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# Ministerial directives

Treasurer's Instructions 903 (12) requires disclosing information on any written Ministerial directives relevant to the setting of desired outcomes or operational objectives, the achievement of desired outcomes or operational objectives, investment activities, and financing activities.

The Minister for Health has directed the Health Service Providers to disclose all gifts and payments over \$100,000 made under section 36(5) of the Health Services Act 2016 within their annual reports. In 2021-22, CAHS did not provide any ex-gratia gift or make any ex-gratia payment over \$100,000.

### **Advertising expenses**

In accordance with section 175ZE of the Electoral Act 1907, CAHS incurred the following advertising expenditure in 2021-22 (Table 12).

## Table 12: Summary of advertising for 2021-22

| Summary of advertising                               | Amount  |
|------------------------------------------------------|---------|
| Advertising agencies                                 | \$0     |
| Market research organisations                        | \$0     |
| Polling organisations                                | \$0     |
| Direct mail organisations                            | \$0     |
| Media advertising organisations                      |         |
| Meta                                                 | \$1,674 |
| The Australian Orthotic Prosthetic<br>Association    | \$375   |
| Australian Diabetes Educators<br>Association Limited | \$150   |
| Total advertising expenditure                        | \$2,199 |

### Unauthorised use of credit cards

In accordance with State Government policy, CAHS has issued corporate credit cards to certain employees where their functions warrant usage of this facility for purchasing goods and services. These credit cards are not to be used for personal (unauthorised) purposes. Despite each cardholder being reminded annually of their obligations

under the credit card policy, it was found that two employees inadvertently utilised the corporate credit card for personal expenditure on five occasions. Review of these transactions confirmed that they were the result of honest mistakes. Notification and full repayments were made by the employees concerned (Table 13).

#### Table 13 Credit card personal use expenditure in 2021-22

| Credit card personal use expenditure                                                                  | Amount |
|-------------------------------------------------------------------------------------------------------|--------|
| Aggregate amount of personal<br>use expenditure for the reporting<br>period                           | \$201  |
| Aggregate amount of personal use<br>expenditure settled by the due date<br>(within five working days) | \$0    |
| Aggregate amount of personal use<br>expenditure settled after the period<br>(after five working days) | \$201  |
| Aggregate amount of personal use<br>expenditure outstanding at the end<br>of the reporting period     | \$0    |

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# **Disability Access and Inclusion**

The Child and Adolescent Health Service (CAHS) values diversity within its consumers, carers, families and workforce; recognising and promoting the importance of creating a welcoming and inclusive organisational culture based on equity and respect.

CAHS is committed to ensuring that people with a disability, their families and carers are able to access services, information and facilities.

Throughout the year, CAHS has undertaken an extensive consultation process with consumers, families and staff to inform the development of the next three-year Disability Access and Inclusion Plan (DIAP) 2022 – 2025, endorsed by the CAHS Board in June 2022.

Consultation has identified the need for:

- Consumer and staff consultation at all levels.
- · Regular reports on actions and achievements.
- Ensuring appropriate information is widely available.
- Better use of patient records for capturing disability and complex needs.

CAHS is committed to continue working alongside people with disability, families and staff to ensure we are responsive to their diverse needs and deliver real change in practice, process and our environment.

The Disability Access and Inclusion Committee is an advisory group which has responsibility for developing, implementing, monitoring and evaluating the Disability Access and Inclusion Plan. The Committee plays a key role in establishing initiatives to increase organisational knowledge and skills in working with and providing care to those with disability, increasing awareness of barriers that people with disability face, and providing practical advice to improve disability access and inclusion across all CAHS services.

This year the Committee appointed its first Consumer Co-chair who will assist in supporting the consumer voice to be well represented and enable better connections with other CAHS consumer committees to promote inclusivity.

This DAIP also recognises the intersection between disability and other diverse groups and strengthens our commitment to proactively address any form of discrimination in CAHS. This aims to ensure all consumers and staff can access tailored resources and supports, have opportunities for meaningful engagement and are confident in providing feedback to services.



The Disability Access and Inclusion Committee Chair, and Co-Chair.

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# Recordkeeping

The State Records Act 2000 (the Act) was established to mandate the standardisation of statutory recordkeeping practices for every State Government agency. Government agencies are also subject to scrutiny by the State Records Commission (Commission).

Section 19 of the Act, states that every government organisation must have a Recordkeeping Plan that has been approved by the Commission.

CAHS has an approved Recordkeeping Plan which provides overarching guidance regarding our recordkeeping systems, policies, practices, processes and disposal arrangements. The Recordkeeping Plan identifies one area for improvement which relates to establishing a comprehensive and centralised approach to the lifecycle management of inactive hardcopy records sent off-site. Work is underway to identify and appraise corporate records held off-site, to apply appropriate retention and disposal codes to the records, and importantly to create a central register of holdings. The work is scheduled to be completed in 2023. CAHS has a number of mechanisms to orientate and provide guidance to staff on good recordkeeping practices.

The CAHS induction and orientation program provides new, casual and agency employees with information relevant to their employment within six weeks of commencement. The program has been updated and includes a session relating to CAHS workplace specific work practices and procedures, as well as a general introduction to understanding key accountabilities in terms of public sector recordkeeping, procurement, confidentiality and cybersecurity.

CAHS staff are required to complete mandatory Department of Health Records Awareness Training and CAHS Electronic Document and Records Management System (EDRMS) training upon allocation of a licence. A total of 1,924 staff completed the course during the year.

CAHS has maintained a commitment to the continuing deployment of the EDRMS for management of all corporate records. Significant progress has been made within PCH's operational and administrative areas, allied health, Community Health and CAMHS. The project has delivered improved monitoring and reporting of corporate recordkeeping compliance within CAHS. During this reporting period 414,724 records were captured into the EDRMS.

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

| Total content in RM<br>as of 30 June 2022 | 22,20,327 |
|-------------------------------------------|-----------|
| Documents (including emails)              | 2,016,379 |
| Total emails                              | 819, 743  |
| Total folders                             | 64,949    |
| Archive boxes                             | 265       |
| HR folders                                | 2,677     |
| Ministerial documents                     | 28,564    |

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# Substantive equality

CAHS aims to achieve equitable outcomes for all patients and clients by recognising and promoting awareness of the different needs of our client group. As part of this, CAHS is committed to addressing all forms of systemic discrimination in our health service, in accordance with the WA Health Policy Framework for Substantive Equality.

### **Refugee Health**

The CAHS Refugee Health Service continue to raise the need for awareness of equity, diversity and inclusion principles in all aspects of organisational activity and broader health care delivery. Refer to page 50.

### **Reconciliation Action Plan**

In May 20221, CAHS launched a Reflect Reconciliation Action Plan which provides a structured approach to build relationships, respect and opportunities for reconciliation between staff, consumers and the wider community. Refer to page 16.

#### **Cultural awareness at CAHS**

CAHS aims to drive an open and inclusive workplace culture where diversity is valued and the cultural backgrounds and uniqueness of all employees, volunteers, consumers, families and visitors are respected.

WA is the most multicultural of all Australian states. and the diversity we have within CAHS is one of our greatest strengths. To support our continual learning and commitment to cultural awareness, two new self-directed training packages were launched in March 2022.

CAHS also hosted a 'Cultural Conversation' with staff and consumers to discuss how we can work more effectively with families from culturally and linguistically diverse backgrounds.

#### **Disability Access and Inclusion Plan**

Our updated Disability Access and Inclusion Plan will be released in late 2022, reaffirming our commitment to delivering health services that are welcoming, inclusive and equitable for the children and families of our state's diverse communities. The Plan was developed in partnership with our consumers, staff and key supporting agencies and non-government organisations to ensure we are

focused on the areas of improvement that are important to our stakeholders. Refer to page 30.

#### **Multicultural Action Plan**

CAHS delivers health services to patients and clients from a wide variety of cultural and linguistic backgrounds, typically identified by birthplace outside of Australia or a language other than English spoken at home.

In the first half of 2022, CAHS conducted a consultation process with staff and consumers from multicultural backgrounds in addition to non-government organisations in the settlement and multicultural services sector to inform the development of our second Multicultural Action Plan. The new plan will span over the next five years and contains 37 key actions that will continue to build our capacity in utilising best-practice equity, diversity and inclusion approaches to deliver services through a welcoming and inclusive environment.

The CAHS Multicultural Plan outlines the strategies and actions we will take to strengthen the diversity and cultural competence of our workforce, contribute to the elimination of systemic discrimination, and deliver health services

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that are welcoming, inclusive and equitable for the children, adolescents and families of WA's diverse communities.

- A number of key achievements from the Multicultural Plan have been made including:
- Increased diversity of consumer representatives on the CAHS Consumer Advisory Council and Youth Advisory Council.
- New welcome signage in different languages implemented across Perth Children's Hospital.
- CAHS hosted our first 'CAHS Conversations on Culture' seminar during Harmony Week in March 2022, bringing staff and consumers together to discuss working effectively with families from diverse backgrounds.

The second edition of our Multicultural Plan will be released in late-2022, thanks to the input from two development groups established in early 2022, which included staff, volunteers and consumers from multicultural backgrounds that guided the development of this Plan. The groups provided

crucial direction and guidance which led to the identification of key pieces of work needed at CAHS to achieve impactful and meaningful improvement for cultural and linguistically diverse families who use our services and reduce barriers for those who do not.

### **Equality, Diversity and Inclusion at CAHS**

CAHS is committed to ensuring its workforce is representative of the Western Australian community and is responsive to the diverse needs of consumers, families, carers and visitors. For all employees, it means supporting the endeavors of CAHS in promoting equity and diversity as both a responsibility and an opportunity to show respect and support for our colleagues and the community.

CAHS is a proud member of the Diversity Council of Australia.

### Language services

Interpreting services are available to all CAHS staff and consumers who require it and are delivered in a variety of ways. Accredited professional interpreters are engaged directly and through interpreting and translating agencies. CAHS Language Service activity is reported annually to the Department of Health in accordance with the requirements of the WA Health System Language Services Policy 2017 and the WA Language Services Policy 2020.

The CAHS Language Services Policy is in place to ensure CAHS demonstrates the universal right to equitable access and participation in health care for patients, clients and parents, carers who have limited or no English language proficiency, and to ensure that critical health information and advice to those receiving services is fully understood. The Policy is congruent with the WA Language Services Policy 2020 and defines the processes required for appropriate access to interpreter services.

| Diversity group                            | 30 June 2021<br>actual | 30 June 2022<br>actual | 2022<br>target |
|--------------------------------------------|------------------------|------------------------|----------------|
| Women in management                        | 68%                    | 68%                    | 68.0%          |
| People from culturally diverse backgrounds | 13.7%                  | 13.1%                  | 17.8%          |
| Aboriginal people                          | 1.8%                   | 1.4%                   | 2.0%           |
| People with disability                     | 1.2%                   | 1.2%                   | 2.5%           |
| Youth                                      | 6.8%                   | 8.8%                   | 3.9%           |

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