

# Other legal requirements

# 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.

The Minister for Health has directed Health Service Providers to disclose all gifts and payments over \$100,000 made under section 36(5) of the *Health Services Act 2016* within their annual reports. In 2020–21, the Child and Adolescent Health Service (CAHS) did not provide any ex-gratia gift or make any ex-gratia payment over \$100,000.

### Advertising expenses

In accordance with section 175Z of the Electoral Act 1907, CAHS incurred the following advertising expenditure in 2020–21 (Table 12).

### 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, seven employees inadvertently utilised the corporate credit card for personal expenditure

on nine 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 13).

**Table 12: Summary of advertising for 2020–21**

Summary of advertising	Amount
Advertising agencies	\$0
Market research organisations	\$0
Polling organisations	\$0
Direct mail organisations	\$0
Media advertising organisations	
Australian Diabetes Educators’ Association Ltd	\$135
Department of Planning, Lands and Heritage	\$1,193
Facebook	\$503
Your Membership.com	\$1,182
<b>Total</b>	<b>\$3,013</b>

**Table 13: Credit card personal use expenditure in 2020–21**

Credit card personal use expenditure	Amount
Aggregate amount of personal use expenditure for the reporting period	\$274
Aggregate amount of personal use expenditure settled by the due date (within 5 working days)	\$130
Aggregate amount of personal use expenditure settled after the period (after 5 working days)	\$144
Aggregate amount of personal use expenditure outstanding at the end of the reporting period	\$0

# Disability Access and Inclusion Plan outcomes

The Disability Services Act 1993 was introduced to ensure that people with disability have the same opportunities to fully access the range of health services, facilities and information available in the public health system, and to participate in public consultation regarding WA Health services. As at June 2014, amendments to the Act require public authorities to ensure that people with disability have equal employment opportunities. CAHS ensures compliance with the Act and all other principles through the implementation of a Disability Access and Inclusion Plan. The CAHS Disability Access and Inclusion Plan (2018–2022) has been endorsed and published. The CAHS Disability Access and Inclusion Committee is responsible for its development, implementation, monitoring and evaluation, and reports to the People, Capability and Culture Executive Committee.

## Access to service and events

An increased use of telehealth compared with previous years has been maintained since the rapid increase that occurred during COVID–19 lock down periods in WA. Telehealth consultations provide more flexible access to services for many families and children; especially those who find it difficult to attend all appointments face-to-face at CAHS sites.

## Access to buildings and other facilities

At PCH, access to adult change facilities at all times is now possible in the Kalparrin Family Resource Centre. A Changing Places accessible bathroom is being constructed on Level 1 at PCH (near the Green lifts), and is scheduled to open in October 2021.

## Access to information

CAHS consumer publications are available in alternative formats and languages on request, including large print and audio formats for patients with literacy or vision difficulties. The health service website has the capability to assist people who are hearing impaired, as well as providing details on where people can find information and make contact with services. The health service aims to achieve a minimum of level AA rating of the Web Content Accessibility Guidelines 2.0 on all internal and external websites, with clear guidelines around developing content on digital platforms.

## Quality of service by staff

A new e-learning package about Disability Access and Inclusion is being tailored with input from consumers and staff on the CAHS Disability Access and Inclusion Committee. It will be updated and made available on the CAHS intranet for staff education. New staff are advised of the importance of disability access and inclusion during the CAHS corporate induction.

## Opportunity to provide feedback

All staff are available to assist people with disabilities to provide feedback, with a dedicated Consumer Engagement Service also available during office hours. Comments, complaints, and suggestions may be made via the CAHS website or sent via email, and suggestion boxes are also available throughout CAHS facilities. Feedback is processed and managed through the Community Engagement Service and discussed at the Consumer Advisory Council and the Disability Access and Inclusion Committee to ensure any changes to policy or services have consumer input.

## Participation in public consultation

The Disability Access and Inclusion Committee is one of several CAHS committees with members who are consumers with a disability, or parents of children with disabilities. The committee continues to act as an advisory committee for CAHS and has responsibility for the Disability Access and Inclusion Plan.

## Opportunities to obtain and maintain employment

CAHS uses inclusive recruitment practices and encourages people with disability to apply for positions advertised across the organisation. CAHS is working with disability employment providers to actively recruit and employ people with disabilities, and ensure that workplaces are tailored to employee needs. People with disabilities are employed in a variety of roles at CAHS.

# Record keeping plans

The *State Records Act 2000* (the Act) was established to mandate the standardisation of statutory record keeping 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 Record Keeping Plan that has been approved by the Commission.

An amended CAHS Record Keeping Plan was approved by the Commission on 26 March 2021, which provides an overarching guidance regarding our current record keeping systems, policies, practices, processes and disposal arrangements. The Record Keeping Plan identified one area for improvement that relates to establishing a comprehensive and centralised approach to the lifecycle management of inactive hardcopy records sent off-site. Progress on this area of improvement will be provided to the Commission in the next Record Keeping Plan review.

CAHS has a number of programs and training in place to orientate and provide guidance to staff on good record keeping practices. This commences with the CAHS induction and orientation program that

provides new, casual and agency employees with relevant information to their employment within six weeks of commencement. The program has been updated and includes a session for *Accountability in CAHS*; a general introduction to understanding key accountabilities in terms of public sector record keeping, procurement, confidentiality and cybersecurity. The information presented references the Act and the WA Health Code of Conduct (which includes best practice records management for clinical and corporate information) and CAHS workplace-specific work practices and procedures.

CAHS staff are required to complete mandatory Department of Health Records Awareness Training (RAT) and CAHS electronic document and records management system (EDRMS) training upon allocation of a licence. A total of 634 staff completed the RAT course during the year. Due to the impact of COVID-19, alternate training delivery methods were introduced for the EDRMS training. A total of 89 staff attended classroom based training, 108 participated in virtual training sessions, and a further 20 completed one-on-one training sessions. Staff participating in training completed a training evaluation form that identifies the effectiveness of the training delivery and content. Feedback received identified a requirement for ongoing support to improve and maintain system usage. 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.

An internal audit conducted by KPMG in early 2020 of CAHS Corporate Records Management identified key findings relating to system access controls within the EDRMS, processes in place to manage hardcopy records, guidance available to staff regarding records management and the monitoring of compliance with relevant records practices. One recommendation relating to external storage of hardcopy records is being progressed and all other recommendations have been completed.

The CAHS Executive maintains their commitment to the continuing deployment of the EDRMS for management of all corporate records. Significant progress has been made within PCH operational and administrative areas and Child and Adolescent Mental Health Services. Ongoing deployments with Neonatology, Allied Health and Community Health are being transitioned to business as usual. A deliverable of the project has been improved monitoring and reporting of record keeping compliance within CAHS. During this reporting period, 421,188 records were captured into the EDRMS.

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

# Substantive equality

CAHS aims to achieve equitable outcomes for all our patients and clients by recognising and promoting awareness of the different needs of our client groups.

In particular, CAHS addresses the unique needs of people with disabilities, Aboriginals and refugees through initiatives such as the Disability Access and Inclusion Committee (page 75), and programs directed at improving Aboriginal health (page 52) and refugee health (page 57).

## Employment equity and diversity

CAHS recognises the role of an open and inclusive workplace culture where diversity is valued and the cultural backgrounds of all employees are respected. It is committed to ensuring the workforce is representative of the Western Australian community and is responsive to the diverse needs of patients and clients.

Following cessation of the whole of WA Health Equal Employment Opportunity Plan and publication of the Public Sector Commission Workforce Diversification and Inclusion Strategy, CAHS submitted its own Equal Employment Opportunity (EEO) Plan to the Director of Equal Opportunity in Public Employment in January 2021.

The EEO Plan contains targets that were developed as a part of the CAHS workforce planning base-line review. This review analysed the diversity of the workforce both in service units and health professions.

To assist with the commitment to improve Aboriginal representation in the workforce, CAHS appointed an Aboriginal Employment Coordinator in March 2021. CAHS also increased its commitment to the Aboriginal Cadetship program to six cadets. The program is a key workforce initiative aimed at attracting high-calibre Aboriginal students and assisting build a highly skilled, tertiary qualified Aboriginal workforce. It provides Aboriginal students with an opportunity to gain an income while studying full-time for an undergraduate degree qualification.

A new WA Health Aboriginal Cultural e-Learning course was released April 2021 and is mandatory for employees to complete. As at 30 June 2021, 24.3 per cent of employees had undertaken the training.

Diversity group	30 June 2020 Actual	30 June 2021 Actual	2022 Target
Women in management	65.5%	68.0%	68%
People from culturally diverse backgrounds	17.7%*	13.7%	17.8%
Aboriginal people	1.4%	1.8%	1.9%
People with disability	1.5%	1.2%	2.5%
Youth	3.1%	6.8%	3.8%

\*extrapolated from responses to survey

# CAHS Multicultural Plan 2021

Western Australia is home to a growing and diverse multicultural society, and in accordance with requirements of the WA Multicultural Policy Framework, the CAHS Consumer Engagement Team worked with key stakeholders to develop the first CAHS Multicultural Plan.

The Plan outlines the strategies and actions CAHS will take to strengthen the diversity and cultural competence of our workforce, contribute to the elimination of systemic discrimination, and deliver health services that are welcoming, inclusive, and equitable for the children, adolescents, and families of WA's diverse communities. CAHS strongly values equity and strives to achieve the goals of equitable care and outcomes for all children and young people we serve, and equity of opportunity for all who work with us.

The CAHS Multicultural Plan includes 21 actions across the three priority areas of the Framework. It was submitted to the Office of Multicultural Interests in January 2021 for approval and officially launched to the health service in March.

Policy Priority 1 seeks the outcome that every Western Australian values cultural, linguistic and religious diversity and feels that they

belong. One of the key actions in this area is the development of a Diversity and Inclusion Intranet Hub full of information, tools and resources related to equal opportunity, substantive equality, cultural competency, health literacy and translated health information. The CAHS People, Capability & Culture and Consumer Engagement teams are continuing to develop this space into an appealing and convenient resource to support staff development and increase the multicultural capability, awareness and understanding of our workforce.

Accessible and culturally appropriate service provision is the focus of Priority 2. The key actions for CAHS in this area include improving the ways that we collect and use our culture and language diversity data, and culturally and linguistically diverse (CALD) consumer experience data, in planning, design and improvement of services.

The third priority area seeks to ensure that Western Australians from culturally and linguistically diverse backgrounds are equitably represented in all communities and workplaces. CAHS is committed to increasing all forms of diversity across our workforce and will utilise the Public Sector Commission Equity Index tool to identify and address barriers to recruitment and retention of staff from CALD backgrounds.



# Abbreviations

ACSQHC	Australian Commission on Safety and Quality in Health Care	EEO	Equal Employment Opportunity	PCC	People, Capability and Culture
AHT	Aboriginal Health Team	EMR	Electronic Medical record	PCH	Perth Children's Hospital
AIM	Australian Institute of Management	ESWL	Elective Surgery Waitlist	PCL	Paediatric Consultation Liaison
AMA	Australian Medical Association	ETS	Emergency Telehealth Service	PHEOC	Public Health Emergency Operations Centre
CAHS	Child and Adolescent Health Service	FBH	Footprints to Better Health	PI	Performance Indicator
CALD	Culturally and Linguistically Diverse	HAC	Hospital Acquired Complication	PPE	Personal Protective Equipment
CAMHS	Child and Adolescent Mental Health Services	HAI	Healthcare Associated Infection	PSC	Public Sector Commission
CDS	Child Development Service	HA-SABSI	Healthcare-associated Staphylococcus aureus bloodstream infection	RACP	Royal Australasian College of Physicians
CEO	Chief Executive Officer	HREC	Human Research Ethics Committee	RAT	Records Awareness Training
ChAMP	Children's Antimicrobial Management Program	HSP	Health Service Provider	RHS	Refugee Health Service
CP	Cerebral Palsy	ICT	Information and Communications Technology	RRP	Respiratory Protection Program
CRHT	Community Refugee Health Team	KEMH	King Edward Memorial Hospital	SAC	Severity Assessment Code
CVAD	Central Venous Access Device	KPI	Key Performance Indicator	SCGH	Sir Charles Gairdner Hospital
DAMA	Discharge Against Medical Advice	NGO	Non-Government Organisation	SEHA	School Entry Health Assessment
DMD	Duchenne Muscular Dystrophy	NHA	National Healthcare Agreement	SHICC	State Health incident Command Centre
DSH	Deliberate Self Harm	NICU	Neonatal Intensive Care Unit	SHR	Sustainable Health Review
DVA	Department of Veterans' Affairs	NMHS	North Metropolitan Health Service	SSAMHS	Statewide Specialised Aboriginal Mental Health Service
ED	Emergency Department	NSQHS	National Safety and Quality Health Service	UWA	University of Western Australia
EDRMS	Electronic Document and Records Management System	OBM	Outcome Based Management	WAU	Weighted Activity Unit
		PARROT	Paediatric Acute Recognition and Response Observation Tool	WHS	Work Health and Safety
				YAC	Youth Advisory Council



perth  
Children's  
Hospital

TELETH  
KID  
INSTIT  
Discover Pre





Government of **Western Australia**  
**Child and Adolescent Health Service**

## Child and Adolescent Health Service

### **STREET ADDRESS**

Level 5  
Perth Children's Hospital  
15 Hospital Avenue, NEDLANDS WA 6009

### **PHONE**

(08) 6456 2222

### **EMAIL**

[CAHSExecutiveOfficeofCE@health.wa.gov.au](mailto:CAHSExecutiveOfficeofCE@health.wa.gov.au)

### **POSTAL ADDRESS**

Locked Bag 2010 Nedlands WA 6909

### **WEB**

[cahs.health.wa.gov.au](http://cahs.health.wa.gov.au)

---

**This document can be made available in alternative formats on request.**

This work is copyright to the Child and Adolescent Health Service<sup>©</sup>. Apart from the purposes of private study, research, criticism or review, no part of this publication may be re-used or re-produced under the provisions of the *Copyright Act 1968* without written permission of the Child and Adolescent Health Service.