

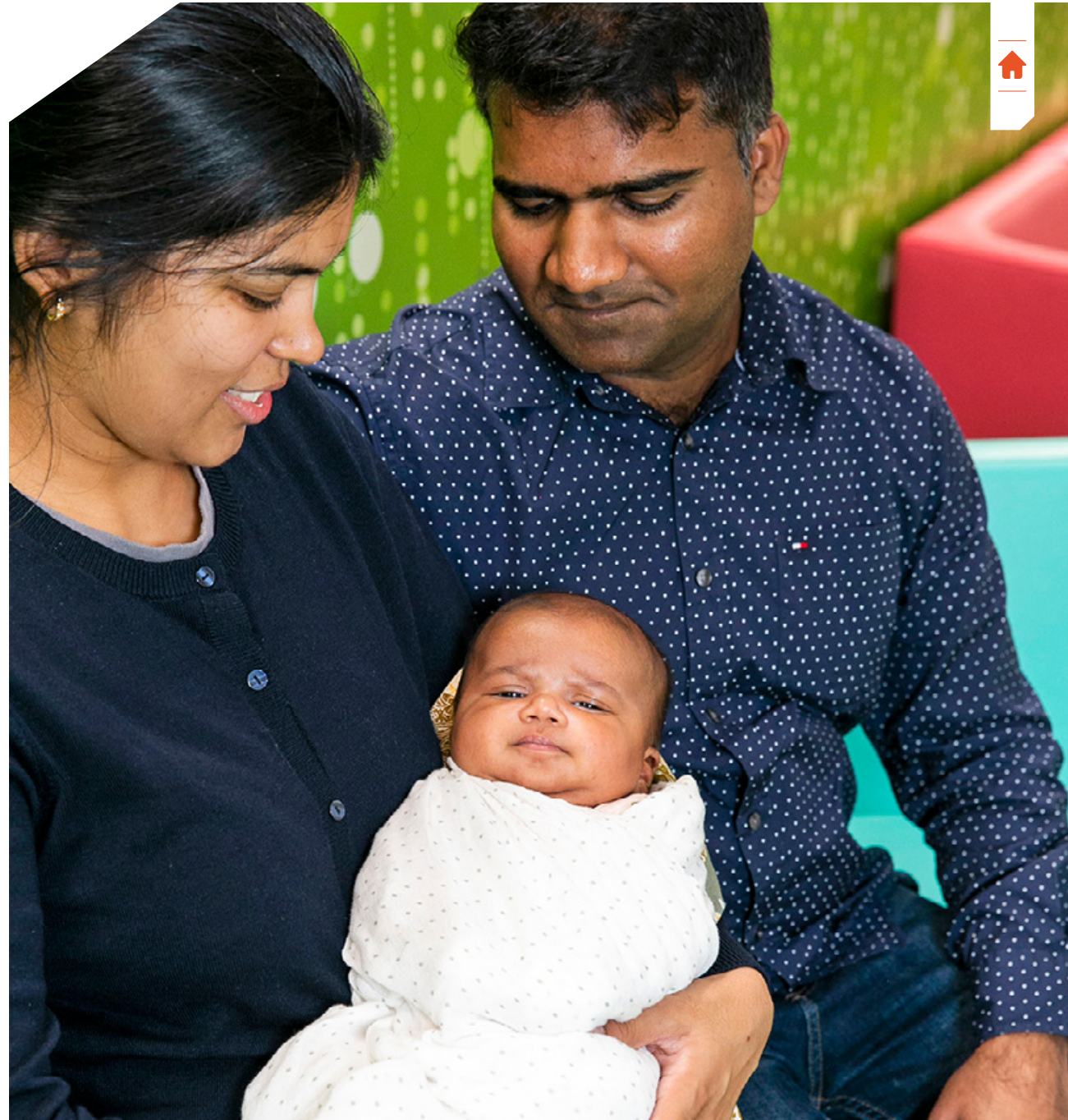


Disclosures and legal compliance

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 2023-24.



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)*.

Most 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.

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 Government. 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 Government sets these fees at a level equivalent to the Commonwealth Minimum Benefit.

Veterans

Hospital charges for eligible war service veterans are determined under a Commonwealth–State agreement with the Department of Veterans' Affairs (DVA). Under this agreement, the WA Department of Health 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

There were no capital works completed in the 2023–24 financial year.

Table 6: Capital works in progress in the 2023–24 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%)
Western Australian Hospitals Central Pharmaceutical Manufacturing Facility (Auspm)	2024	5,725	5,140	-585	Funds redirected to other priority project
Child and Adolescent Health Service Community Health Hub – Murdoch	2025	14,297	2,660	0	Current year variance reflects funding needed to take the project through to completion
Perth Children's Hospital State Rectified Defects and Design Changes	Various	12,614	12,614	0	
Perth Children's Hospital Theatre Shell Fit-out	2025	4,055	2,600	0	Current year variance reflects funding needed to take the project through to completion
COVID-19 Perth Children's Hospital 2 Intensive Care Unit Beds	2024	540	540	-460	Funds redirected to other priority project
Children's Hospice Western Australia	2027	2,364	2,364	0	
Perth Children's Hospital – Reconfiguration of Ward 5A	2027	21,881	21,881	14,219	Additional funding approved

Notes of relevance as footnote to information above

- * Variance represents the difference between the estimated total cost of the project in comparison to the estimated total cost in the previous reporting. The previous reporting can be found in the CAHS Annual Report 2022–23.
- The information in Table 6 represents the CAHS major capital works program, including expensed capital but excludes statewide projects.
- State Rectified Defects and Design Changes consists of multiple projects with varying completion dates.



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.

Cardholders are reminded annually of their obligations under the credit card policy. In the reporting period, 2 employees used the corporate credit card for personal expenditure on 2 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 7).

Table 7: Credit card personal use expenditure in 2023–24

Credit card personal use expenditure	Amount
Aggregate amount of personal use expenditure for the reporting period	\$76.13
Aggregate amount of personal use expenditure settled by the due date (within 5 working days)	\$32.63
Aggregate amount of personal use expenditure settled after the period (after 5 working days)	\$43.50
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, promoting and maintaining a close relationship with professional groups. These included all Western Australian health unions, the Department of Health 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 the increase in reporting requirements, added significant demand in addition to usual activities.

Activity levels for individual employee issues requiring management and workplace relations advice remained consistent with the previous period. There were 8 disputes or appeals in 2023–24, mostly related to individual employee matters. These were resolved successfully without the need for arbitration. The use of formal conciliation or mediation as well as use of formal internal dispute resolution procedures is consistent with the previous reporting period.

A review has started for about 430 senior medical practitioners' fixed-term contracts which will determine eligibility for permanency. The review arose from a variation to the WA Health System – Medical Practitioners – AMA Industrial Agreement 2022 (AMA Agreement) which identified permanency as the preferred mode of employment.

CAHS continued to liaise directly with health unions/associations. It established a CAHS–Health Services Union Joint Consultative Committee and extended invitations to the Australian Nurses Federation (ANF) and the Australian Medical Association (AMA) to create similar representative groups.

The AMA has agreed to establish a CAHS–AMA Joint Consultative Committee, while the ANF has not. The long-established CAHS–United Workers Union Joint Consultative Committee continued to meet during this period.

Workplace relations continues to facilitate feedback on the WA Health Industrial Agreements, union claims and the management of industrial action arising from the WA Health 2024 industrial agreement bargaining cycle.

Governance disclosures

Indemnity insurance

In 2023–24, 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 \$110,242.

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 2023–24, none of the CAHS senior officers declared a pecuniary interest.

Employee profile

This information is included in Our people. See pages 22–23.

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* within their annual reports. In 2023–24 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 2023–24 (see Table 8).

Table 8: Summary of advertising for 2023–24

Summary of advertising	Amount
Advertising agencies	\$470
Market research organisations	\$0
Polling organisations	\$0
Direct mail organisations	\$0
Media advertising organisations	\$34,043
Total advertising expenditure	\$34,513

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 Executive and Board. This series of metrics includes monitoring any trends.

Compliance monitoring

10 claims lodged against the Employment Standards.

Of these:

- 9 claims were resolved internally
- one claim was referred to the Public Sector Commission for review
 - one was declined by the Public Sector Commission
 - none are pending with the Public Sector Commission

No claims were lodged against the Termination Standards.

One claim was lodged against the Grievance Standards.

Of these:

- no claims were resolved internally
- one claim was referred to the Public Sector Commission for review
- none were dismissed by the Public Sector Commission
- none are pending with the Public Sector Commission

In 2023–24, 54 reports alleging non-compliance with the Code of Conduct (breaches of discipline) were lodged (see Table 9).

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 (8), WA Police (12) 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*.

Table 9: Complaints alleging non-compliance with the Code of Conduct, by area of compliance

Type	Amount
Communication and official information	7
Conflict of interest	1
Fraud and corrupt behaviour	11
Personal behaviour	33
Recordkeeping and use of information	2
Use of public resources	0
Total	54

Disability access and inclusion

CAHS is committed to ensuring equity for people with disability.

We are reducing the barriers to accessing our services, strengthening the way we identify and respond to the needs of people with disability, and creating a safe and welcoming environment.

CAHS continues to implement its Disability Access and Inclusion Plan (DAIP) 2022–2025, with great support from the CAHS Disability Access and Inclusion Advisory Group. The group monitored progress against DAIP actions, analysing consumer and staff feedback relating to disability access and inclusion, and identifying and advocating for action and improvements.

Scan the QR code to learn more about the [CAHS commitment to including people of all abilities](#).



CAHS has initiated high-profile events to strengthen disability awareness. In late November, CAHS and the Department of Health's Disability Health Network co-hosted an event at PCH to celebrate International Day of People with Disability. It included a staff and consumer panel to discuss the importance of transition between paediatric and adult services for young people with disability.

CAHS also supported Mental Health Week, National Carers Week and Neurodiversity Celebration Week. Children's activities in the PCH Atrium explored the changing narrative around stereotypes and misconceptions about neurological differences.

These events were often in partnership with key supporting organisations, including Kiind, Helping Minds and Kin Disability Advocacy, demonstrating the CAHS commitment to collaboration with the community.

Consumer engagement

Feedback from people with disability also informed infrastructure projects that were completed in the reporting period or were started at PCH and community sites:

- improved wayfinding from the PCH main entrance to the ED
- accessible toilet signage visible from the PCH main entrance
- change table fitted in the Clinic D toilets, so carers can change their child without needing to leave the clinic
- lowering the exit button in an office space for better access for staff members
- converting a toilet to an accessible bathroom at Pathways in Shenton Park.

The CAHS Consumer Engagement team identified opportunities for co-design through consultation with people with disability.

This included the new Working with children, young people and families: Practice Framework for the CAMHS mental health inpatient unit (Ward 5A).

A partnership between Ward 5A staff, consumers, carers and the WA Mental Health and Advocacy Service helped develop the framework.

The framework supports open communication and empowerment of young people, carers, families and staff so they can work together throughout their Ward 5A journey. The framework provides strategies and tools that are meaningful and useful for young people, families and staff while also ensuring they are practical and achievable in a busy ward environment.



Workplace inclusivity

To position CAHS as an employer of choice for diversity, the People, Capability and Culture (PCC) team focused on stronger actions and lines of accountability across CAHS.

The PCC team also built more inclusive employment practices including:

- engaging 2 NDIS partners and building a pilot program to trial within our departments to promote the employment opportunities for people living with disability
- improved reporting at a service stream level and across occupations
- the development of a Workplace Adjustment Guide for managers and staff to support employees with disability to perform their job in a way that minimises the effect of barriers they face at work and information on how to apply for employee assistance funding.

The Strategic Talent Acquisition team has embedded inclusive practices into recruitment and selection including providing advice to recruiting managers. The team recently established partnerships with disability service providers to identify, promote and advertise suitable job opportunities.

In consultation with consumers and staff, the PCC team developed the guideline, Planning accessible and inclusive events. CAHS staff are encouraged to use the guide's event planning advice and checklist for practical considerations.



Integrity and ethics

CAHS has a responsibility to ensure that all employees act with the highest level of integrity and ethical conduct, in compliance with the Department of Health Code of Conduct. Shared accountability is a core value of CAHS.

CAHS provides staff with a range of education and training programs to ensure they are aware of their responsibilities and obligations.

Programs include:

- CAHS Corporate Induction
- Accountable and Ethical Decision-Making
- Conflicts of Interest
- 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 report suspected misconduct, and CAHS promotes the philosophy of 'if you see something, say something'. Staff and the public can access various reporting avenues, such as contact with CAHS Human Resources or Integrity and Ethics, the option to lodge a Public Interest Disclosure, or report directly to the Corruption and Crime Commission and/or 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 Public Sector Commission Integrity Strategy objectives.

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

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

Work health, safety and wellbeing

Commitment to workplace health and safety

In line with our strategic priorities and values, CAHS remains committed to the physical and psychological health, safety and wellbeing of our staff.

Our leaders recognise the need to put our people first and that by promoting a positive and engaging workplace, we achieve greater productivity, quality and safety performance.

The Work Health, Safety and Wellbeing (WHSW) team's strong emphasis on risk management is a crucial foundation on which we build a proactive health, safety and wellbeing system and culture for all CAHS staff.

The WHSW team has made significant progress in implementing new work health and safety (WHS) legislation and is participating in the Department of Health's system-wide WHS function. This includes quarterly and annual reporting on WHS Framework implementation against key indicators. This will provide health service providers with critical information for benchmarking and to share lessons learned to better prevent injury and illness.

Our new Work Health Safety and Wellbeing Action Plan will support implementation of the WHS Framework over the next 2 years.

The reporting period included the following initiatives:

- Psychological first-aid principles for health care were rolled out to areas of high need in PCH, with planning in progress for sessions in the community and other areas.
- In line with new legislated obligations, psychosocial risk assessments have been completed and have provided valuable insights into team dynamics and risk management.
- Flexible work guidelines and reasonable adjustment, education and support was made available for managers to use when supporting staff and their individual needs.

CAHS has planned for the successful implementation of the new *Workers Compensation and Injury Management Act 1981*, effective 1 July 2024.

To support spiritual and emotional health, all patients, families or carers of patients and staff can access Pastoral Care Services.

CAHS also provides appropriate access to in-house clinical psychologists to support distressed staff and provide group interventions for teams.



Injury management and return to work

Formal mechanisms enable CAHS to fulfil its legislative role and compliance with the *Workers' Compensation and Injury Management Act 1981*. This 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.

CAHS is ensuring our injury management systems, processes and resources are in place to meet compliance obligations with the new Workers Compensation and Injury Management Act and Regulations coming into effect on 1 July 2024.

This will ensure we maintain the high-quality, proactive service that our staff and management expect.

The Injury Management team is educating managers and supervisors and helping them to identify light or restricted duties for injured workers to ensure that they still have meaningful and productive work.

Each day that a staff member returns to work early is valuable clinical or corporate time directly benefiting the care of children, young people and their families. The Injury Management team has been working hard in proactive engagement, early reporting and reducing the barriers to workers accessing early intervention. This program has significantly improved the ability to maintain workers safely and productively in the workplace.

The number of staff has continued to increase during the financial year and concurrently there has been an increase in claim numbers and severity. This impact on the performance measures can be seen in Table 10. The increase in both musculoskeletal and mental stress claims has occurred alongside a significant increase in fitness for work matters.

Table 10: Work Health Safety and Injury Management performance 2020-21 to 2023-24

Measure	2020-21	2021-22	2022-23	2023-24	Target	Comment
Fatalities (number of deaths)	0	0	0	0	0	Target met
Lost time injury/diseases (LTI/D) incidence rate (per 100)	1.9%	1.2%	1.4%	1.9%	0 or 10% improvement on the previous 3 years	Target not met
Lost time injury severity rate (per 100, i.e. percentage of all LTI/D)	47.8%	48.5%	36.6%	47.9%	0 or 10% improvement on the previous 3 years	Target not met
Percentage of injured workers returned to work within 13 weeks	75%	70%	54%	49.0%	No target	No target
Percentage of injured workers returned to work within 26 weeks	88%	91%	68%	61.2%	Greater than or equal to 80%	Target not met
Percentage of managers trained in injury management and work health safety and wellbeing responsibilities	80%	57%	73.1%	87.6%	Greater than or equal to 80%	Target met

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



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 occurring.

An increase in the number of staff has resulted in an increase in workers compensation claim numbers in comparison to prior years. A total of 113 workers compensation claims were made in 2023–24 (see table below), compared to 83 in 2022–23.

It is acknowledged that the implementation of the *Work Health Safety Act 2020* resulted in increased incident reporting and claims frequency across industries.

Table 11: Workers compensation claims for 2023–24 (based on date of lodgement)

Category	Claims
Nursing Services / Dental Care Assistants	56
Administration and Clerical	11
Medical Support	13
Hotel Services	27
Maintenance	3
Medical (salaried)	3
Total	113





WA Multicultural Policy Framework

CAHS continued to implement its Multicultural Action Plan (MAP) 2022–27 throughout the reporting period.

The CAHS Multicultural Access and Inclusion Advisory Group (MAIAG), made up of multicultural staff and consumer representatives, increased its membership over the year and appointed an additional consumer Co-Chair to monitor and provide insight and expertise into how CAHS is partnering with staff and consumers to ensure meaningful implementation of actions.



Policy priority 1: Harmonious and inclusive communities

- A roundtable discussion between CAHS Executive members and multicultural community leaders – Chinese, Brazilian, Afghan, Hazara, Arab, Vietnamese and Karen communities – took place during Harmony Week 2024 to identify opportunities to work in partnership to ensure CAHS is equitable, culturally safe and responsive to the needs of new and established multicultural communities in WA.
- The CAHS Consumer Engagement team attended local government and CaLD community organisation-led network meetings to build relationships with community leaders and scope potential opportunities for partnerships, as part of the initial work to establish the CAHS Community Ambassador Program.
- The CACH Refugee Health Service (Mirrabooka) set up a stall at Mirrabooka Square during Harmony Week 2024, where they engaged with the local community and consumers to raise awareness about their services.

Policy priority 2: Culturally responsive policies, programs and services

- CAHS increased the delivery of staff education and training associated with working in a culturally responsive and trauma-informed way for multicultural consumers and families, and those with refugee experiences.
- CAHS strengthened the accessibility of its consumer feedback pathways for consumers and carers of CaLD backgrounds (including those with limited English proficiency). This included changes to relevant consumer feedback policies, development of translated flyers detailing feedback pathways, development of an inclusive comic strip (see page 43) to increase awareness of the Child and Family Liaison Service among young people, and staff resource development to support interpreter use and CaLD demographic collection.
- The CAHS Consumer Engagement team worked with CAHS Communications to convene a consumer focus group with a multicultural (and disability) focus to review the existing CAHS and PCH websites to better understand how to design and deliver information and improve accessibility for consumers of multicultural backgrounds.
- CAHS completed its community-based consumer consultation activities as part of the Early Childhood Dental Program. The program used kitchen table style consultation sessions to incorporate feedback from consumers with limited English proficiency into its service planning and design.

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

- The MAIAG appointed a new consumer Co-Chair, who also sits on the CAHS Consumer Leadership Council.
- CAHS partnered with external agencies, such as Ishar Multicultural Women's Health Services, to deliver focus group sessions with mothers of multicultural backgrounds to better understand the challenges they face in accessing CAHS services.
- The CDS Clinical Practice Update Training Day focused on 'Being Culturally Responsive'. The training delivered to clinicians included presentations from external organisations, such as the Australian Red Cross and the Association for Torture and Trauma Survivors, which work with people of refugee backgrounds and who have arrived in Australia through humanitarian pathways.



Freedom of Information

The Freedom of Information Act 1992 (the Act) provides the rights to access various documents and to ensure that personal information contained in documents is accurate, complete, up to date and not misleading. The [Release of Information department](#) manages applications made under the Act in respect to CAHS services.

CAHS reports 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 2023–24 reporting period CAHS received 111 applications under the Act, compared to 78 in 2022–23.

Our training programs provide guidance to staff on good recordkeeping practices. In the reporting period, 1,207 staff accessed recordkeeping training.



Recordkeeping

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

The State Records Commission also scrutinises government agencies. Section 19 of the Act states that every government organisation must have a Recordkeeping Plan that has been approved by the State Records Commission.

Our training programs provide guidance to staff on good recordkeeping practices. In the reporting period, 1,207 staff accessed recordkeeping training (Table 12).

CAHS staff are required to complete the mandatory Department of Health Records Awareness Training and CAHS Electronic Document and Records Management System (RM8) training upon receiving a RM8 licence.

The induction and orientation program includes a session on Accountability in CAHS. This is a general introduction to understanding key accountabilities in public sector recordkeeping, procurement, confidentiality and cyber security. The information references the Act and the WA Health Code of Conduct (which includes best practice records management for clinical and corporate information).

Targeted online training for teams transitioning to RM8 is available online, creating a flexible and effective training program that meets the specific needs of staff and services. In addition, new and existing staff attended regular MS Teams and one-on-one sessions.

A dedicated records management administrator provides follow-up training, individual assistance and help desk support 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 12: Training

Training	2021–22	2022–23	2023–24
Classroom	51	0	0
One-on-One	45	34	35
MS Teams	198	171	194
Targeted	-	219	22
Recordkeeping Awareness	1924	729	1207

Table 13: Records

Records registered	2021–22	2022–23	2023–24
Documents	331,489	439,663	392,134
Folders	83,197	59,607	44,023
Storage boxes	38	290	136
Total	414,724	499,560	436,293