

“

CAHS is committed to promoting
a positive culture of health,
safety and wellbeing.

”

DISCLOSURES AND LEGAL COMPLIANCE



MINISTERIAL DIRECTIVES

Executive summary

Overview

Strategic plan performance

Governance

Agency performance

Significant challenges

Key performance indicators

Financial statements

Disclosures and legal compliance

Appendix

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 2024–25.



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 Medicare 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 Medicare 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.

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 Health Regulations through Determinations, which include the supply of surgically implanted prostheses, 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 2024–25 financial year.

Table 6: Capital works in progress in the 2024–25 financial year

Project name	Expected financial 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 (Auspman)	2025–26	5,140	5,140	0	
Child and Adolescent Health Service Community Health Hub – Murdoch	2025–26	13,294	2,660	0	
Perth Children's Hospital State Rectified Defects and Design Changes	2024–25	11,164	11,164	-1,450	Funds redirected to Theatre Shell Fit-out
Perth Children's Hospital Theatre Shell Fit-out	2025–26	4,050	4,050	1,450	Funds redirected from State Rectified Defects and Design Changes
COVID-19 Perth Children's Hospital 2 Intensive Care Unit Beds	2024–25	540	540	0	
Children's Hospice Western Australia	2026–27	2,364	2,364	0	
Perth Children's Hospital – Reconfiguration of Ward 5A	2027–28	21,881	21,881	0	

Notes of relevance as footnote to information above

- * Expected financial year of completion considers the defects liability period and project funding timeframe after practical completion.
- ** 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 2023–24.
- The information in Table 6 represents the CAHS major capital works program, including expensed capital but excludes statewide projects.





Governance disclosures

Indemnity insurance

In 2024–25, 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 \$97,005.00 (excluding GST).

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 2024–25, none of the CAHS senior officers declared a pecuniary interest.

Employee profile

This information is included in Our people. See pages 16–17.

Unauthorised use of credit cards

In accordance with State Government policy, CAHS has issued corporate credit cards to certain employees where their functions warrant use 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, 10 employees used their corporate credit card for personal expenditure on 11 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 2024–25

Credit card personal use expenditure	Amount
Aggregate amount of personal use expenditure for the reporting period	\$784.24
Aggregate amount of personal use expenditure settled by the due date (within 5 working days)	\$784.24
Aggregate amount of personal use expenditure settled after the period (after 5 working days)	\$0
Aggregate amount of personal use expenditure outstanding at the end of the reporting period	\$0

Industrial relations

The CAHS Workplace Relations team ensures the health service is meeting its obligations under the applicable industrial instruments and fosters constructive and productive relationships with key stakeholders, including the Department of Health, unions and professional associations.

The requirement to provide accurate and timely workplace relations advice and services in a constantly changing environment remained a priority this year.

There were 17 industrial disputes or appeals in the 2024–25 period.

While most of these related to individual employee matters, others related to matters covering large groups of employees. All matters were resolved through conciliation, mediation and dispute resolution procedures. None reached the point of arbitration. Resolving matters outside of arbitration resulted in more acceptable outcomes for all parties involved and cost savings to the health service.

Throughout the reporting period, 5 WA Health Industrial Agreements were re-negotiated by the Department of Health and registered in the Western Australian Industrial Relations Commission. Staff had the opportunity to learn more about the changes to the industrial agreements via several presentations delivered to members of the Executive, management and staff.

A review is progressing for approximately 489 senior medical practitioners' fixed-term contracts to determine eligibility for permanency. The review arose from a variation to the WA Health System – Medical Practitioners – AMA Industrial Agreement 2022 which identified permanency as the preferred mode of employment. The timeframe to complete the review is October 2025.

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 2024–25, 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 2024–25

Table 8: Summary of advertising for 2024–25

Summary of advertising	Amount
Advertising agencies	\$0
Market research organisations	\$0
Polling organisations	\$0
Direct mail organisations	\$0
Media advertising organisations	\$54,388
Total advertising expenditure	\$54,388

Compliance with public sector standards and ethical codes

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

CAHS has appropriate systems and processes in place to inform and educate employees on their obligations and rights in accordance with the Public Sector Standards and ethical codes, through policies, procedures and associated guidelines, which are communicated to staff in various ways. Human Resources and Integrity and Ethics officers are available to advise managers and employees.

The CAHS website informs our patients, 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 CAHS Board and Executive. This series of metrics includes monitoring any trends.

Compliance monitoring

7 claims were lodged against the Employment Standards.

Of these:

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

No claims were lodged against the Termination Standards.

No claims were lodged against the Grievance Standards.

In 2024–25, 73 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 (3), the Corruption and Crime Commission (10), WA Police (12), WA Ombudsman (3), or the Australian Health Practitioner Regulation Agency (5), as required under the *Corruption, Crime and Misconduct Act 2003* or the *Parliamentary Commissioner Act 1971*.

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	2
Fraud and corrupt behaviour	7
Personal behaviour	48
Recordkeeping and use of information	8
Use of public resources	1
Total	73



Disability access and inclusion

CAHS works to remove barriers to accessing our services, with a focus on improving how we engage with, and respond to, the needs of people with disability.

Our Disability Access and Inclusion Advisory Group (DAIAG) has met all the objectives set out in our Disability Access and Inclusion Plan (DAIP) 2022–2025. The advisory group has played a vital role in monitoring progress, gathering and evaluating feedback from consumers and staff, identifying service gaps and championing improvements to access and inclusion.

Work has started on developing a new DAIP for 2026–28, which will include consultation with our DAIAG members, staff, consumers and other key stakeholders to ensure we continue to improve inclusion for people living with disability.

Initiatives this reporting year:

- CAHS introduced a neurodiverse health portal that gives CAHS staff information and resources to assist them to better understand and support the needs of neurodivergent people.
- The CAMHS lived experience workforce presented on the importance of peer support at the WA Peer Support Network Conference and the WA Mental Health Conference.
- The DAIAG promoted the importance of the role of carers via various forums.
- A PCH-led study explored clinician priorities when caring for children with Down Syndrome. The study was a collaboration between PCH, the University of Western Australia, The Kids Research Institute Australia and Down Syndrome WA.
- CAHS celebrated various awareness days related to disability, including Purple Day to support epilepsy awareness, Rare Diseases Day, Neurodiversity Celebration Week and Mental Health Week.

Integrity and ethics

Accountability is a key CAHS value for embedding integrity, described as ‘always acting with integrity, we take full responsibility for our actions. You can count on us’. All CAHS employees share this responsibility to act with the highest level of integrity and ethical conduct.

CAHS embeds integrity and promotes an ethical culture throughout the organisation via a range of educational and communication opportunities.

CAHS gives staff a range of additional integrity and ethics education and training programs to ensure they are aware of their responsibilities and obligations, including:

- CAHS Corporate Induction
- Accountable and Ethical Decision-Making (and refresher training)
- Conflicts of Interest
- Recordkeeping Awareness Training
- Bullying in the Workplace
- Confidentiality Training
- Discipline Process Decision-Maker Training
- Preliminary Inquiry and Investigative Assessment Training.

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, fraud, and corruption. This framework was reviewed in 2025 to align with the Public Sector Commission Embedding Integrity Strategy objectives.

The CAHS Promoting Integrity Sub-Committee met 6 times during the reporting period. The committee provides high level governance and oversight of misconduct risks, corrective actions, related systemic improvements and strategic direction for the Integrity and Ethics program. This work aims to promote an integrity culture, and improve safety and quality outcomes, and safe systems and practice. Key achievements include the adoption of a revised discipline decision-making framework, participation in an integrity framework maturity self-assessment and an external review of CAHS’ discipline management.

Work health, safety and wellbeing

CAHS is committed to promoting a positive culture of health, safety and wellbeing, and recognises that embedding these values in the workplace supports our staff to deliver high quality care to children, young people and their families.

We continued to deliver our Work Health Safety and Wellbeing Action Plan 2024–26. The plan, which supports implementation of the Work Health and Safety (WHS) Framework, is helping us meet legislative obligations and strengthen the culture of safety at CAHS. Other focus areas include risk minimisation, continuous improvement, integration with other systems, informed decision-making and demonstrated due diligence.

The Work Health, Safety and Wellbeing (WHSW) team continued implementation of WHS legislation and continued to participate in the Department of Health’s systemwide WHS function. This includes quarterly and annual reporting on WHS Framework implementation against key indicators. This will give health service providers critical information for benchmarking and allow us to share lessons learned to better prevent injury and illness.



The WHSW team delivered the following initiatives in the reporting period:

- Led the annual CAHS Safety Forum, which was attended by all CAHS elected Safety and Health Representatives and our Wellness Warriors. The forum theme was ‘ensuring a psychologically safe and healthy workplace for all’
- Delivered awareness training about psychologically healthy and safe workplaces to CAHS senior leaders
- Completed psychosocial risk assessments in line with legislated obligations, which provided valuable insights into team dynamics and risk management
- Provided information and resources to staff about workplace flexibility and reasonable adjustments, including resources to assist neurodivergent staff, those with caring commitments and older members of our workforce
- Continued roll out of Psychological First Aid training for managers
- Expanded Pastoral Care Services to include educational sessions and other services to support the emotional and spiritual health and wellbeing of patients, families and staff.

Staff health

It’s important we look after the health of those who care for others. This year the CAHS Staff Health team focused on preventative health strategies, such as staff vaccination and education.

Key initiatives and achievements:

- The relocation of the Staff Health Wellness Centre has increased vaccine uptake among staff.
- We have made it easier for new staff to access health resources that promote improved health and fitness and give support for existing conditions.
- A new pre-employment health assessment has improved our awareness of the health status of our workers, allowing for more targeted health promotion initiatives across our services.
- We have created an online portal containing resources that help our staff make inclusive workplace adjustments and adopt flexible workplace practices.

Injury management and return to work

With the *Workers Compensation and Injury Management Act and Regulations* coming into effect from 1 July 2024, CAHS has worked to ensure our injury management systems, processes and resources are in place to meet the new compliance obligations.

Each day a staff member remains injury-free or returns to work early following injury equates to valuable time directly benefiting the care of children, young people and their families.

The Injury Management team continues to educate managers and supervisors and assist them to identify duties for injured workers to ensure that all staff have meaningful and productive work.

The team is also continuing to reduce barriers to staff accessing early intervention by referring workers to the Early Intervention Program. The program has helped alleviate stressors in the workplace.

The number of staff at CAHS has continued to grow. This is reflected in an increase in claim numbers and severity. See Table 10 for the impact on the performance measures.

**Table 10: Work Health Safety and Injury Management performance 2022–23 to 2024–25**

Measure	2022–23	2023–24	2024–25	Target	Comment
Fatalities (number of deaths)	0	0	0	0	Target met
Lost time injury/diseases (LTI/D) incidence rate (per 100)	1.4%	1.9%	1.5%	0 or 10% improvement on the previous 3 years	Target met
Lost time injury severity rate (per 100, i.e. percentage of all LTI/D)	36.6%	47.9%	74.7%	0 or 10% improvement on the previous 3 years	Target not met
Percentage of injured workers returned to work within 13 weeks	54%	49.0%	43.8%	No target	No target
Percentage of injured workers returned to work within 26 weeks	68%	61.2%	56.2%	Greater than or equal to 80%	Target not met
Percentage of managers trained in injury management and work health safety and wellbeing responsibilities	73.1%	87.6%	85.5%	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

All work-related injuries are monitored and incidents are investigated to ensure lessons are learned to reduce the likelihood of a similar injury occurring.

An increase in the number of staff at CAHS correlates to an increase in workers compensation claims in comparison to previous years. A total of 117 workers compensation claims were made in 2024–25 (see Table 11), compared to 113 in 2023–24 and 83 in 2022–23.

Implementation of the Work Health Safety Act 2020 and the Workers Compensation and Injury Management Act 2023 has resulted in increased incident reporting and claims frequency. A focus in 2024–25 was providing wraparound supports to staff with psychological claims.

Table 11: Workers compensation claims for 2024–25 (based on date of lodgement)

Category	Claims
Nursing Services/Dental Care Assistants	69
Administration and Clerical	7
Medical Support	13
Hotel Services	18
Maintenance	3
Medical (salaried)	7
Total	117

WA Multicultural Policy Framework

Throughout the year, CAHS continued to implement its Multicultural Action Plan (MAP) 2022–27. As part of MAP progress monitoring, we increased mental health representation on the CAHS Multicultural Access and Inclusion Advisory Group (MAIAG) to ensure meaningful implementation of actions across our services.

Policy priority 1: Harmonious and inclusive communities

- Eight community members from a range of cultural backgrounds were selected to join the new CAHS pilot Community Ambassador Program. Community Ambassadors participated in consultations that explored the main concerns in their communities, the best ways to communicate with their communities, training and development opportunities and mental health in multicultural communities.
- PCH hosted its annual Ramadan Iftaar, which was attended by Muslim and non-Muslim CAHS staff and their families. Following prayers and a moment of reflection and gratitude, the fast was broken at sunset with dates and water, followed by a shared meal.
- CAHS recognised Lunar New Year on our social media platforms and via a staff email. As part of the celebrations, CAHS Community Ambassadors and the consumer Co-Chair of the MAIAG shared stories and photos of their communities' celebrations.
- During Harmony Week, CAHS held a stall at PCH in partnership with the MAIAG and the Hazara Women's Support Network. CAHS staff hosted a 'taste of diversity' morning tea to share foods from their cultural backgrounds.
- CAHS representatives, including one of our Community Ambassadors, attended the Indian Society of WA's Naari event. We shared information about CAHS' services and highlighted the importance of community involvement in shaping health services. The event demonstrated the role of Community Ambassadors in promoting CAHS' resources and ensuring the voices of the community are heard and valued.

Policy priority 2: Culturally responsive policies, programs and services

- CAMHS established a Cultural Advocacy in Mental Health Network. The network aims to share resources and expertise, increase understanding of culturally and linguistically diverse (CaLD) mental health, and improve access, entry, retention and service provision.
- CAHS staff collaborated with the Department of Health's Information and Performance Governance and Metadata team to increase CaLD indicators for our patients and their parents and carers through our information system, webPAS, to better meet the needs of CaLD community members.
- Compliments and complaints information was made available in several languages, and an expanded library of Social Stories (photo-based information resources) was developed to better meet the needs of CaLD consumers.
- CAHS completed its Strengthening Multicultural Community-Based Services Project 2021–2025, which aimed to enhance support to refugee and humanitarian entrant families. Project outcomes included providing universal health care and assessment by CACH and the Refugee Health Service, and support with navigating the health system to complete relevant assessments and access appropriate treatment.
- PCH Departments of Refugee and Global Health and Kids Rehab WA developed an innovative multi-disciplinary pathway that expedites assessments and healthcare access for children and young people from refugee-like backgrounds. Senior allied health professionals provide rapid assessments to address disability and developmental concerns using culturally safe and trauma-informed methods, while working with Refugee Health paediatricians, nurses and a clinical psychologist.

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

- The MAIAG's consumer Co-Chair was appointed as Co-Chair of the CAHS Consumer Leadership Council and as an attending member of the CAHS Executive Committee.
- More than 100 consumers were added to the Engage Online Consumer Network. The network has more than 1,000 consumers and community organisations from a wide range of cultures.
- CAHS Consumer Engagement developed staff resources on how to engage consumers of CaLD and refugee-like backgrounds, including those with limited English proficiency. Relevant policies were also updated.





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.

Freedom of Information applications are managed by the Release of Information department.

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 2024–25 reporting period CAHS received 249 applications under the Act, compared to 111 in 2023–24.

Recordkeeping

The *State Records Act 2000* (the Act) was established to standardise statutory recordkeeping practices across all State Government agencies. Section 19 of the Act states that every government organisation is to maintain a Recordkeeping Plan approved by the State Records Commission, which oversees compliance and scrutinises agency practices.

During the reporting period, 1,238 staff participated in recordkeeping training programs (Table 12) to promote best practice. CAHS staff must complete mandatory recordkeeping training, including the Department of Health Records Awareness Training and CAHS Electronic Document and Records Management System (Records Manager or RM) training upon receiving their RM licence.

The induction and orientation program includes a session on accountability at CAHS, which provides an overview of key public sector accountabilities, such as recordkeeping, procurement, confidentiality and cyber security. The session references the Act and the WA Health Code of Conduct, and emphasises best practice for managing corporate and clinical records.

Targeted online training is available for teams transitioning to RM, offering a flexible and tailored approach to meeting the specific needs of staff and services. A dedicated records management administrator provides follow-up training, individual assistance and help desk support, remotely and in person.

The CAHS Records and Compliance intranet site serves as a central resource. It hosts training materials, quick help guides and policies to support effective recordkeeping practices.

Table 12: Number of staff who did recordkeeping training

Training	2022–23	2023–24	2024–25
One-on-one	34	35	35
MS Teams	171	194	165
Targeted	219	22	23
Recordkeeping Awareness	729	1207	1,015

Table 13: Records

Records registered	2022–23	2023–24	2024–25
Documents	439,663	329,134	413,092
Folders	59,607	44,023	42,676
Storage boxes	290	136	55
Total	499,560	436,293	455,823

