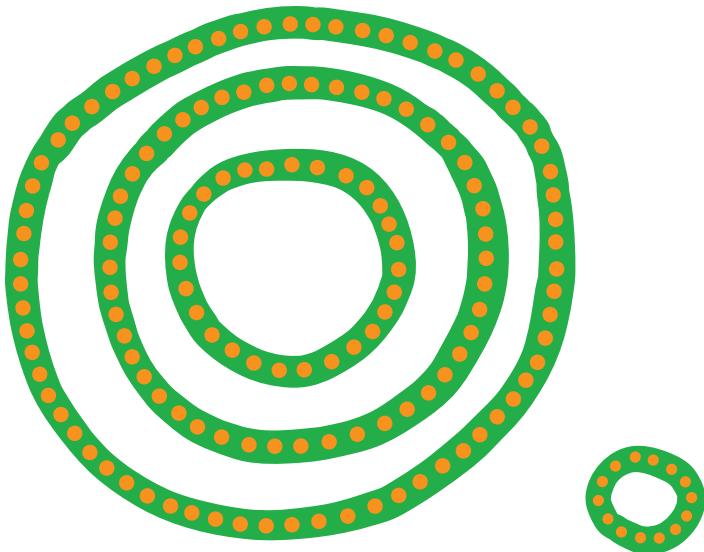
As technology evolves, so do the tactics used by cybercriminals. CAHS has security systems which are designed to safeguard its users by preventing suspicious and known malicious emails reaching its mailboxes.

Around 90 per cent of all cyber-attacks can be attributed to avoidable human error. Therefore, one of the most effective things CAHS can do to reduce its cyber risk is to increase knowledge and awareness of the techniques hackers use to trick and attack.

81% of staff have completed Essential Cyber Security training as at 30 June 2023

Monthly cyber security emails are sent to all CAHS staff to update them on the latest in security risks, such as recognising suspicious emails.

The protection of CAHS staff and patient information remains a priority. CAHS continues to implement policies in line with WA Government policy including the Essential Eight, with a key focus on increasing our maturity across all areas. CAHS is undertaking a thorough and independent audit of its cyber security capability.



Children's Hospice

CAHS continues to partner with the Perth Children's Hospital Foundation (PCHF) to build Western Australia's first children's hospice, which is expected to open in early 2025. Specialist paediatric palliative care is known to improve the quality of life for a child with a life-limiting condition, and for their family and carers, from the time of diagnosis and over the course of the illness.

The Children's Hospice will provide the care of a hospital and the feel of a home for children living with life-limiting conditions. The hospice will provide an opportunity for families to come together, celebrate life and connect with others in similar circumstances, while being supported by a clinical team. The services at the hospice will include support for the physical, emotional, social and spiritual needs of the child and their family during palliative care.

The hospice will provide services in key areas:

- Care for children who have a life-limiting diagnosis with little prospect of being well and who require around-the-clock care. The hospice will assume care of these children for a period of time, giving their families much needed respite.
- End-of-life care for children with the safety net of clinical care in the comfort of a highly respectful and supported home-like environment.
- Support for the families of children with a life-limiting diagnosis.
- Statewide bereavement services for families following the death of a child.



The CAHS statewide Paediatric Palliative Care Service will support the hospice by providing holistic care to children and their families. The hospice will have seven beds and a bereavement suite as well as three family accommodation units.

CAHS will provide ongoing operational funding, with funding and operational support from the PCHF for some non-clinical areas. The current cost estimate for the hospice is \$33 million.

The Australian Government has agreed to provide a \$7.5 million contribution to the PCHF for the construction of the hospice.

The State Government has approved capital funding of \$3.84 million for WA Health over the period 2022-23 to 2023-24 for medical and ICT equipment, public art, headworks, site services and CAHS project management costs.

During this reporting period, there has been significant progress in the hospice design phase and associated model of care. In July 2023 the WA Planning Commission approved the development application for the Children's Hospice, and construction is expected to commence in the coming months.

Independent Inquiry into Perth Children's Hospital and Coronial Inquest



The privilege of caring for children and their families comes with an enormous responsibility. **CAHS will continue to reflect on and learn from those occasions when we fail to achieve the highest standards of care or interaction.**

There have been three separate inquiries and a total of 46 recommendations following the tragic death of Aishwarya Aswath in April 2021. The Australian Nursing Federation has also presented a 10-point plan to government. CAHS has continued to implement and embed these recommendations as working practice. These recommendations remain a critical focus for our health service, aligned with our focus on patient care, the experience of children and families, safety, quality and improvements in clinical care.

There has been a significant amount of change across our health service – and that work will continue as a lasting legacy.

In February 2023 the Deputy State Coroner released the findings of the Coronial Inquest into the death of Aishwarya, making five recommendations:

1. DoH and CAHS commit to early implementation of nurse/midwife-to-patient ratios.
2. CAHS prioritise the implementation of a supernumerary resuscitation team in the ED at PCH.
3. The State Government consider the introduction of 'safe harbour' provisions.
4. The State Government prioritise funding the DoH Electronic Medical Record Program.
5. CAHS give consideration to implementing a new procedure at PCH for observations to be taken at triage, or within half an hour by the waiting room nurse, when children present with gastrointestinal symptoms.

The implementation of Recommendation 1 is being led by the DoH at a system level, with PCH leading on the implementation in its ED. Recommendations 2 and 5 are the sole responsibility of CAHS.

In April 2023 the Minister for Health; Mental Health announced that the PCH ED will be the first clinical area in the state to begin implementing **nurse/midwife-to-patient ratios**. Other areas across WA Health will follow in a staged approach over two years. The PCH ED has commenced a process to introduce nurse/midwife-to-patient ratios, which began in July 2023.

The safe implementation of a **supernumerary resuscitation team** at the PCH ED is being progressed as a priority. It is being enabled through proactive recruitment, retention, up-skilling and training initiatives for current and incoming nursing staff.

Paediatric resuscitation requires a specialist clinical skillset to care for the sickest patients in acute emergency situations. Implementing the full complement of supernumerary resuscitation nursing staff is being staged, in order to maintain an appropriate number of experienced senior nursing staff on every shift in the ED, which is critical to patient safety.

The current **triage and vital sign observation processes**, which require observations to be taken 'within half an hour of triage', address Recommendation 5.

- All children presenting to the PCH ED receive an initial clinical assessment to determine the relevant Australasian Triage Scale (ATS).
- In December 2022 clinical practice changed to include vital sign observations to be completed based on clinical presentation and assessment at triage.
 - **Children who are triaged as ATS 1 and ATS 2 will be taken straight into the ED for assessment and treatment.**
 - **The vital sign observations for ATS 3, 4 and 5 will be completed within 30 minutes of triage assessment with the exception of certain patients where this is not clinically indicated such as, or including, those patients with minor injury, and some mental health/behavioural/social patients.**

In line with our commitment to continual improvement, the implementation of the vital sign observation process is subject to ongoing clinical review.

Supporting children and young people experiencing mental health issues

Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 in Western Australia

The independent Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents (ICA) Taskforce aged 0–18 in Western Australia was charged with investigating the pressures and demands on the state's mental health system, and how to ensure young people receive the services they need. The final report was released in March 2022, with 32 recommendations outlining a framework to provide contemporary, evidence-informed care.

The State Government announced a commitment to implementing all 32 recommendations over the course of a three-phased approach.

The initial focus has been on establishing foundations for the future ICA service system, with the Mental Health Commission (MHC) leading the collaborative development of:

- a phased Implementation Plan and Monitoring and Implementation Framework
- a set of Culturally Safe Care Principles and Service Guarantee
- an Aboriginal Mental Health Worker Model
- 12 new or adapted models of care.

During the development process, CAHS workforce, consumers, and carers were consulted through workshops and validation processes led by the MHC. The Child and Adolescent Mental Health Services (CAMHS) Reform team partnered with CAHS Consumer Engagement and the Lived Experience Group for consumers and carers to ensure that the voices of all stakeholders were heard.

Other immediate and short-term ICA Taskforce recommendations implemented as at 30 June 2023 by CAHS are:

- ensuring appropriate resources are in place to safely embed lived-experience (peer) workers into mental health services (such as Peer Work Positives training)
- enhancing crisis response services by expanding CAMHS Crisis Connect to provide a short-term therapeutic service for young people following presentation to the ED
- working with DoH and the MHC to identify actions required to develop a sustainable ICA mental health workforce
- planning for stepped models of care to be provided by statewide specialised services.

In the 2023–24 financial year, MHC funding will enable CAHS to progress initiatives such as:

- reconfiguration of Ward 5A at PCH to ensure a safe and therapeutic environment for children and adolescents, and their families
- increased clinical and support workforce (including Aboriginal mental health workers)
- establishment of an Acute Care Response service to provide support to children and young people who are experiencing a mental health crisis, or require more intensive support, and their families
- enhancement of services to provide specialised care to children and adolescents with personality disorder related needs.

Demand for mental health services

There has been a recognised increase in the number of children and adolescents presenting with mental health conditions across Australia and internationally, with the acuity of many mental health presentations increasing.

Increased mental health related presentations and demand for all CAMHS services remains a significant challenge, particularly in the context of workforce shortages, to ensure we can provide care to all children and young people who need our services.

CAMHS has expanded the non-clinical supports to improve equity of access and enhance child and family focused care. The lived-experience workforce, including peer and family support workers, helps young people and their families navigate services, improve self-care and build connections. These important members of the team will work at PCH, Armadale and Rockingham Community CAMHS, Pathways and the Touchstone day program.

Aboriginal mental health workers in community CAMHS teams and Ward 5A at PCH play a vital role in engaging and supporting Aboriginal young people and their families to enable access to mental health care. This is in addition to a significant clinical workforce uplift within CAMHS as it works to address increased demand.

CAMHS continues to work within its capacity to manage demand and works with the MHC to support improvements for children and adolescents, and their families.

Recruitment



Like all health services across the country and around the world, CAHS continues to be challenged by staff recruitment, with a particular area of focus being the recruitment of nursing staff at PCH and across CAHS more broadly.

To address this challenge, CAHS is undertaking a range of comprehensive recruitment activities, focussing on attracting the right mix of skilled staff and enticing young people to take up a career in medicine.

Perth Children's Hospital

Nursing Services at PCH

There has been a priority focus to recruit nurses to key areas at PCH. CAHS has a dedicated talent acquisition team and is being supported by Health Support Services to streamline nursing recruitment.

Having increased the number of graduate nurses participating in the Transition to Practice Program in recent years, the most recent recruitment efforts have focused on recruiting more experienced nurses to build the capacity and skill-mix in the nursing workforce.

Previous experience and expertise of nurses from other settings and specialities is valued, and nurses new to PCH are supported in their transition to paediatric nursing through dedicated education, training and clinical support.

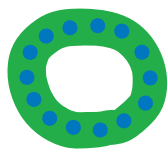
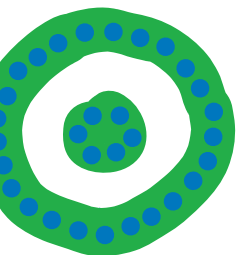
In a commitment to professional development and to build further expertise in paediatric nursing, nurses are supported to undertake postgraduate studies. Additionally, experienced nurses are provided with leadership development opportunities through mentoring and leadership programs for senior nurses.



Allied Health

One of the key challenges within Allied Health is the availability of appropriately skilled staff who can work within specialty areas. For some of the more specialised paediatric caseloads, training and up-skilling can take up to 18 months.

There has been a downward trend in the number of applicants applying for Allied Health positions at PCH. In some professions, this can be attributed to fewer students graduating per year; however, it is also largely attributed to the highly competitive private sectors. Given the increased demand for services, Allied Health management is exploring opportunities to revise the recruitment approach to attract and retain staff.



Medical Services

While the CAHS junior medical workforce has expanded to ensure that the highest standard of clinical care is provided to our patients, CAHS, like other WA and interstate health services, has experienced significant difficulty recruiting junior medical officers (JMOs). In addition, there is a nation-wide shortage of paediatric and emergency department trainees which has further contributed to recruitment challenges.

In order to address the JMO shortages, a range of retention and attraction strategies have been implemented at CAHS to complement initiatives led by DoH. These include targeted national and international recruitment campaigns, increased access to part-time contracts, as well as longer contracts which better align with specialist college training requirements. For the first time, existing CAHS staff have been offered a contract extension rather than having to reapply for their JMO position.

In the past year, JMO shortages have decreased access to leave, however, this has improved in 2023 with the introduction of rostered leave, guaranteed leave during leave relief terms, and increased internal coverage by departments. Processes for applying for professional development leave have also been streamlined.

It is acknowledged that JMO shortages and difficulty accessing leave have had a negative impact on staff and morale. A positive work environment is vital for JMOs' personal and professional growth and CAHS is actively engaging with JMOs on initiatives to foster a supportive and inclusive culture within the organisation.

CAMHS

CAMHS continues to face difficulties with the recruitment of mental health staff, particularly psychiatrists.

Senior discipline roles including Allied Health professional leads and Nursing Coordinator positions support workforce development and high quality clinical practice. These roles engage with external training providers for student and graduate placements at CAMHS, building the future workforce, as well as providing supervision and informing the clinical skills development of our existing staff.

Recruitment continues to be an area of focus in response to increased demand for services. CAMHS is continuing to actively recruit additional staff across priority areas as part of business-as-usual activities, including through statewide and international recruitment campaigns, and to work in partnership with DoH.

Community Health

Community Health nursing is experiencing the same recruitment challenges especially in the outer regions of Perth. To address these challenges, Community Health has been working with the Strategic Talent and Acquisition team to recruit nurses to the areas of child and school health, immunisation, and the Aboriginal Health team. This collaboration has resulted in the appointment of the equivalent of 151 full-time employees since December 2021.



To support career development and succession planning, Community Health has increased its graduate nursing intake from 10 to 20 each year and developed a transition to community nursing practice program for experienced nurses with transferable skills. To ensure adequate support for nurses new to community nursing, Community Health has increased staff development nurses from four to eight FTE and appointed a Senior Registered Nurse level 3 Nurse Educator. The Clinical Education team has developed new processes to improve education and clinical competency at the point of care.

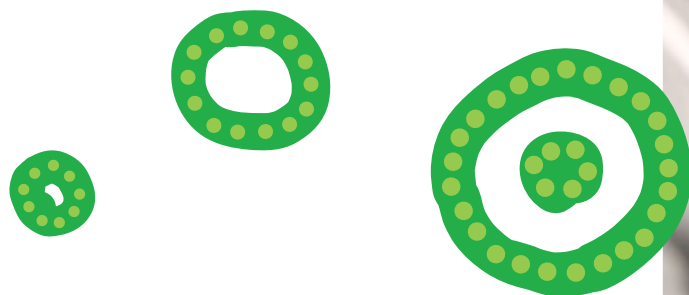
The Aboriginal Health team is partnering with training organisations to develop placement opportunities and transition to workplace strategies for Aboriginal health workers. CAHS is working with the Director of Aboriginal Health to consider opportunities to develop career pathways for Aboriginal staff, including Aboriginal health practitioner roles.

Women's and Babies Hospital project

Planning for a new hospital to replace the ageing King Edward Memorial Hospital has been underway for some time. The Women and Babies Hospital Project is led by the North Metropolitan Health Service (NMHS).

On 11 April 2023 the then Premier and the Minister for Health announced that the State Government would build the new Women and Babies Hospital in the Fiona Stanley Hospital precinct, rather than at the QEII Medical Centre location as originally planned, citing significant risks related to timing, cost, access, space and impact on clinical operations.

CAHS is committed to delivering high quality patient care, as it continues to contribute to the ongoing development of the hospital through the Department of Health and the NMHS Project Team.



Environmental Sustainability at CAHS

It is no longer possible to be committed to the health of our community without addressing the health of our environment.

CAHS' role as the primary provider of care for children and young people in WA means that it has a particular responsibility to work to minimise its carbon footprint for the benefit of future generations. The CAHS Strategic Plan 2023-2025 identifies sustainability as one of four principles that guide everything CAHS does and every decision it makes.

Launched in May 2023, the first CAHS Environmental Sustainability Strategy and Action Plan 2023-2027 (Plan) sets out CAHS' commitment to the environment. It outlines actions to improve the sustainability of the health service and address the impacts of climate change in accordance with WA State Climate Policy.

The Plan includes a commitment to net zero emissions by 2030 for Scope 1 and 2 emissions* and by 2040 for Scope 3 emissions (including the supply chain).

*From facilities owned by CAHS, commercially leased and facilities greater than 500sqm.

CAHS is actively pursuing a more sustainable future by:

- commencing its transition to renewable energy by purchasing 50 per cent natural power at several Community Health sites. Investigations are also underway for the installation of solar panels on CAHS-owned facilities.
- switching to greener diesel for use in PCH generators.
- diverting over four million litres of reverse osmosis water from the PCH Sterilisation Service to stormwater tanks for use in flushing toilets at the hospital.
- implementing an environmentally sustainable design guideline for all new capital works. The guideline provides practical standards to reduce the environmental impact of buildings through design and construction and includes a move towards fully electric buildings, ensuring WA's Electric Vehicle Strategy is included in design and delivery on commitments for effective waste and water management practices. The initiatives are being included in the planning for Community Health Hubs, the Children's Hospice and other infrastructure fitouts.

CAHS' environmental commitment includes 11 strategic goals aligned to the Global Green and Healthy Hospitals Sustainability Agenda:



Leadership

Prioritise environmental sustainability as a strategic imperative.



Adaptation

Prepare our health service, staff, and the community to be resilient to the impacts of climate change.



Clinical Care

Prioritise low carbon care, encourage primary care in the community and invest in virtual health services.



Energy

Increase energy efficiency and transition to renewable energy sources.



Waste

Implement sustainable practices to reduce consumption, and develop opportunities for reuse and maximise recycling.



Supply Chain and Procurement

Prioritise the purchase of low carbon, locally produced equipment, consumables, and services to decarbonise the supply chain.



Buildings

Support green and healthy facility infrastructure design and operations.



Transport

Reduce emissions through sustainable transport options for staff, patients, and visitors.



Food

Reduce food waste and source locally grown, plant-based food.



Water

Conserve and sustainably use water in all CAHS facilities.



Pharmaceuticals and other Chemicals

Prioritise low carbon pharmaceuticals and substitute harmful chemicals with safer alternatives.