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SIGNIFICANT CHALLENGES



ACCESS TO ELECTIVE SURGERY



While demand for elective surgery at PCH remains an ongoing challenge, average wait times and the number of children waiting for surgery have declined.

In the 12 months to 30 June 2025, the CAHS elective surgery wait list dropped 24 per cent from 4,767 to 3,622 children and young people awaiting surgery.

Average wait times as at 30 June 2025 based on surgery category were:

- **Category 1** (procedures clinically indicated within 30 days) – 18.2 days
- **Category 2** (procedures clinically indicated within 90 days) – 91.7 days
- **Category 3** (procedures clinically indicated within 365 days) – 197.7 days.

The most notable improvements to wait times were in ear, nose and throat surgery and general surgery.

Much of the improvement is attributed to greater theatre capacity following the opening of a new theatre suite. CAHS is continuing to look at future initiatives to meet this demand.

WORKFORCE ATTRACTION AND RETENTION

Global workforce shortages continue to place pressure on competition for talent across medical, nursing and allied health professions. At the same time, emerging developments in artificial intelligence, robotics and other technologies require new skills and present opportunities for improving processes, advancing approaches to training and models of care, and managing data and administration.

CAHS is focused on attracting and retaining the best talent to respond to these opportunities and to uphold our commitment to delivering high quality care for children and young people across WA.

The CAHS-wide Strategic Workforce Plan is helping us to identify and address our most critical workforce risks across all service areas. The plan complements our workforce planning across CAHS' service areas and professions.

Our Talent Acquisition team continued to implement forward-thinking approaches to attract and engage high calibre local, national and international talent. Significant efforts have been made to strengthen talent pipelines across clinical and non-clinical disciplines, including recruitment for the CAMHS-led Acute Care Response Teams and the CACH-led Child Development Services.

Throughout the year the team attended a wide range of career fairs and networking events, including participating in LGBTIQ+SB and multicultural events, to promote career opportunities and health services to a broad and diverse audience.

CAHS continued to support employee development with increased professional development training opportunities through the CAHS Learning Academy online learning system. The training includes leadership development, staff performance development and mandatory safety skills training to strengthen compliance.

We maintained our strong focus on developing our future workforce through educational placements of students from medical, nursing, allied health and other health disciplines.

Improving the experience of our junior doctors remains a key focus at CAHS. Underscoring our progress in this area, CAHS achieved positive results in the 2025 Australian Medical Association Hospital Health Check, testament to the efforts of all involved in implementing the CAHS Junior Medical Officer Action Plan.

CAHS aims to be an employer of choice, and to be recognised for the development and training of the next generation of paediatric medical officers.

DEMAND FOR CHILD DEVELOPMENT SERVICES

Referrals for child development services have increased significantly over the last 10 years in line with global trends.

This year the State Government committed \$30.4 million to expand the CAHS metropolitan Child Development Service (CDS). This investment will enable more children to receive developmental services and reduce wait times.

To meet this expansion, CAHS is stepping up workforce recruitment with an increase in paediatric and allied health clinicians and other support roles to enable a more flexible workforce and facilitate innovative models of care.

The addition of health care navigators, Aboriginal health liaison officers and allied health assistants aims to improve the overall client experience, boost engagement, increase client-clinician contact and improve operational efficiency.

Initiatives that improve access and convenience for families have been introduced, such as trialling Saturday opening hours at the Joondalup and Rockingham sites and the opening of a new site in Kwinana.



A suite of e-learning packages is being developed for parents and carers to encourage early engagement and to empower families following a CDS referral. These resources aim to provide practical strategies for families to implement while awaiting assessment.

CAHS is working with the WA Country Health Service and the Department of Health on the Child Development Service System Reform Program and has established a dedicated team to focus on implementing recommendations. Consumer engagement will be embedded as a principle underpinning key reforms.

SUPPORTING NEURODIVERGENT CHILDREN

We continued to see an increase in children and young people with neurodevelopmental conditions presenting to the PCH Emergency Department and CAHS community services.

Supporting the needs of neurodivergent children and their families is a priority for CAHS and we are working towards providing a more coordinated approach to supporting the health needs of neurodivergent children and young people, and their families.

A lived experience consumer reference group, including young people and their caregivers, has been established to advise CAHS in co-designing clinical service initiatives and models of care.

A new process is being implemented to support young people who present to PCH ED in crisis, including those with neurodevelopmental conditions. The process includes a multi-disciplinary team who provides wraparound care and a clear pathway for follow-up care.

The Social Work and Occupational Therapy teams also ran a pilot rapid access clinic, supporting young people and their families who presented to PCH ED in crisis.

The pilot was well received by consumers and helped to avoid further ED presentations in the 6 months after the initial clinic visit.

This year CAHS ran the first Youth Innovation Challenge, bringing together 50 students from 6 high schools with education support programs for neurodivergent students. Working in collaboration with CAHS staff and youth mentors, teams developed innovative solutions to the challenge: 'How might we enhance social inclusion for neurodivergent young people to improve their mental health?' Solutions were presented to a panel of senior leaders, and concepts will be incorporated into a CAHS-led innovation project.

Other initiatives to support neurodivergent children include the introduction of sensory meal options at PCH where foods are separated on the plate, and the Attention Regulation and Concentration project, piloting an alternative assessment and management pathway for children and families dealing with attention, regulation and concentration concerns.





DEMAND FOR MENTAL HEALTH SERVICES

As demand for mental health services continues to grow, CAHS is committed to providing access to services that meet the needs of children, young people and their families.

CAHS is reforming the way we deliver mental health services in response to the recommendations of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents. Reform includes the introduction of a new model of care for our community services and planned expansion to infant mental health services.

The recruitment of specialist child and adolescent psychiatrists remains a global challenge, and facilities infrastructure also affects our capacity to meet rising demand, particularly in areas of high population growth.

We continue to monitor the impact of the Health Services Union work bans, which limit community clinician case numbers.

FACILITIES AND INFRASTRUCTURE

CAHS delivers vital community-based services across 171 facilities, of which 155 are leased and 16 are owned. As demand for our services grows in volume and complexity, we are reviewing our ageing infrastructure to ensure it remains safe and suitable for delivering contemporary models of care.

CAHS is focused on shifting care from acute hospital settings to the community, providing services closer to where people live, and improving outpatient, early intervention and prevention services.

To deliver on these priorities, CAHS is developing a plan for the future of our community facilities, based on service need and community demand. This aims to deliver the necessary infrastructure to support integrated, collaborative care closer to home across CACH, CAMHS and PCH and Neonatology, ensuring high quality, accessible services for all CAHS consumers.

Further work is being done on identifying and mitigating infrastructure-related risks, including those associated with building condition, fire safety, occupational health and safety, and accessibility requirements.

DIGITAL HEALTH

CAHS is committed to delivering safe and sustainable clinical services through the enhancement of digital health capabilities. Our ongoing efforts to align clinical needs with digital infrastructure and equipment, as outlined in the Strategic Asset Plan, assist with ensuring a future-proof digital footprint and sustainable funding.

We are advancing inter-operability and preparing for future electronic medical record (EMR) initiatives by collaborating with the WA Health EMR Program and exploring innovative solutions such as ambient artificial intelligence. Our involvement with WA Health's Critical Health ICT Infrastructure Program strengthens our technical readiness and resilience for future EMR implementation.

This year we have matured our cyber and digital resilience through various initiatives, including enhanced cybersecurity measures and comprehensive disaster recovery testing. With the successful implementation of EMR Stage 1 and progress towards implementing the Intensive Care Unit EMR, CAHS is positioned to support statewide EMR adoption, particularly for our most vulnerable children and young people.