

Performance highlights



Community Health

Child Health Nursing

The Community Child Health Nursing services provide primary prevention and early intervention programs focused on the health, development, and wellbeing of children between birth and school entry. Services are offered at more than 160 sites across the metropolitan area, including the universal program, consisting of five high quality health and developmental assessments at scheduled checks, as well as a range of group-based and one-on-one support services.

In response to the COVID-19 pandemic, child health appointments were divided into two components; a phone call to discuss progress and concerns, followed by a short face-to-face visit for nurses to complete the physical child health check. Drop-in sessions were also suspended in 2021 and 2022, with parents offered phone consultation or the option to make a booked appointment as needed. Usual appointment processes recommenced in May 2022.

During the 2021-22 reporting period, 26,245 new babies were welcomed into the Universal Child Health Program from birth, with 25,888 (99 per cent) accepting the offer of a postnatal home visit in the early postnatal period.



Community child health nurses provided a total of 144,632 individual child health contacts during the year in clinic appointments and home visits, including 53,137 'Universal Plus' contacts for families needing additional support.

In addition to individual contacts, child health nurses delivered 3,236 parenting group sessions to 15,040 parents and saw 14,896 families at drop-in sessions throughout the year.

School Health Nursing

School-based community nurses work with school staff and parents to deliver prevention and health promotion services, undertake health assessments, develop health care plans for students with complex or chronic health needs and connect children and

adolescents with other health services and supports as required.

Throughout the year, in collaboration with the WA Country Health Service and the Department of Education, CAHS has continued to implement recommendations from the Review of School Aged Health Services. These recommendations relate to key aspects of the service delivery model, the role of community nurses working with children and young people, and workforce utilisation and supports.

School Entry Health Assessments were paused in 2021-22 to divert school community nurses to support COVID-19 contact tracing and vaccinations, resulting in families being offered a School Entry Health Assessment during school holidays.

During the 2021 school year, 24,154 (95 per cent) of all children enrolled in kindergarten received a School Entry Health Assessment, with 1,246 provided during the school holidays.

School community health nurses also provided 60,802 occasions of service to secondary students and 45,642 occasions of service to students in education support facilities.

Child Development Service

The multidisciplinary metropolitan Child Development Service (CDS) provides assessment, early intervention and treatment services to children with developmental delay difficulties that impact on function, participation in daily life, or parent-child relationships. CDS works with families to plan and set goals for the child and to address parents' concerns and priorities for their child.

Families referred to the service are generally invited to attend a service planning appointment, within eight weeks of referral. Service options include parent workshops, group interventions, home or school visits and assessment and individual treatment.

Demand for CDS continues to grow, with 32,960 referrals accepted during 2021–22. This is an increase of eight per cent on the previous year, and a 24 per cent increase over the past three years.

Children aged three to seven years account for the most children seen, which is in line with the focus on early intervention.

The CDS Telehealth service continued to be important due to COVID-19, with CDS providing a total of 28,040 individual telehealth appointments.

The demand for an Autism Spectrum Disorder (ASD) assessment continues to grow, with 550 formal referrals received in 2021–22; a 12 per cent increase on the previous year, and an 82 per cent increase in the past five years. CDS has begun to implement a revised clinical pathway for assessment of ASD, to align with the National Guidelines for the Assessment of Autism. In addition, the Child Development Service provides a range of assessment, early intervention and treatment services to children with developmental delay or difficulty.

Immunisation

Community Health provides free vaccinations as per the WA Immunisation Schedule, including immunisation and services for secondary students under the School Based Immunisation Program. Community Health also plays a key role in vaccination of complex clients, including humanitarian entrants, and seasonal influenza vaccination campaigns.

During 2021–22, community health nurses delivered 118,195 vaccinations through the Childhood and School Based Immunisation Programs. Childhood immunisations were provided from more than 50 community-based facilities across metropolitan Perth, with 52,699 vaccinations delivered to 15,668 children. Through the school-based program, Community Health delivered 65,496 vaccinations to 37,758 students at 189 schools across metropolitan Perth.



26,245
New babies welcomed into the Universal Child Health Program



144,632
Child health contacts



53,137
'Universal Plus' contacts



3,236
Group sessions



25,2810
School entry health assessments



60,802
Secondary student occasions of service



45,642
Education support occasions of service

**118,195**Vaccinations
administered (2021)**15,668**Children immunised
(2021)**37,758**Students immunised
(2021)**32,960**

CDS referrals accepted

**10,489**CDS service planning
appointments within
8 weeks**32,982**

Children seen by CDS



Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) provide support, advice and treatment to young people and their families who are experiencing mental health issues.

CAMHS has several streams of service delivery including:

- 10 specialist community outpatient services across the metropolitan area known as Community CAMHS.
- Four specialised programs:
 - Complex Attention and Hyperactivity Disorder Service - for children and young people experiencing persistent and severe attention difficulties.
 - Multisystemic Therapy - for families with young people experiencing serious behavioural and mental health problems.
 - Pathways - assessment, treatment and support for young people with complex mental health issues.
 - Touchstone - a day program for young people struggling with self-harm behaviours and associated mental illnesses.

- A mental health inpatient unit (PCH Ward 5A) and associated services:
 - Paediatric Consultation Liaison which provides mental health and wellbeing support for inpatients and outpatients (and their families) who are receiving treatment for physical health issues.
 - Eating Disorders Service which provides assessment and treatment of young people with eating disorders, and their families.
 - Gender Diversity Service which is a specialist state-wide outpatient service for the assessment and care of children and adolescents experiencing gender diversity issues.

CAMHS Crisis Connect

On 1 November 2021 the CAMHS Emergency Telehealth Service officially changed its name to **CAMHS Crisis Connect** reflecting an expansion of the service, including a shift to operate seven days a week, 24 hours a day.

During this reporting period, the service provided 2,936 episodes of care.

The service provides urgent mental health support, crisis management, brief intervention or assessment as an alternative to presenting to an Emergency Department. It also provides face-to-face mental health assessment at the PCH Emergency Department or via Telehealth to other metropolitan Emergency Departments. Paediatric psychiatrists and specialist mental health clinical nurses also provide consultation, liaison, and crisis management support to general practitioners, schools and families.

Table 1: CAMHS Crisis Connect service

	Not Seen within 4 Hours	Seen within 4 hours	Total presentations	Median Length of Episode
2019-20	774	1,136	1,910	218
2020-21	1,057	1,195	2,252	237
2021-22	1,743	1,193	2,936	283



Eating Disorders Service

Demand for eating disorder services has increased in recent years and became even more pronounced during the earlier stages of the COVID-19 pandemic, with the number of referrals per month peaking in December 2020. Demand for the service has decreased with 196 referrals received in this period compared to 244 in 2020-21, which is a decrease of 20 per cent.

CAMHS are committed to providing a comprehensive service including outpatient care for young people and minimising the need for hospital admissions, whilst also working to ensure that there is adequate hospital capacity for those who require inpatient treatment.

A new model of care has been developed, with input from consumers. The model outlines the delivery of a suite of services involving outpatient, day treatment and inpatient care, designed to

support smooth and supported transition of patients between the services. The services will be delivered in a multidisciplinary manner involving collaboration between psychiatry, adolescent medicine, nursing, allied health and peer support.

To progress the implementation of the model of care, the Eating Disorders Day Program, which had been temporarily paused in response to high inpatient demand, has been re-established. The day program, which has been revised to align with international best practice, is a group-based day treatment for young people who need intensive therapy and support to help them in their recovery from an eating disorder. The aim of the program is to help young people successfully re-engage in treatment within outpatient services. The weekday program offers group therapy, meal support, parent and carer support, peer support and school and is open to eight patients at any one time.



138,681
service contacts



7,956
young people seen



415
inpatient unit separations



2,629
Mental Health
Emergency
Department
presentations



2,936
CAMHS Crisis
Connect
presentations

Perth Children's Hospital

Perth Children's Hospital (PCH) provides clinical care through emergency, inpatient, outpatient and ambulatory settings. PCH also provides state-wide outreach and mental health services, in addition to being home to one of the neonatology intensive care units.

There were 258,588 outpatient appointments attended at PCH during 2021-22, an increase on the 236,671 appointments in the previous year.

Emergency Department

The PCH Emergency Department provides a tertiary level emergency service for paediatric patients including resuscitation, assessment, diagnosis and treatment for patients with a range of conditions including trauma, medical, surgical and psychiatric presentations.

The 2020-21 financial year was the busiest on record for the PCH Emergency Department, with 69,745 patients presenting for assessment and treatment. The admission rate for patients presenting to the Emergency Department has

remained steady at around 20 per cent.

There have been many changes made within the Emergency Department in response to high demand, COVID-19 infection prevention and control requirements, and following the reviews and inquiries arising from the tragic death of Aishwarya Aswath on 3 April 2021.

- On arrival parents are met by large signs welcoming them to the Emergency Department displayed in multiple different languages.
- The triage desk has been modified to allow the triage nurse to physically touch a patient without leaving the triage station.
- An additional clerical officer role has been introduced at triage to facilitate access for parents and answer queries, reducing the number of interruptions and disruptions to workflow for the triage nurse.
- A triage support nurse role has been introduced, to assist with escorting patients to their destination within the ED. This ensures that the triage desk is always staffed.
- A PCH specific triage policy has been developed to document the process to ensure children presenting to the department are clinically assessed and allocated to the most appropriate

assessment and treatment area based on urgency.

- After triage, caregivers receive a text message directing them to the PCH website and information on what to expect during their visit including information on interpreters, waiting times, Emergency Department processes, how to identify different staff members, escalation of care (Aishwarya's CARE call), available amenities, and information on safety and security. This information is available in languages other than English and can also be accessed directly at any time via links on the website.
- The same information is also displayed on screens located within the Emergency Department waiting area, in addition to waiting room screens which convey real time data indicating the current longest waiting patient in the department.
- The existing hospital Care Call system, in place at PCH was expanded to all areas of the Emergency Department. In October 2021, the expanded Care Call system was recognised and named as Aishwarya's CARE Call, featuring dedicated phones with clear instructions for caregivers if they feel their child's health is deteriorating. A work instruction has also been

- developed for all Emergency Department staff, outlining the role specific actions to take when parents escalate concerns while they are in an Emergency Department waiting room.
- A dedicated senior nurse has been introduced to monitor patients in the waiting room, with a workstation which allows a clear line of site to patients.

Paediatric Acute Recognition and Response Observation Tool (PARROT) chart

The PARROT chart is a paediatric early warning score observation chart that assists staff to recognise and respond to clinical deterioration. The addition of parental concern to the scoring system, in addition to nine other elements in the tool, reflects the importance of parental observations about changes in their child's condition compared to their usual selves. The PARROT is one part of a group of policies, procedures and guidelines which provide guidance to clinical staff in the recognition and response to clinical deterioration in hospitalised patients.

In April 2021, the PARROT chart was formally implemented across PCH inpatient areas, the Post Acute Care Unit, Hospital in the Home and the Emergency Department. An online learning package and training support for the PARROT chart has been implemented at CAHS. This online learning package is now essential training for PCH nursing and medical staff to complete within three months following commencement of employment. In addition, this online learning package and training support has been implemented across WA Health

hospitals using the PARROT chart as part of a state-wide roll out led by the Department of Health

Surgical Services

In March 2020, the temporary cessation of non-urgent elective surgery during the early phase of the COVID-19 pandemic exacerbated an already growing list of over boundary cases. Further curtailing of category 3 and non-urgent category 2 surgery in March 2022 also due to COVID-19, has resulted in over boundary cases increasing to 1,382 as of 30 June 2022, which is an increase of 56.7 per cent from the last financial year. This increase was largely in category 3 cases.

Pre-operative screening, increased theatre cleaning, and recovery of COVID-19 positive patients within the operating theatre has had significant impact on theatre lists. The hard work of patient support, nursing, anaesthesia and surgical teams has

meant that these additional requirements have had minimal impact on patients and their families when attending PCH for surgery.

Medical Services

Medical Services encompasses a range of services across 24 departments, including the Emergency Department, and is responsible for four wards within PCH. With nearly 1,300 staff, Medical Services has embraced Telehealth and videoconferencing during the COVID-19 pandemic to ensure patients were able to be seen for appointments, which as a result decreased the rate of appointment non-attendance.

Throughout the year Medical Services has introduced new and innovative approaches to delivering on our vision of providing amazing care. The Complex Pain Service was established as a

Table 2: Triage categories

Triage category	Description	Response	Target
1	Immediately life-threatening	Immediate (≤2 minutes)	100%
2	Imminently life-threatening or important time-critical treatment or very severe pain	≤10 minutes	≥80%
3	Potentially life-threatening or situational urgency	≤30 minutes	≥75%
4	Potentially serious or situational urgency or significant complexity or severity	≤60 minutes	≥70%
5	Less urgent	≤120 minutes	≥70%

new department, and the Diabetes department has been the national leader on introducing automatic insulin delivery systems with a comprehensive model of care for education, enabling widespread use by children with diabetes in Western Australia. Kids Rehab have successfully implemented the international guidelines for the early detection of Cerebral Palsy into their clinical service, ensuring a comprehensive coordinated care pathway for children with Cerebral Palsy as young as three months.

Percentage of Emergency Department patients seen within recommended times

When patients first enter the Emergency Department, they are assessed on how urgently treatment should be provided. A patient is allocated a triage category between 1 (immediate) and 5 (less urgent) that indicates their clinical acuity (see Table 2). Treatment should commence within the recommended time of the triage category allocated.

Monitoring performance against these recommended response times and targets is a key indicator of how effective an emergency department is operating from the beginning of the care journey.

During this reporting period, CAHS has continued to exceed performance expectations for Triage categories 1 and 2, and performance in Triage categories 3 and 4 has improved slightly compared with last year (Table 3). Triage category 5 access sits well above target and comprises low acuity cases that represent a small percentage of presentations that can either be treated by a wider multi-

disciplinary team or be directed to other providers through the triage process.

The majority of presentations are assessed as Triage categories 3 and 4. While the data shows that waiting time targets for categories 3 and 4 are underperforming, the presence of nursing staff in the Emergency Department waiting room has led to earlier nursing assessment, nurse-initiated care for patients in the waiting room and facilitates escalation of care when required.

Table 3: Percentage of Emergency Department patients seen within recommended times, by triage category, 2019-20 to 2021-22

Triage category	2019-20	2020-21	2021-22	Target
1	100%	100%	100%	100%
2	87.6%	81.0%	84.30%	≥80%
3	61.5%	46.63%	51.80%	≥75%
4	64.7%	53.6%	62.60%	≥70%
5	95.0%	81.0%	93.90%	≥70%

■ Favourable performance ■ Unfavourable performance



Neonatology

Neonatology encompasses a range of services, including Neonatal Intensive Care Units (NICU) at PCH and King Edward Memorial Hospital (KEMH), Special Care Nurseries, Newborn Emergency Transport Service (NETS WA) and the Perron Rotary Express Milk Bank. Neonatology services are delivered at KEMH and PCH.

Neonatal Intensive Care Units

The NICU at KEMH has 94 beds and cares for babies who are born early or are unwell after birth and need intensive care. The unit cares for all babies born in WA more than 12 weeks early, and the majority of those born between eight and 12 weeks early in WA. The PCH NICU has 30 beds and cares for all babies who require surgery or the specialist medical services at PCH. Babies are transferred to PCH by NETS WA.

In 2021-22 there were 3,342 patients admitted into the NICUs at KEMH and PCH, with a 99 per cent survival which is comparable to other NICUs nationally. The length of stay in the NICUs ranges from one to 156 days, with the average length of stay being 11 days.

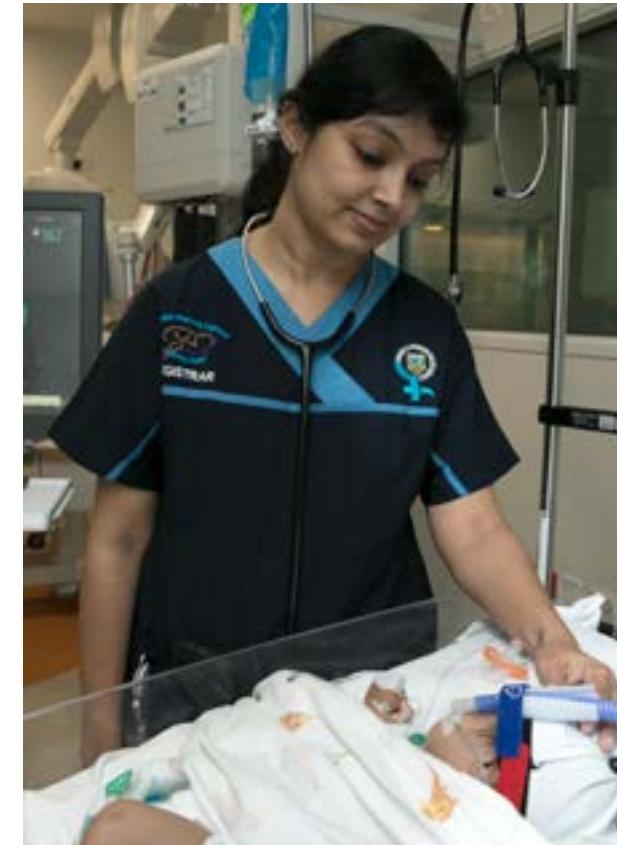
Neonatal Emergency Transport Service (NETS) in WA

NETS WA is a mobile intensive care unit for sick newborn and young infants in need of our neonatal care, servicing the largest transport area of any similar service in the world. This specialised team of doctors and nurses provide neonatal intensive care during transport, working closely with other service providers, including St John Ambulance WA, the Royal Flying Doctor Service (RFDS), and Medical Air.

The NETS WA team also provides expert neonatal advice through a 24/7 hotline for clinical staff who are caring for sick newborn babies across the State. In 2021-22 there were 1,193 transport transfers for unwell babies needing specialist neonatal care.

A new NETS patient transfer vehicle was commissioned in February 2022, with help from donations made to Perth Children's Hospital Foundation. The vehicle transfers unwell babies and infants between hospitals and centres as they progress on their journeys to good health and going home.

There has been an increase in demand for NETS WA over the past 10 years with the total transports increasing from 776 in 2011 to almost 1,200 in 2021. Acute retrievals have increased from 66 per



cent to 83 per cent of all NETS WA transfers during the same period, with increasing acuity and complexity of patients requiring transfer to a tertiary hospital.

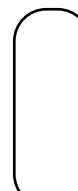
Part of this demand is a result of an increase in very preterm babies born outside of KEMH requiring retrieval and transport after birth and requests to attend high-risk births. In response to increasing demand, a review was completed to determine



how the service can ensure consistent, high-quality care in every corner of the state. A framework was developed based on the review's recommendations, and NETS WA successfully received additional funding in the May 2022 State budget which will allow for increased staffing.

An interagency working group has been established to provide governance and oversight to the end-to-end journey of critically ill neonates from regional

areas of Western Australia. It provides a forum for oversight of clinical issues and a high-level forum to escalate, discuss and resolve issues. Membership is made up of representatives from CAHS, the WA Country Health Service, Royal Flying Doctor Services, Department of Fire and Emergency Services and St John Ambulance.



Aboriginal Health at CAHS

CAHS is committed to equity in health care for children, young people and their families.

We recognise the diversity of Aboriginal and Torres Strait Islander people and value their strength, resilience and capacity. Providing just and equitable opportunities and outcomes for our Aboriginal and Torres Strait Islander staff, children and their families is a key priority at CAHS.

The Director, Aboriginal Health continues to provide leadership and guidance to ensure that both operational and strategic priority setting across CAHS remains focused on our commitments to Aboriginal health.

Community Health Aboriginal Health Team

The Community Health Aboriginal Health Team provides culturally secure multidisciplinary services to Aboriginal children in the newborn to six years age group. This team includes Aboriginal health workers, nurses, a medical officer and allied health staff. In addition, health promotion staff help to promote child health, ear health, nutrition and playgroups.



Moordidjadbiny (Becoming Strong) Mentoring Program - Leeanne Loo, Gina Whitby, Mel Robinson, Alanan Colbung and Deborah Jacobs

The Aboriginal Health team provides the services of a General Practitioner for Aboriginal children, ear screening in primary schools, and supporting parents and carers to access appointments in community health, including the Child Development Service.

Allied health staff deliver one-to-one assessments to address any concerns before referral to the Child Development Service. The Aboriginal Health Team also offers playgroups in Bentley, Hilton and Joondalup, ear nose and throat clinics in Armadale and Padbury and immunisation clinics in Bentley and Maddington.

PCH Aboriginal Liaison Service

Two Aboriginal Liaison Officers at PCH work in partnership with the Social Work department to meet the needs of Aboriginal children who visit PCH from across Western Australia. Due to COVID-19 restrictions on visitors in the hospital, it has been

particularly difficult for Aboriginal families who prefer more than one visitor or carer to provide support to their child or young person, and the Aboriginal Liaison Service has provided critical support to families.

The Aboriginal Liaison Officers continue to provide cultural support and advocacy for Aboriginal children, young people and families, creating a welcoming familiar presence and supporting cultural education for clinical staff

CAHS Aboriginal Workforce Strategy 2018-2026

CAHS is committed to building a sustainable, skilled Aboriginal workforce, from entry level to leadership positions, using a variety of attraction, appointment and retention strategies.

CAHS has an Aboriginal Workforce Strategy 2018-2026 which outlines the activities, priorities,

oversight, and monitoring of this commitment, which are aligned with the WA Aboriginal Health and Wellbeing Framework 2015- 2030.

As part of this commitment, CAHS will apply section 51 (s.51) of the EO Act to all of its Jobs WA adverts, enabling a recruiting manager to identify and employ an Aboriginal person before someone else in a competitive process.

We have demonstrated our commitment to increasing our Aboriginal workforce to two per cent as of 30 June 2022. Our target is 3.2 per cent by 2026.

Aboriginal employee retention has been a major focus, with the Moordidjadbiny (staying strong) Aboriginal nurses mentor program delivered, and events held for Aboriginal staff such as the Aboriginal staff BBQ at Kaarta Koomba, and a NAIDOC morning tea with the Kulunga team at Telethon Kid's Institute.

Two new cadets were welcomed into the Aboriginal cadetship program, adding to the three existing cadets. CAHS has also continued to develop new employment opportunities within WA Health and CAHS, including the creation of the Aboriginal Health Practitioner role.

Kooringly Moort - 'Walking with Families'

The Kooringly Moort team at PCH provides care coordination services for Aboriginal children with complex needs from across WA. In addition, the team provides paediatrician outreach clinics across the metropolitan area with the Aboriginal Health

Team, Derbarl Yerrigan Health Service, Babbigar Mia and at Armadale CAMHS.

The Kooringly Moort team adopted an Aboriginal design on their shirts to create recognition and improve engagement. The Kooringly Moort team has also begun building partnerships with various internal and external stakeholders including neurosciences, the Healthy Weight Service at PCH, and the Department of Justice. The aim of these partnerships is to strengthen and improve health outcomes for Aboriginal children and young people.

Aboriginal cultural security across CAMHS

With the support of the Mental Health Commission, the service employs a Coordinator of Aboriginal mental health and Aboriginal mental health workers in Community CAMHS teams to support engagement and build workforce capacity. The Aboriginal Mental Health workers support families to engage with CAMHS, providing cultural guidance to non-Aboriginal clinicians and develop links with external agencies to support Aboriginal children and families.

CAMHS aspires to provide a safe and culturally secure mental health service for Aboriginal children, young people, families and staff. An Aboriginal Cultural Security Review was undertaken in collaboration with elders, community members, young people and carers, Aboriginal and non-Aboriginal staff members. The review was initiated to establish baseline levels of cultural security and to determine to what extent consideration of the cultural needs of Aboriginal people are embedded within policy, practices and system functions.



Online surveys were developed and disseminated across CAMHS for Aboriginal and non-Aboriginal staff, stakeholders, consumers and carers. The project also included a review of relevant policy documents and the completion of a Welcoming Environment Checklist across CAMHS sites. The report details findings, recommendations and directions to ensure CAMHS provide a safety and culturally secure service.

Refugee Health at CAHS

The CAHS Refugee Health Service works across the organisation to provide care to children, young people and families from refugee-like backgrounds.

The two service streams include the multidisciplinary PCH Refugee Health Service and the Community Health Refugee Health Team.

The Community Health team provides services across the Perth metropolitan area, assisting families to navigate the health system, complete catch-up immunisations, identify their health concerns and priorities, support to manage chronic and complex conditions, and link them to appropriate providers for continuing health care, including the PCH Refugee Health Service. The PCH team provides a multidisciplinary service, enabling flexible comprehensive assessments to be undertaken in conjunction with colleagues in education, primary care, wider health organisations, social services and non-government organisations. The team is actively supported by CAHS Language Services, interpreters, pharmacy staff and PCH Foundation volunteers.

The past year has provided additional challenges in care and service delivery related to the complexities of community COVID-19 transmission, the crisis in Afghanistan and the re-opening of state and international borders.

The Afghanistan crisis highlighted the capacity of our Refugee Health Service to respond rapidly and work collaboratively, with Perth being the initial evacuation hub. The Refugee Health Service team worked closely with the other providers including the Department of Communities, Australian Red Cross, State Health Incident Coordination Centre and Hotel Quarantine Medical teams to provide paediatric oversight of new arrivals and provide immediate care.

All evacuated Afghani children and adolescents in hotel quarantine were also provided "Welcome Backpacks" which included basic supplies, educational supports, toys and activities, providing comfort and compassion at a time of great upheaval.

Strengthening Multicultural Services Project

A 2021 State Government election commitment of \$4.1 million over four years has provided CAHS with an opportunity to strengthen community-based

“ A 2021 State Government election commitment of \$4.1 million over four years has provided CAHS with an opportunity to strengthen community-based multicultural services that are delivered to children and adolescents from refugee-like backgrounds. ”

multicultural services that are delivered to children and adolescents from refugee-like backgrounds. The project aims to improve the health and social-emotional outcomes of refugee children.

A project being led by the CAHS Strategy, Planning and Innovation team in collaboration with the CAHS Refugee Health Service has undertaken a comprehensive health and socio-emotional needs assessment to identify priority health needs, gaps in services and establish opportunities to better support newly arrived refugee children. Commissioning of services, informed from the needs assessment, will start in the second half of 2022, with service delivery and evaluation to follow.



The Refugee Health Service Grand Round in June 2022

The crisis in Ukraine brought new arrivals with profound trauma experiences, reinforcing the need for flexible capacity at times of international disasters. There is a need for enhanced early mental intervention and mental health education for all patients from ethnolinguistically and refugee-like backgrounds, which is culturally appropriate, trauma-informed and acknowledges the interrelated complex socio-economic and family factors experienced by our families.

The Strengthening Multicultural Communities project team collaborated with the Ishar Multicultural Women's Health Services, Healthway and the Refugee Health Service to

develop and deliver targeted culturally nuanced nutritional modules to new arrivals, health professional and community service providers over the next three years.



Research at CAHS

CAHS Research strategic intent

The CAHS Research Strategy 2021-2023 outlines the approach to build a strong research culture based on high quality and impactful research that will save and change lives, improve clinical care, and enhance the health service, leading to further advancements in patient experience, clinical outcomes and efficiency.

CAHS aims to establish itself as one of the world's great academic paediatric health services with teaching, training and research integrated into all aspects of clinical service delivery, service areas and disciplines to ensure evidence-based and best practice treatments and clinical care are available to children and young people.

By establishing opportunities for meaningful consumer involvement at all stages of the research process, genuine improvements in health and wellbeing will be realised for children and young people now and for future generations.

Our research strategy provides the framework to achieve our overall intentions – save and change lives, improve clinical care, and enhance health service and delivery.

Save and change lives

Peanut allergy trial launches at PCH

A PCH research team is leading an investigation into the efficacy, safety and tolerability of adding inexpensive off-the-shelf peanut flour to home meals under medical direction to desensitise preschoolers with peanut allergy.

The oral immunotherapy randomised controlled trial, called Early Peanut Immunotherapy in Children, is the first-of-its kind in Australia and is focusing on utilising a possible early window of opportunity to safely and gradually reintroduce a small amount of peanuts to desensitise and build up a degree of tolerance.

The aim is to prevent and limit severe allergic reactions and potentially life-threatening anaphylaxis that occur when there is accidental exposure. The trial has been funded by a grant from the WA Child Research Fund, jointly established by the WA Department of Health and Channel 7 Telethon Trust.

Improve clinical care

CAMHS and PCH staff are part of a collaborative research team aiming to reduce the rate of youth suicide, by examining ways to improve the experience that children and young people have when they present to hospital emergency departments for an acute mental health crisis.

The project team includes researchers from Telethon Kids Institute, PCH, the WA Country Health Service, the Geraldton Regional Aboriginal Medical Service and Youth Focus. This project builds on 'EXPAAND', a research project currently being conducted at PCH which aims to achieve better outcomes by making the assessment of children and adolescents at the time of an acute mental health crisis more therapeutic.

Enhance health service delivery

Researchers find weight gain could be key to predicting common eye condition that can cause blindness in premature babies

A joint neonatology and ophthalmology research project has found a simple method, based on a postnatal weight gain model, can predict a common eye condition in premature babies.

The finding, which evaluated the performance of algorithms, provides strong evidence for reviewing the screening protocols for retinopathy of prematurity which is the leading cause of blindness in premature babies. These findings could have a huge impact globally by prompting a review of screening protocols which in turn could reduce the number of premature babies who are screened for retinopathy of prematurity.

Research study numbers and participation at CAHS

Research studies

The following is based on data entered by researchers into the current reporting system.

New studies with CAHS site approval	80
New studies approved by CAHS Human Research Ethics Committee (HREC)	61



Research funding

The following is based on data provided by the Centre for Child Health Research which captures research funding awarded to projects from across PCH.

Funding awarded directly to CAHS was \$9,520,757 including awards received from the Perth Children's Hospital Foundation, Channel 7 Telethon Trust and the Raine Medical Research Foundation.

The total research funding outlined below includes the \$9.52m of direct research funding to CAHS and funding received by the University of Western Australia Centre for Child Health Research (affiliated with the Telethon Kids Institute), where staff are involved in research, however funding is not directly awarded to CAHS.

Cancer research funding sources	\$1,683,202
Australian Commonwealth Government	\$18,635,111
International research sources	\$13,723,605
Local NGO	\$205,965
National NGO	\$2,846,356
Perth Children's Hospital Foundation	\$6,358,526
Perron Foundation Trust	\$2,879,368
Raine Medical Research Foundation	\$2,080,039
Telethon Trust	\$1,082,192
WA Dept of Health	\$8,421,511



Move to Improve

A new multidisciplinary research project, 'Move to Improve' was announced in April 2022 thanks to funding from the Stan Perron Charitable Foundation and Perth Children's Hospital Foundation. The project will inform Australia's first clinical exercise service at PCH which is available for children with a range of conditions.

This ground-breaking service prescribes personalised physical exercise and health promotion advice as part of clinical care, aligning with the service's 'exercise as medicine' ethos.

After an initial pilot study which explored the effectiveness of surfing as a form of therapy in a multi-pronged approach to care, a larger surfing intervention program is now part of the project.



A Move to Improve participant

Consumer experience and partnerships

Partnering with our consumers and the broader community is a critical component of achieving our vision of *healthy kids, healthy communities*.

In 2021-22, CAHS delivered a number of initiatives to demonstrate our commitment to meaningfully embed the consumer voice across the health service.

CAHS Consumer Engagement Strategy

Throughout the year we continued to implement our CAHS Consumer Engagement Strategy 2020-2022, with 27 of the 43 major actions completed.

Throughout the year, we engaged with a large number of consumers on a number of initiatives including the CAHS Community Hub Project, the Children's Hospice Project, responses to the Independent Inquiry into Perth Children's Hospital, and policy and publication development.

Consumers participated in the development of a new CAHS Strategic Plan, through focus groups and the Chair and Deputy Chairs of our Consumer Advisory Council and Youth Advisory Council taking part in a Strategic Planning Day with the CAHS Board and Executive. They also contributed to the

development of a staff training module for the delivery of child and family-centred care across all services.

There has been a significant shift in departments across CAHS recognising the need to provide access to information in a range of media that reflect the diverse needs of CAHS consumers. A new Consumer Engagement Activity Record was established to support the centralised reporting of activities and initiatives where consumers have been involved.

Consumer feedback

Listening to our consumers is central to improving the safety and quality of our health service. We encourage feedback from children, young people, their families and carers, to identify where we have done well and where there are opportunities to improve their healthcare experiences. Consumers can provide feedback directly to CAHS in person, by telephone, by post, email, or online form.

CAHS introduced a dedicated role in February 2022 to improve the management of consumer feedback, to enhance our interactions with consumers who provide feedback on their experiences, and to



identify and implement service improvements as a result of consumer feedback.

The CAHS Service Lead – Complaints has strengthened the way we work collaboratively with families and clinicians to facilitate opportunities to discuss their feedback and concerns. We have increasingly engaged consumers in family meetings to provide the opportunity to reflect and learn from those occasions when we have not met the standards of care to which we aspire, in preference or to compliment written complaint responses.

MySay Healthcare Survey

A paediatric version of the MySay Healthcare Survey was implemented at PCH this year. This is a validated, standardised patient experience survey sent via text message to parents and carers of inpatients after discharge. CAHS received an 'excellent' ranking from parents and carers, based on 4,000 MySay Healthcare survey responses, including to the question '*How likely are you to recommend Perth Children's Hospital to family or friends?*'.

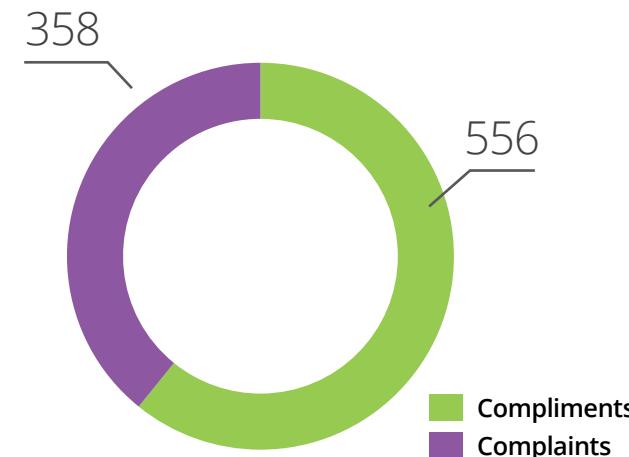
New consumer experience surveys were also introduced for our Emergency Department, Community Health Nursing and the Child Development Service, receiving feedback from more than 10,000 consumers. The information has been used to drive improvements to services

and inform the development of new training and education packages for staff.

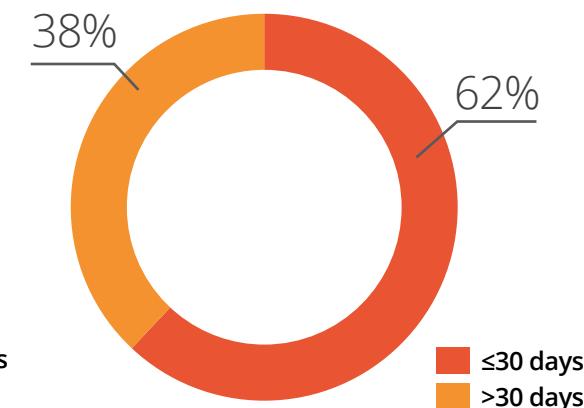
In response to a new question to identify how well hospital staff respected cultural values and practices of consumers from culturally and/or linguistically diverse backgrounds, 97 per cent of more than 200 multicultural families advised that staff respected their cultural values and practices during their Emergency Department visit always or mostly.

In 2021-22, through our formal processes, CAHS received the following feedback:

Feedback type



Complaint response timeframes



Care Opinion

Care Opinion is an independent, online consumer feedback platform that enables members of the public to share stories about their health care experience. The platform is independently moderated and supplements existing feedback and complaints systems by providing a real time and anonymous process for consumers to be heard and for health services to respond.

CAHS received 52 stories over the past year, with 23 of these providing positive and complimentary details. All Care Opinion stories have been shared with staff to highlight areas of improvement and celebrate achievements and positive behaviours.

During Patient Experience Week in April 2022, the Perth Children's Hospital Emergency Department was awarded the *Care Opinion Patient's Champion Award* by CAHS after the department received a series of compliments on Care Opinion from consumers.

"We presented at PCH Emergency Department with our 16-month-old daughter who had laboured breathing. We had already been to another hospital's Urgent Care service and were asked to take her to be seen at emergency."

"I am unbelievably grateful for the care our daughter received at PCH. Across the board, our experience was positive. I particularly appreciated the clear communication and care plan and the care and effort taken to build rapport with my young daughter who was at times, a little distressed in an unfamiliar environment."

"I cannot speak more highly of the care we received at PCH. The staff were fully gowned which was necessary but at times, a bit frightening for our daughter. The nurses, in particular Caitlin who called the Wiggles over her pager and played music, and the doctors, in particular Matti, were amazing with our daughter and really made an effort to engage with her and make her feel at ease. Although our daughter hated receiving Ventolin, the nurses and doctors had built such good rapport that she gave them claps and blew kisses once it was over."

"We ended up staying overnight, and again the nurses were amazing. It was reassuring that the nurses also explained that there were options to escalate any concerns we may have if we felt unheard. Not that this was required as the staff were attentive, communicative and responsive from the moment we were triaged."

"The orderly/ward clerk (who delivered breakfast and changed the bins) on the short term/overnight stay ward on a Tuesday morning was engaging and warm. I appreciated her help in showing me where I could find an extra bag to dispose of my daughter's soiled nappy. We were seen by the doctors early the next morning, given a clear and succinct care plan and appropriately discharged to cuddle up and recoup at home!"

Statement from the Consumer Advisory Council Chairperson

The opportunity to be a part of the Consumer Advisory Council (CAC) is a privilege that I have been afforded for the last six years.

I became the Chair over a year ago and have been a part of a vibrant and diverse group of parents, carers and community members who all work to ensure the voices and perspectives of children and families are at the centre of CAHS.

The last 12 months have been a very busy time for the CAC, and for the health service. The focus from the service on better engagement and involvement with their consumers and families has meant that the members of the CAC and consumers more widely have been involved in many activities, workshops, planning days and committees.

The CAC has held 10 meetings over the last 12 months, and the Chair has also attended a number of CAHS Executive Committee meetings and had the opportunity to be involved in health service decision making. More broadly, our members have attended and provided a consumer voice at CAHS Board Meetings, strategic planning days, diversity workshops, piloting of training, accreditation meetings, the Implementation Oversight Committee following the Independent Inquiry into PCH, and various recruitment panels among other things.

We have spent time this year focusing on how the service can continue to build meaningful ways of working with consumers and families. We are also starting to look to building networks and relationships with consumers from other health services that also provide services to children and young people, to help support our broad understanding of the experiences of our consumers. We also want to build relationships with the Consumer Advisory Councils at our other hospitals and health services to help those services understand the needs of our young people and families as they transition out of paediatric services into adult services. CAHS also implemented a consumer induction process for all of our consumer representatives to ensure they feel safe and supported in their role when partnering with our health service.

There is a lot of work happening with consumers and families at CAHS, and we are happy to welcome new people to our committee and keep our longstanding members with us. We look forward to the next 12 months and seeing how we can continue to help CAHS provide excellent care to our children into the future.



Tania Harris
Chair
CAHS Consumer Advisory Council

Statement from the Youth Advisory Council Chairperson

This year, we had a focus on organisational governance, whereby the group provided input on a series of policies such as the Consumer Representative Recruitment and Management Policy and Guideline, the CAHS Consumer Consultation Policy, and some upcoming customer service training.

The Youth Advisory Council (YAC) participated in the accreditation process, reviewed the CAHS Quarterly Consumer Feedback Update, and received updates on strategies such as the CAHS Consumer Engagement Strategy, and the Multicultural Action Plan. Additionally, our co-chairs were invited to attend the CAHS strategic planning day.

We continue to strengthen our relationship with the organisation and improve communication processes between YAC and CAHS staff, Executive, and Board members so that we can impact real change within the organisation. Our Chair represents the group at the weekly CAHS Executive Committee meetings, fortnightly Inquiry Implementation Oversight Committee meetings, quarterly Board meetings, and other events as required. This provides the YAC with the opportunity to better escalate issues pertinent to young people and gives young people a seat at the

table where decisions are made. Importantly, our YAC meeting minutes are escalated to both the CAHS Executive Committee and the Board to keep them fully informed.

A recent addition to our meetings is the Consumer Experience Moment, in which we receive a complaint about the service and the response from CAHS, which will later be shared with the Board. YAC has the opportunity to voice compliments or concerns regarding the quality of service described, as well as the quality of the complaint responses. This has allowed for consumer issues and trends to be recognised more easily and voiced efficiently. It gives YAC the opportunity to advocate for patient-wellbeing and consumer-focused care. We continue to welcome and provide input on a myriad of projects, such as the development of a youth-specific version of the Australian Hospital Patient Experience Question Set, the What Matters to Me Poster and the Child Protection Unit redesign. Members are also provided opportunities outside of meetings - for example, our consumer representative Rana provided some brilliant insights into the experience of consumers from culturally and linguistically diverse backgrounds on the Harmony Week panel entitled CAHS Conversations on Culture.

We continue to aim to develop consumer-run initiatives and have a particular interest in connecting more with consumers and other organisations. Keep an eye on the socials! You might be seeing some familiar faces soon. We will soon be starting a recruitment drive again to reach full capacity and increase our diverse membership, as a longstanding goal of the YAC is - and will continue to be - to advocate for marginalised communities.

Over the next year, we will continue to represent young people in spaces where they are at the centre by *sharing our voices to shape your care*.



Amelie Farrell
Chair
CAHS Youth Advisory Council



Agency performance



Delivering safe, high-quality care

Our commitment to quality improvement and learning from clinical incidents continues to identify key priorities for the development of safe systems and practice at CAHS.

Quality improvement activities at CAHS

CAHS has a strong commitment to undertaking quality improvement activities to address clinical risks and improve existing processes.

Quality improvement is the combined efforts of the workforce and others (such as parents, patients and families; researchers; clinicians and educators) to make changes that will lead to better care and patient health outcomes.

During the reporting period, 281 proposals were approved in the CAHS Governance Evidence Knowledge (GEKO) system, the database used to register information relating to all quality improvement activities within CAHS.

Following a review in March 2022, a single committee was established to replace the numerous GEKO committees across CAHS, ensuring improved assessment of all submissions,

improved timeliness of reviews and the removal of conflict of interest. The new committee also assesses whether projects are able to answer their objectives and have impact on care for children and families.

Some notable quality improvement activities during the 2021-2022 period were:

Audit and evaluation of clinical supervision for Child Development Service allied health clinicians

Child Development Service (CDS) allied health clinicians' compliance with clinical supervision procedures was evaluated, with staff feedback obtained to inform revision of policy, processes and training. Staff reported clinical supervision had improved the quality of clinical care they provide, and clinical supervision supported them to practice according to CDS-specific operational and clinical guidelines.

Follow up of children not completing their two-year child health assessment at risk of poor developmental outcomes

A tool to systematically identify children at increased risk of developmental delay through their health record was developed and trialled, with local strategies implemented to invite families to book

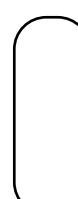
a two-year-old child health check if not scheduled by 27 months. Consumer and staff focus groups were held to assist in development of the tool and engagement strategies.

This pilot was the first phase to operationally test the summed risk index tool and led the development of a partnership between the research and evaluation team and Telethon Kids Institute to externally validate the tool. Funding is being sought to progress the research.

Independent second checking to reduce medication-related errors

An internationally recognised key safety mechanism for reducing medication-related errors is the practice of independent second checking wherein two clinicians separately check the 6 rights of medication administration, 'right patient, right medication, right dose, right time, right route and right documentation', without cues from each other, then compare the results.

Quality improvement plans to enhance compliance with independent second checking include education, observational auditing and feedback of results to staff.



In-service sessions on independent second checking for high risk medications were conducted for staff at Perth Children's Hospital. A subsequent practice audit conducted over a six week period demonstrated that:

- 100 per cent compliance for staff observed checking the prescription on the medication chart independently of the other staff member.
- 88 per cent compliance was demonstrated for both staff observed to check the medication label independently of the other staff member.
- 92 per cent compliance of both staff observed to independently check complete dosage calculations on paper or calculator or other method.
- 100 per cent compliance of both staff observed to check medication/prescription and patient identification matching (ID bands) to the patient comparing prescription ID with patient ID at the bedside.

Quarterly auditing continues and actions resulting from these are being implemented.

Clinical incident management

The delivery of healthcare occurs in complex and dynamic systems, and therefore is not without risk. In our quest to be a high reliability organisation, we are vigilant about safety. This means that we seek to identify and investigate all reported clinical incidents. Once we understand why an incident occurred, we seek not only to address the causes

but also to share lessons learnt between clinical teams to reduce the risk of further harms.

At CAHS, a Lessons Learnt Model is the foundation for the approach to manage clinical incidents. This model provides a focus on the identification of lessons, sharing and applying lessons, and their evaluation. At the core of the Lessons Learnt Model is the imperative to learn from system issues and error, to identify and apply improvement strategies for safer systems and practice.

The clinical incident management program and staff continues to be developed to enable effective analysis of reported incidents, identification and development of focused and robust recommendations. This program of improvement has three arms: 1) training and education of staff; 2) process and tools, and 3) improvement.

Training and education include 'learning labs' for the conduct of serious clinical incident review, interviewing, and the effective use of the electronic reporting system. A practical guide for reviewing serious clinical incidents and developing better recommendations have been implemented. Education for consumers has been conducted to provide an overview of how clinical incidents are conducted.

The clinical incident management policy has been reviewed to ensure it reflects best practice. A suite of tools has been developed and is in use for guiding the conduct of a serious clinical incident.

Included is a guide for the development and evaluation of recommendations. Recommendations are key to mitigating risk and improving care and outcomes for our patients and clients.

How we conduct clinical incident management is driven by the need to continually do better. Two important initiatives are planned. We will be training consumers in the theory and practice of conducting a clinical incident review. We are eager to have consumers participate in this process (to the extent that they would like to) in order to bring the important consumer lens to learning and sharing lessons.

With the aim of improving the quality and robustness of clinical incident reviews we will be training senior clinicians from all disciplines to chair the review panel. This cohort of panel chairs with specialised knowledge and skill will lead the panel to analyse system issues and errors more confidently. These panels will be better prepared to identify and develop better recommendations.

The sharing of lessons learnt is done through several ways including summaries of the findings of the incident review, our staff Lessons Learnt Bulletin and through communiques. We are developing a community of practice where clinicians and consumers will co-lead the clinical incident management program for safe systems and practice.

Table 4 lists the Severity Assessment Code (SAC) 1 clinical incidents for 2021-22.

Table 4: SAC 1 incidents (1 July 2021 – 30 June 2022)

SAC 1 Incident	
Total notified	36
Investigated	21
Ongoing investigation*	11
Declassified^	4
Total confirmed	32

[^] Declassification occurs when there are no health care related contributing factors identified. These are approved upon review by the Department of Health Patient Safety Surveillance Unit.

Confirmed with patient outcome



Clinical safety indicators

Hand hygiene

Effective health care worker hand hygiene is imperative for the prevention of healthcare-associated infections. CAHS participates in the National Hand Hygiene Initiative which involves quarterly audits. Our results for the past 12 months show overall compliance is 85 per cent which is above the required National KPI of 80 per cent and is comparable to the Statewide average.



People, Capability and Culture

Valuing and respecting our people is a key strategic priority for CAHS. The People, Capability and Culture directorate has continued to work together with staff across CAHS to create a positive workplace environment that values, respects, engages and supports individual contributions and collective strength.

All actions are aligned with our vision strategy and framework, and six key themes:

- An irresistible employee experience.
- Proactive health, safety, wellbeing and support.
- Clear, reliable and collaborative communication.
- Courageous, inspiring and inclusive leaders.
- Meaningful, dynamic learning and growth experiences.
- A culture in which our people can thrive.

Our people – employee profile

The expansion of the CAHS workforce in response to service requirements and the pandemic response now sees CAHS employee more than 6,500 staff – many are part time employees, or the equivalent of 4,670 Full Time Equivalent (FTE). This is an increase of more than 600 FTE from last financial year and more than 1,200 compared to 2019-20.

The rapid growth in employee numbers has changed the profile of the CAHS workforce. The proportion of employees aged below 25 years now makes up 8.8 per cent of the workforce, compared to less than 4 per cent of the total workforce previously.

The large FTE increase compared to the preceding financial year is mainly due to increased capacity for COVID-19 response, management and vaccination program. As part of the Government's announcement to increase staffing capacity, CAHS has also expanded its nursing capacity within the Emergency Department and additional FTEs to manage patient flow, support patient experience and for safer delivery of health-care.

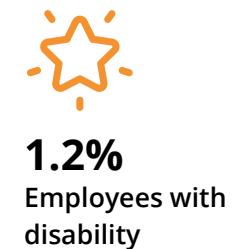
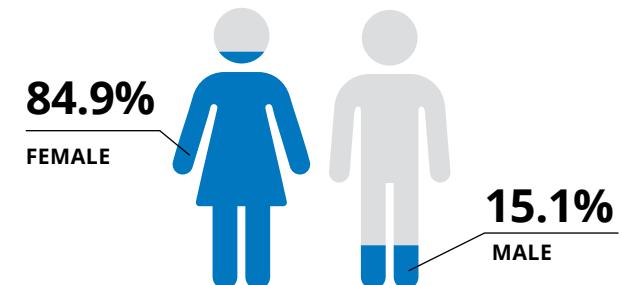


Table 5: Total full-time employees, by category

Category as per Annual Report	2020-21	2021-22
Administration & clerical	742.4	903.9
Agency	54.6	83.8
Agency nursing	1.6	1.8
Assistants in nursing	29.5	48.7
Dental nursing	7.5	7.3
Hotel services	187.4	196.4
Medical salaried	459.8	488.5
Medical sessional	77.2	86.1
Medical support	649.0	701.0
Nursing	1,673.0	1,987.8
Site services	1.3	1.1
Other	28.0	26.7
Total	3,911.2	4,533.1

Workforce Planning

At a WA Health-wide level, recommendation 26 of the Sustainable Health Review specifies the need to 'build capability in workforce planning and formally partner with universities, vocational training institutes and professional colleges to shape the skills and curriculum to develop the

health and social care workforce of the future'. The development of a 10-year health and social care strategy (Workforce Strategy) was identified as an implementation priority, however work to date has not considered workforce issues specific to neonatology, paediatrics and child health.

The CAHS workforce is a complex combination of professions and service units, with distinct professional competencies, and CAHS recognises the importance of workforce planning. Following a baseline workforce assessment that included an in-depth analysis of the current clinical workforce, a four-step approach to workforce planning was developed inclusive of:

- Better understanding the existing workforce using lessons from the baseline review.
- Projecting future workforce demand.
- Projecting future workforce supply.
- Scenario modelling.

In 2021-22, the workforce planning process was applied to CAHS nursing and Community Child Health nursing.

CAHS Transition to Practice Programs (Graduate Nursing Programs)

CAHS currently offers dedicated program streams for graduate registered nurses to support transition into clinical practice and acquire skills and knowledge. The program provides a supportive learning environment to build resilience, adaptability and professional practice skills and are a nursing workforce employment strategy.

In 2022, CAHS employed a total of 128 graduate nurses with 100 graduates in the acute and specialty nursing streams, 20 graduates in Community Nursing, and eight graduates in the state-wide Mental Health Graduate Program in CAMHS.

Supported Introduction to Infants, Paediatric and Adolescent Nursing program

The Supported Introduction to Infants, Paediatric and Adolescent Nursing program was introduced as an innovative strategy aimed to assist the transition and skill development of the new workforce. It was developed to ensure nurses new to paediatric nursing would develop the knowledge and skills to safely care for children and families in the acute paediatric setting. The Supported Introduction to Infant, Paediatric and Adolescent Nursing program is a collaborative pathway of learning, underpinned by excellence in paediatric nursing practice and a strong support network of preceptorship and education. Approximately 160 participants have commenced this program since its inception in June 2021.

Strategic Talent Acquisition

Talent acquisition is the process of developing an end to end strategy to attract, recruit and retain top talent. Recruitment is just one aspect of talent acquisition, that has to do with the selection and hiring of a candidate to fit a job vacancy. Talent acquisition spans employer branding, attraction marketing, the process of recruitment, including candidate relationship management, onboarding

planning, succession planning and talent development, and continuous strategic alignment to enable strategic goals of the organisation.

CAHS took the step towards better understanding the difference between recruiting and acquiring talent which also recognised talent acquisition as an important strategy required to achieve improved patient outcomes. The opportunity to change traditional approaches and adapt recruitment practices to meet current and future challenges in the CAHS work environment has never been greater, in anticipation of challenges associated with a competitive labour market, skill shortages and the widespread impact of COVID-19.

In January 2022, a Strategic Talent Acquisition and Recruitment Team was implemented to improve recruitment outcomes, with the focus initially on supporting fast track, high volume nursing recruitment and support to high priority areas, including CAMHS.

CAHS remains focused on finding efficiencies, streamlining and improving recruitment processes, and tracking and using meaningful data to ensure the right people are in the right jobs to support achieving our strategic objective of '*healthy kids, healthy communities*'.

Our culture - shaping our future

CAHS undertakes a 'Culture Assessment' every two years to measure progress toward our vision of becoming a values-based organisation. The third CAHS Culture Assessment took place in February 2022 with just over 28 per cent of CAHS employees,

Board members, volunteers and consumer groups completing the assessment.

The results show that employee personal values and desired culture remain aligned with CAHS values – staff want to provide excellent care for children, adolescents and their families, and care for one another.

Consistent since the 2019 survey, patient, client and family centred care, safety and quality and accountability, feature in the top 10 of our current values. The internal and external environmental challenges faced during this period have seen values like long hours, short term focus and confusion feature in the results. These factors or "potentially limiting values" can take up our time, energy and resourcing and we need to work together to identify them and improve the way we work and interact. Better areas for focus are home/work balance, continuous improvement, open communication and employee engagement. Cultural change takes time and the results provide assurance that we must continue our focus to ensure CAHS is a great place to work.

The CAHS Culture Action Strategy 2.0 (2021-24) builds on the organisational vision, values and strategic objectives of the CAHS Strategic Plan 2018–23.

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 in relation 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 deidentified for reporting to the Executive and Board. This series of metrics includes the monitoring of any trends.

Compliance monitoring

During 2021–22, there were 17 claims lodged against the employment standard. Six claims were resolved internally, with 11 claims referred to the Public Sector Commission for review. Ten were subsequently declined by the Public Sector Commission and one outcome is still pending. There were seven claims lodged against the grievance standard in 2021–22.

A total of 94 reports or complaints alleging noncompliance with the Code of Conduct (breaches of discipline) were lodged (Table 6). 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 (15) or the Corruption Crime Commission (30) 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 6: Complaints alleging non-compliance with the Code of Conduct, by area of compliance

Type	
Communication and official information	6
Conflict of interest	2
Fraud and corrupt behaviour	14
Personal behaviour	66
Record keeping and use of information	4
Use of public resources	2
Total	94

Work Health Safety and Wellbeing at CAHS

CAHS recognises the vital role that the physical and psychological health of each employee plays in their own lives and those of their families. A strong focus on employee wellbeing at CAHS promotes physical and psychological health and contributes to the provision of the highest levels of care for the children and their families who attend our sites and utilise the breadth of our services.





As part of our commitment to a safe culture and the wellbeing of our staff, CAHS transitioned to a new way of supporting our staff in identifying, reporting and managing incidents and hazards with the introduction of 'Safe@CAHS'. This has enabled an easier, faster and more accessible way for all staff to ensure work health safety incidents and hazards for CAHS employees, contractors and volunteers are captured via an online portal also accessible via smart devices.

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

CAHS was a finalist in the 2021 Best Workplace Health and Wellbeing Initiative at the WA Work Health Safety Excellence Awards.

Injury management

The CAHS Board and Executive have formal mechanisms in place to fulfil their legislative role, and compliance against the requirements under 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.

A significant initiative of the Work Health Safety and Wellbeing team this year has been the establishment of a Work Health Safety and Wellbeing Clinic with a CAHS Occupational Physician available to enable

any fitness for work issues to be seen quickly and effectively by people familiar with their work environment. CAHS also appointed an Ergonomist, whose role has a specific emphasis on reducing the injuries associated with patient and equipment handling in healthcare.

Occupational safety, health and injury performance is summarised in Table 7.

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.

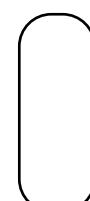
A total of 87 workers compensation claims were made in 2021-22 (see table 8).

Table 7: Occupational safety, health and injury performance, 2019-20 to 2021-22

Measure	2019-20	2020-21	2021-22	Target	Comment
Fatalities (number of deaths)	0	0	0	0	Target met
Lost time injury/diseases (LTI/D) incidence rate (per 100)	2.0%	1.9%	1.2%	0 or 10%	Target met
Lost time injury severity rate (per 100, i.e. percentage of all LTI/D)	36.4%	47.8%	48.5%	0 or 10%	Target not met
Percentage of injured workers returned to work within 13 weeks	77%	75%	70%	No target	No Target
Percentage of injured workers returned to work within 26 weeks	77%	88%	91%	≥80%	Target met
Percentage of managers trained in injury management and work health safety and wellbeing responsibilities	48%	80%	57%	≥80%	Target not met

Table 8: Workers compensation claims in 2021-22

Category	Claims
Nursing Services / Dental Care Assistants	49
Administration and Clerical	14
Medical Support	12
Hotel Services	10
Maintenance	0
Medical (salaried)	2
Total	87



Financial targets

	2021-22 target ⁽¹⁾ \$000	2021-22 actual \$000	Variation ⁽⁷⁾ \$000
Total cost of services (expense limit) (sourced from Statement of Comprehensive Income)	839,857	952,479	112,622 ⁽²⁾
Net cost of services (sourced from Statement of Comprehensive Income)	772,739	876,057	103,318 ⁽³⁾
Total equity (sourced from Statement of Financial Position)	1,477,788	1,521,399	43,611 ⁽⁴⁾
Net increase / (decrease) in cash held (sourced from Statement of Cash Flows)	(353)	(13,279)	(12,926) ⁽⁵⁾
Approved salary expense level	593,035	645,719	52,684 ⁽⁶⁾

Notes:

⁽¹⁾ As specified in the annual estimates approved under section 40 of the Financial Management Act.

⁽²⁾ The major cost drivers for the variation of \$112.622 million in total cost of services are the COVID-19 management and responses, increased workforce capacity for additional patient beds and Emergency Department, and the associated increases in patient support costs.

⁽³⁾ As a result of recording the asset revaluation increments of \$1.070 million for land and \$4.941 million for buildings as revenue, the variation in net cost of services is less than the variance in total cost of services.

⁽⁴⁾ The asset revaluation increments of \$80.360 million for buildings have contributed to the increase in total equity. Conversely, the equity increase has been lessened by the operating deficit of \$24.908 million and the correction of error amounting to \$12.700 million with respect to the Landgate valuation of the Perth Children's Hospice site. The details are set out in Note 9.12 'Equity' and Note 9.15 'Correction of Prior Period Error' to the financial statements.

⁽⁵⁾ The higher than budgeted decrease (-\$12.926 million) in cash held was mainly caused by the \$18.041 million of service agreement funding for the 2021-22 expenditures being received in the previous financial year, rather than in the current financial year.

⁽⁶⁾ Salaries and superannuation costs are above budget largely due to increased staffing in line with the Government's announcement for Emergency Department and additional beds within PCH, and the increase in hospital workforce capacity for COVID-19 management and responses.

⁽⁷⁾ Further explanations are contained in Note 9.14 'Explanatory Statement' to the financial statements.

