



# Disclosures and legal compliance



# Ministerial directives

Treasurer's Instructions 903 (12) requires disclosing information on any written ministerial directives relevant to the setting of desired outcomes or operational objectives, the achievement of desired outcomes or operational objectives, investment activities and financing activities.

There were no ministerial directives received for 2022-23.



# Other financial disclosures

## Pricing policy

The National Health Reform Agreement sets the policy framework for the charging of public hospital fees and charges. Under the Agreement, an eligible person who receives public hospital services as a public patient in a public hospital or a publicly contracted bed in a private hospital is treated free of charge. This arrangement is consistent with the Medicare principles which are embedded in the *Health Services Act 2016 (WA)*.

The majority of hospital fees and charges for public hospitals are set under Schedule 1 of the *Health Services (Fees and Charges) Order 2016* and are reviewed annually. The following informs WA public hospital patients' fees and charges for the following.

### Compensable or ineligible patients

Patients who are either private or compensable and Medicare ineligible (overseas residents) may be charged an amount for public hospital services as determined by the State. The setting of compensable and ineligible hospital accommodation fees is set close to, or at, full cost recovery.

### Private patients (Medicare eligible Australian residents)

The Commonwealth Department of Health regulates the Minimum Benefit payable by health funds to privately insured patients for private shared ward and same day accommodation. The Commonwealth also regulates the Nursing Home Type Patient contribution based on March and September pension increases. To achieve consistency with the Commonwealth *Private Health Insurance Act 2007*, the State sets these fees at a level equivalent to the Commonwealth Minimum Benefit.

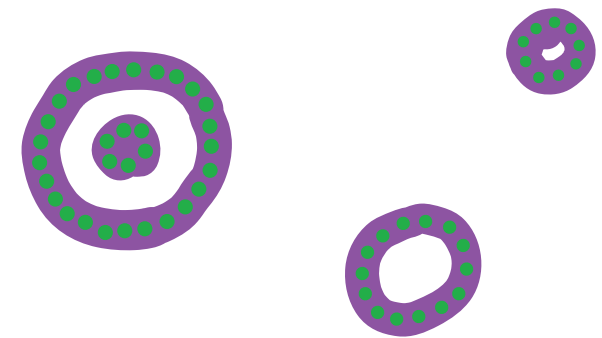
### Veterans

Hospital charges of eligible war service veterans are determined under a separate Commonwealth–State agreement with the Department of Veterans' Affairs (DVA). Under this agreement, the WA Department of Health (DoH) does not charge medical treatment to eligible war service veteran patients; instead, medical charges are fully recouped from the DVA.

### Other fees and charges

The Pharmaceutical Benefits Scheme regulates and sets the price of pharmaceuticals supplied to outpatients, patients on discharge and for day admitted chemotherapy patients. Inpatient medications are supplied free of charge.

There are other categories of fees specified under the terms of *Health Services (Fees and Charges) Order 2016*, which include the supply of surgically implanted prostheses, orthoses, magnetic resonance imaging services and pathology services. The pricing for these hospital services is determined according to their cost of service.



## Capital works

**Table 8: Capital works completed in the 2022-23 financial year**

Project name	Total cost of project (\$'000)	Explanation of variation of Total Cost from Preceding Year's Estimation (if >=10%)*
Tympanometers	1,416	Final cost less than originally estimated

**Table 9: Capital works in progress in the 2022-23 financial year**

Project name	Expected year of completion	Estimated cost to complete (\$'000)	Estimated total cost of project (\$'000)	Variance from previous financial year* (\$'000)	Explanation of variance (>=10%)
Auspman	2023	5,725	5,725	0	
Child and Adolescent Health Service (CAHS) Community Health Hub – Murdoch	2025	10,157	2,660	0	Current year variance reflects funding request submitted to take the project through to completion
Perth Children's Hospital (PCH) State rectified defects and design changes	TBC	12,614	12,614	-127	
PCH theatre shell fit-out	TBC	2,600	2,600	0	
COVID-19 PCH: 2 x Intensive Care Unit beds	2024	1,000	1,000	0	
Children's Hospice WA	2026	2,364	2,364	-1,475	Amount converted to fund the recurrent component of the project
PCH: Reconfiguration of Ward 5A	TBC	7,662	7,662	7,662	New project

\*Variance represents the difference between the estimated total cost of the project in comparison to the total cost or estimated total cost of the project. Previous reporting can be found in the CAHS 2021-22 Annual Report. The information in Table 9 represents CAHS major capital works program including expensed capital; excludes statewide projects.

## Governance disclosures

### Indemnity insurance

In 2022–23 the amount of insurance premium paid to indemnify any 'director' (as defined in Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*) against a liability incurred under sections 13 or 14 of that Act was \$89,600.

### Pecuniary interests

Senior officers of government are required to declare any interest in an existing or proposed contract that has, or could result in, the member receiving financial or other benefits. In 2022–23, none of the CAHS senior officers declared a pecuniary interest.

## Unauthorised use of credit cards

In accordance with State Government policy, CAHS has issued corporate credit cards to certain employees where their functions warrant usage of this facility for purchasing goods and services. These credit cards are not to be used for personal (unauthorised) purposes.

Despite each cardholder being reminded annually of their obligations under the credit card policy, it was found that two employees inadvertently used the corporate credit card for personal expenditure on two occasions. Review of these transactions confirmed that they were the result of honest mistakes. Notification and full repayments were made by the employees concerned (Table 10).

**Table 10: Credit card personal use expenditure**

Credit card personal use expenditure	Amount
Aggregate amount of personal use expenditure for the reporting period	\$150
Aggregate amount of personal use expenditure settled by the due date (within five working days)	\$150
Aggregate amount of personal use expenditure settled after the period (after five working days)	\$0
Aggregate amount of personal use expenditure outstanding at the end of the reporting period	\$0

## Industrial relations

CAHS ensures its responsibilities towards contemporary industrial relations responsibilities, practices and approaches via a workplace relations service model, maintaining a close relationship with professional groups including all Western Australian DoH unions, the DoH and the WA Health system industrial relations network.

During the reporting period, the requirement to provide accurate and timely workplace relations services in a rapidly changing environment, including ongoing support of COVID-19 related matters, added significant demand, in addition to usual activities. CAHS has supported the workforce transition back to normal working arrangements, including ongoing coordination and implementation of System Manager policies such as changes to the access requirements for COVID-19 leave, and the application of exclusion rules for health workers as outlined in the COVID-19 Infection, Prevention and Control in Western Australian Healthcare Facility Guidelines.

Activity levels for individual employee issues requiring ongoing management and workplace relations advice remained consistent with the previous period. There were a number of disputes or appeals in 2022–23, mostly related to individual employee matters. All the disputes or appeals were successfully resolved without the need for arbitration; however, the use of formal conciliation or mediation as well as use of formal internal dispute resolution procedures increased.

CAHS continued to actively liaise directly with health unions. It established a CAHS/Health Services Union Joint Consultative Committee during 2022–23 and extended invitations to other unions to create similar representative groups. The long-established CAHS/United Workers Union Joint Consultative Committee continued to meet during this period.

## Employee profile

Staff, volunteers and partners are integral to the work that CAHS does. CAHS is proud to support a highly skilled and professional workforce that strives to place children, young people and their families first in everything we do.

The CAHS workforce expanded in 2022-23 in response to unprecedented demand for health services, which now sees CAHS employ more than 6,500 staff.

As an inclusive employer, CAHS has many part-time employees totalling 4,646.5 full-time equivalent (FTE). This is an increase of more than 113 FTE from 2021-22 and more than 735 compared to 2020-21.

**Table 11: Total full-time equivalent employees, by categories**

Category	2021-22	2022-23
Administration & clerical	903.9	960.5
Agency	83.8	62.8
Agency nursing	1.8	2.4
Assistants in nursing	48.7	53.3
Dental nursing	7.3	7.2
Hotel services	196.4	229.1
Medical salaried	488.5	522.4
Medical sessional	86.1	89.4
Medical support	701.0	740.6
Nursing	1,987.8	1,941.9
Site services	1.1	8.8
Other	26.7	28.1
<b>Total</b>	<b>4,533.1</b>	<b>4,646.5</b>

# Other legal requirements

## Act of grace payments

The Minister for Health has directed the Health Service Providers to disclose all gifts and act of grace payments over \$100,000 made under section 36(5) of the *Health Services Act 2016* in their annual reports.

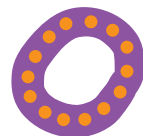
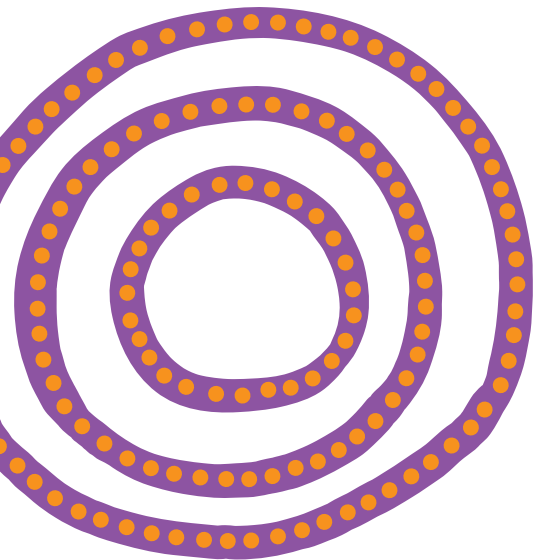
In 2022-23 CAHS did not provide any gift or make any act of grace payment over \$100,000.

## Advertising expenses

In accordance with section 175ZE of the *Electoral Act 1907*, CAHS incurred the following advertising expenditure in 2022-23 (Table 12).

**Table 12: Summary of advertising for 2022-23**

Summary of advertising	Amount
Advertising agencies	\$0
Market research organisations	\$0
Polling organisations	\$0
Direct mail organisations	\$0
Media advertising organisations: Initiative Media Australia PTY LTD	\$1,796
<b>Total advertising expenditure</b>	<b>\$1,796</b>



## Compliance with public sector standards and ethical codes



**CAHS continues its commitment to be an ethical, transparent and accountable public sector organisation.**

Employees are made aware of their rights and responsibilities in accordance with the Public Sector Standards and ethical codes, through policies, procedures and associated guidelines communicated in various ways. Human resources and integrity and ethics officers are available to advise managers and employees.

The CAHS website informs our patients and families and the wider public about how to give compliments or make complaints about employees and notify us about non-compliance with ethical codes of conduct.

Claims of non-compliance with Public Sector Standards and ethical codes are tracked and de-identified for reporting to the Board and Executive. This series of metrics includes monitoring any trends.

### Compliance monitoring

**Table 13: In 2022-23 there were:**

Public Sector Standard	Received by CAHS	Referred to Public Sector Commission	Outcome
Employment Standard	6	4	2 claims were resolved internally 4 claims were dismissed by the Public Sector Commission
Termination Standard	1	1	Public Sector Commission declined to deal with the claim
Grievance Standard	0	0	Nil

In 2022-23,

## 68 reports

alleging non-compliance with the Code of Conduct (breaches of discipline) were lodged.

Suspected breaches of discipline, including matters of reportable misconduct, were dealt with through the WA Health disciplinary processes, and where appropriate, reported to the Public Sector Commission (6), the Corruption and Crime Commission (17), WA Police (16) or the Australian Health Practitioner Regulation Agency as required under the *Corruption, Crime and Misconduct Act 2003*. Where breaches were substantiated, the decision-maker determined the appropriate action in accordance with the *Health Services Act 2016*.



## Disability access and inclusion

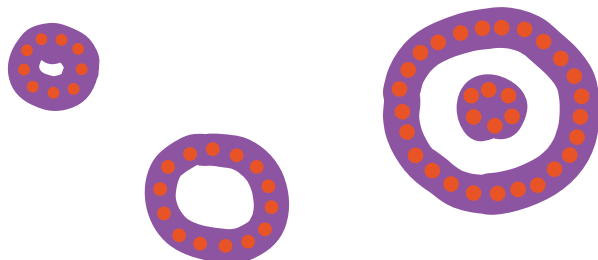
**Disability has a real impact on the lives of many WA children and families. Around 43,600 (one in 14) children in WA have a disability.**

For one in 22 children, the disability severely restricts their ability to participate in everyday life. CAHS is committed to continue working alongside people with disability, their families and staff to ensure it is responsive to their diverse needs and delivers real changes in practice, process and the environment.

In October 2022 CAHS officially launched its [Disability Access and Inclusion Plan 2022-25](#) (DIAP) with a video created for our community by the Disability Access and Inclusion Committee (DAIC) co-chairs, Sue-Anne Davidson and Tayla Taseff, and CAHS Board member Maria Osman.

The CAHS DAIP provides a roadmap and a way to measure whether people with disability and their families and carers can access the facilities, events, services, information and employment opportunities offered by CAHS.

Throughout 2022-23 CAHS has supported a range of achievements which have helped improve outcomes for consumers and staff with disability.



Some are highlighted below:

- The PCH Emergency Department launched its Neurodiversity Care Program (see [page 14](#))
- The CAHS Transition Service helps children with complex and chronic medical conditions and their families to plan, prepare and move to youth and adult health services. Significant progress has been made in standardising the transition process across CAHS to support smoother transitions to adult services.
- The Child and Adolescent Mental Health Services (CAMHS) has created a new position for a National Disability Insurance Scheme (NDIS) coordinator to help consumers and families access disability support where appropriate, and provide expert knowledge to Child and Adolescent Mental Health Services leadership and staff regarding disability access, eligibility, supports and services. This is a highly valued resource in CAHS and has been welcomed by consumers and families.
- In response to consumer feedback and in consultation with the DAIC, changes have been made to parking facilities at PCH. ACROD bay signage has been reviewed and certain pillars in the underground carpark at PCH have been painted so that they clearly identify where accessible parking is located. In addition, the updated PCH parking map indicates to families the location of ACROD parking across the QEII Medical Centre and height allowances for vehicles.
- The CAHS DAIC recruited new staff to the committee, including a PCH volunteer member and the CAMHS NDIS coordinator. This ensures broad representation from all types of disability and the services that provide support to families. The committee continues to develop as a diverse and dynamic group that is committed to positive outcomes for our children and families.
- CAHS has developed a Workplace Adjustment Guide for managers and staff, which is designed to minimise the barriers that employees with disability face at work, and help them apply for employee assistance funding where required.
- The CAHS Strategic Talent and Recruitment team has established partnerships with disability service providers to identify, promote and advertise suitable job opportunities. In addition, CAHS recently appointed an ergonomist who will focus on principles of inclusive work design and the development of tools to support our staff.



In accordance with the requirements of the *Disability Services Act 1993*, a progress report has been submitted to the Department of Communities, with a comprehensive update on our progress against the priorities set out in the plan.

## Integrity and ethics

**CAHS has a responsibility to ensure that all employees act with the highest level of integrity and ethical conduct.** Shared accountability is one of CAHS's core values.

A range of education and training programs is provided to all CAHS staff to ensure employees are aware of their responsibilities and obligations, for example:

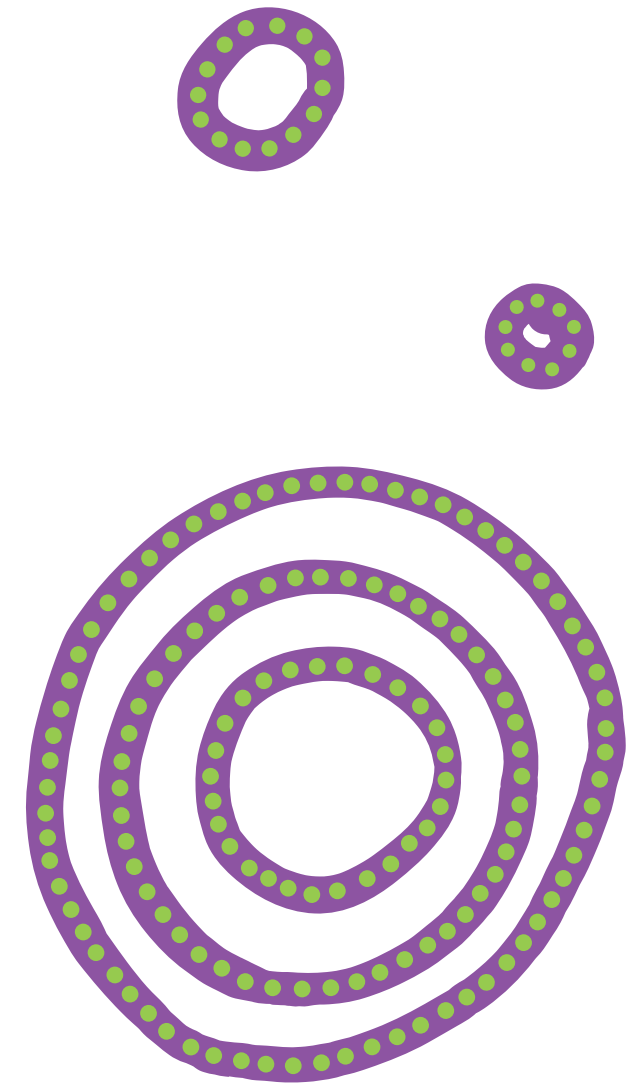
- CAHS Corporate Induction
- Accountable and Ethical Decision-Making
- Recordkeeping Awareness Training
- Bullying in the Workplace
- Confidentiality Training
- Discipline Process Decision Maker Training
- Preliminary Inquiry and investigative Assessment Training.

Staff have a responsibility to reported suspected misconduct, and CAHS promotes the philosophy of 'if you see something, say something'. The CAHS intranet provides staff with various reporting avenues, such as contact with CAHS Human Resources or Integrity and Ethics, the option to lodge a Public Interest Disclosure, and contact details for the Corruption and Crime Commission and the Public Sector Commission.

The CAHS Integrity and Ethical Governance Framework outlines the structures and cultural factors that guide how staff can work together to prevent, detect, respond to and report misconduct and corruption. The framework, first released in 2017, was updated in 2021 to align with the objectives in the Public Sector Commission Integrity Strategy 2020–23.

A key component of the Integrity and Ethical Governance Framework focuses on the prevention of fraud and corruption, which is supported through:

- increased focus on fraud and corruption matters within internal reporting dashboards
- ongoing internal collaboration for timely intervention into high-risk matters
- availability of new eLearning packages relating to confidentiality, and refresher training on Accountable and Ethical Decision-Making
- regular compliance checks for conflicts of interest, gifts and outside employment declarations.



## Work health, safety and wellbeing

CAHS is committed to the wellbeing of its staff, both physically and psychologically. CAHS acknowledges the important role that work plays in our lives, how it can affect our lives and the lives of our colleagues.

The Work Health, Safety and Wellbeing (WHSW) team at CAHS has been focused on embedding the Work Health and Safety legislation (published 31 March 2022) into working practices and updating education and information for all CAHS staff.

CAHS is implementing the recommendations of our ISO 45001-accredited Safety, Health and Wellbeing Management System review.

In March 2023 CAHS published a new SharePoint page for its staff that provides an exciting and engaging focus on work health and safety.

The WHSW team is growing in size with the realignment of the existing staff health function. CAHS is able to better support its workers throughout their working life, and is implementing best practice for staff inductions, and monitoring health and safety to prevent injuries. If staff members do sustain an injury, CAHS has a team to support them.

### Employee psychological wellbeing

Prevention of injuries and ill health is a priority for the CAHS WHSW team and the team strives to promote a workplace where staff will flourish. Education and information are key, and several programs have started this year: psychological first aid, de-escalation, challenging conversations, as well as work health safety and injury management for all our managers and supervisors.

The Staff Wellbeing Psychological Support Services and Pastoral Care teams have continued to provide support, assistance and solutions to staff at CAHS.

The WHSW team gathered all elected health and safety representatives together in October 2022 during Safe Work Month to attend the inaugural Safety Forum. The 75 health service representatives attended an engaging and informative day of upskilling on the new WHS legislation, including a presentation from the Department of Mines Industry and Safety Regulation on psychosocial risk factors in health care.

Staff members are CAHS's most important assets. The CAHS WHSW team is strengthening its wraparound services to promote and protect the wellbeing of staff.

## Injury management



The CAHS Board and Executive have formal mechanisms in place to fulfil their legislative role and compliance with the requirements of the *Workers' Compensation and Injury Management Act 1981*. The Injury Management Code of Practice (WorkCover WA) is monitored through the CAHS People, Capability and Culture Executive Committee, which is accountable for the safety of all CAHS staff, visitors, patients, clients, carers, volunteers and contractors.

Work Health Safety and Wellbeing has run a program of proactive education and engagement for managers and supervisors in which they work through real-life case examples, and therefore develop tangible skills to support injured workers.

## Workers compensation

The number of employees sustaining a work-related injury is monitored and all cases are investigated to ensure lessons are learned to reduce the likelihood of a similar injury recurring.

CAHS has seen a reduction in claims despite an increase in headcount. A total of 83 workers compensation claims were made in 2022-23, compared to 87 in 2021-22 (see table 13).

The Insurance Commission of Western Australia (ICWA) has changed its reporting methodology. From a statistical accuracy perspective, the statistic should be reported in isolation or if a comparison is to be made the differing methodology should be used for all data (see table 14).

**Table 13: Workers compensation claims for 2022-23 (based on date of lodgment)**

Category	Claims
Nursing Services	41
Administration and Clerical	9
Medical Support	11
Hotel Services	18
Maintenance	0
Medical	4
<b>Total</b>	<b>83</b>

**Table 14: Occupational safety, health and injury performance, 2019-20 to 2021-22**

Measure	2020-21	2021-22	2022-23	Target	Comment
Fatalities (number of deaths)	0	0	<b>0</b>	0	
Lost time injury/diseases (LTI/D) incidence rate (per 100)	1.9%	1.2%	<b>1.4%</b>	0 or 10% improvement on the previous three years	Improvement each year, over three years. Outperforming fund average (ICWA)
Lost time injury severity rate (per 100, i.e. percentage of all LTI/D) <sup>1</sup>	47.8%	48.5%	<b>39.1%</b>	0 or 10% improvement on the previous three years	Improvement each year, over three years. Outperforming fund average (ICWA)
Percentage of injured workers returned to work within 13 weeks <sup>2</sup>	75%	70%	<b>54%</b>	Greater than or equal to 80%	7% improvement on the previous year. Meeting fund average (ICWA)
Percentage of injured workers returned to work within 26 weeks <sup>2</sup>	88%	91%	<b>68%</b>	Greater than or equal to 80%	9% improvement on the previous year. Meeting fund average (ICWA)
Percentage of managers trained in injury management and work health safety and wellbeing responsibilities	80%	57%	<b>73.1%</b>	Greater than or equal to 80%	Significant improvement in percentage seen with the return to face-to-face training post COVID-19

1. LTIs and severe claims lodged during the financial year as provided by RiskCover, data adjusted each year to reflect modifications to pending claims.

2. Calculated from RiskCover All Claims. Report includes lost time claims with an accident date within the previous year. Calculations are based on days lost divided by days normally worked, where the worker is fit for preinjury duties and preinjury hours.

## WA Multicultural Policy Framework

CAHS is proud to have launched its second **Multicultural Action Plan (2022-27) (MAP) in November 2022** following extensive consultation with consumer groups, external organisations and multicultural staff.

The MAP will guide CAHS's commitment to continue building harmonious, inclusive and culturally responsive environments and health services.

The [CAHS Multicultural Action Plan 2022-2027](#) is available on the CAHS public-facing website, along with a [Summary for Families](#) that has been translated into five languages.

The MAP outlines the key actions that CAHS will focus on over the next five years across these priorities:

1. harmonious and inclusive communities
2. culturally responsive policies, programs and services
3. economic, social, cultural, civic and political participation.

In March 2023 CAHS established its first Multicultural Action Plan Committee. The committee has seven consumers and eight staff of different multicultural backgrounds. Meeting quarterly, the committee's role is to help CAHS deliver the 39 MAP actions in a meaningful and authentic way, while providing insight and expertise to broader projects and initiatives across the health service.

The CAHS MAP aligns with the Office of Multicultural Interests' WA Multicultural Policy Framework.

### Some key achievements for 2022-23:

#### Policy priority 1: Harmonious and inclusive communities

- Implemented welcoming signage in various languages at over 160 CAHS community sites.
- Established a calendar of cultural and religious events to celebrate yearly across CAHS.
- Created a video for Harmony Week with multicultural staff speaking about the importance of culture and treating people respectfully.

#### Policy priority 2: Culturally responsive policies, programs and services

- Inclusivity, Diversity and Equity included as one of eight key priorities in the new CAHS Strategic Plan 2023-25.
- Worked with the Department of Health to improve the capture of demographic information for parents and carers of various cultural and linguistic backgrounds.
- Included a new cultural and linguistically diverse self-identification question in our suite of consumer experience surveys to better understand the healthcare journey of families from culturally and linguistically diverse backgrounds.
- Implemented a variety of education and mandatory training packages and modules to improve staff cultural awareness and responsiveness.

#### Policy priority 3: Economic, social, cultural, civic and political participation

- Continued to increase the diversity of consumer representatives on peak consumer councils.
- Provided the opportunity for numerous multicultural consumers to participate on the Consumer Working Group for the CAHS Complaints Improvement Project, along with a consumer and bilingual educator focus group held in collaboration with Ishar Multicultural Women's Health Services.
- Undertook a consumer-led welcoming environment audit at CAMHS community sites, which included an equity and diversity lens.
- Strengthened engagement and promotion of consultation opportunities through expansion of our online [CAHS Engage Network](#) to include organisations in the multicultural services and settlement sector.

## Freedom of Information

**The *Freedom of Information (FOI) Act* (the Act) provides people a right to apply for access to personal or non-personal information.**

Applications for accessing information from CAHS services are managed by the [Release of Information department](#).

Applications made under the Act are processed within the provisions of the Act and access may be provided in full, edited or refused.

CAHS reports FOI statistics annually to the Office of the Information Commissioner (OIC) as required by section 111(3)(a) of the Act, which are published in the OIC's annual report and can be viewed on the [OIC's](#) website.

For the 2022–23 period CAHS managed 78 applications under the Act, compared to 72 in 2021–22. CAHS manages a greater percentage of applications outside the Act as encouraged by the [OIC](#).

### Administrative Release (AR)

The CAHS AR process is a less formal way of accessing information than that prescribed by the Act. An AR application follows the principles of an FOI but is not governed by the Act.

More information about FOI and AR can be found on the [CAHS website](#).

## Recordkeeping

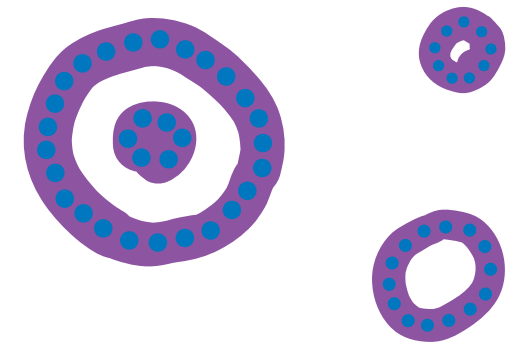
**The *State Records Act 2000* (the Act) was established to mandate the standardisation of statutory recordkeeping practices for every State Government agency.**

Government agency practice is subject of the provision of the Act, the standards and policies. Government agencies are also subject to scrutiny by the State Records Commission. Section 19 of the Act states that every government organisation must have a Recordkeeping Plan that has been approved by the State Records Commission.

CAHS has an approved Recordkeeping Plan which provides guidance on our current recordkeeping systems, policies, practices, processes and disposal arrangements. The Recordkeeping Plan identified one area for improvement – establishing a comprehensive and centralised approach to the lifecycle management of inactive hardcopy records sent off-site. Work is progressing, and CAHS is appraising corporate records held off-site to apply appropriate retention and disposal codes, and to create a central register of holdings.

CAHS has a number of training programs available to provide guidance to staff on good recordkeeping practices. The CAHS induction and orientation program was updated and now includes a session on Accountability in CAHS, a general introduction to understanding key accountabilities in public sector recordkeeping, procurement, confidentiality and cybersecurity. The information presents references to the Act and the WA Health Code of Conduct (which includes best practice records management for clinical and corporate information).

CAHS staff are required to complete the mandatory DoH Records Awareness Training and CAHS Electronic Document and Records Management System training upon allocation of a RM8 licence. During this reporting period, CAHS introduced targeted training in lieu of classroom delivery, creating a flexible and effective training program that meets the specific needs of the staff and services. In addition, regular MS Teams and one-on-one sessions were held for new and existing staff. A dedicated records management administrator provides follow up training, individual assistance and helpdesk via remote assistance and in-person. The CAHS Records and Compliance intranet site contains training resources, quick help guides, policies, procedures, work instructions and supporting information to enable staff to comply with the Act.



**Table 15: training table**

Training	2020-21	2021-22	2022-23
Classroom	89	51	<b>0</b>
One-on-One	20	45	<b>34</b>
MS Teams	108	198	<b>171</b>
Targeted	-	-	<b>219</b>
Recordkeeping Awareness	634	1924	<b>729</b>

CAHS is committed to continuing the deployment of the EDRMS for management of all corporate records. In 2022-23 CAHS made significant progress in CAHS' operational and administrative areas with the archiving project, migration of electronic records from network drives, classification structures and daily recordkeeping practice. During the reporting period 499,560 records were captured into the EDRMS.

Items Created	2020-21	2021-22	2022-23
Documents	362,932	331,489	<b>439,663</b>
Folders	58,248	83,197	<b>59,607</b>
Storage boxes	8	38	<b>290</b>
<b>Total</b>	<b>421,188</b>	<b>414,724</b>	<b>499,560</b>

Health Information and Administrative Services, along with the Corporate Records and Compliance team, provides ongoing advisory services for the retention and disposal of records and contributes to the development of policies and procedures that result in creation and management of corporate and clinical records.



