GOVERNANCE

OUR MINISTER, ENABLING LEGISLATION AND OPERATIONS

Responsible Minister

CAHS is responsible to the Minister for Health; Mental Health, and the Director General of the Department of Health, as System Manager, for the efficient and effective management of the organisation.

Enabling legislation

CAHS was established as a Board-governed health service provider in the Health Services (Health Service Provider) Order 2016 made by the Minister for Health under section 32 of the *Health Services Act 2016* (the Act).

Accountable authority

Under section 70 of the Act, CAHS is a Board-governed health service provider, responsible to the Minister for Health; Mental Health, the Honourable Meredith Hammat MLA.

The Minister appoints the CAHS Board Chair and Board members.

The Director General of the Department of Health, as System Manager, is responsible for strategic leadership, system-wide planning, policy and performance, and provision of services for health service providers. The System Manager is the employing authority of the CAHS Chief Executive.

The Board works closely with the Chief Executive, who manages the day-to-day operations of CAHS to deliver safe and high-quality health services.

CAHS BOARD

The CAHS Board is the governing body of CAHS. Appointed by the Minister for Health, Board members bring wide ranging expertise across areas including health, finance, strategy and community engagement.

The Board meets monthly. During 2025–26, the Board met on 11 occasions. In this period, there were 4 standing committees of the Board:

- Finance
- Audit, Risk and Compliance
- Safety and Quality
- People, Capability and Culture.

The CAHS Board is a diverse team of clinical and corporate professionals united by a shared passion for helping children reach their full potential.

With a commitment to robust governance and family-centred care, the Board provides strategic oversight and leadership across all CAHS service areas. The Board's work ensures that CAHS is well placed to address challenges, explore opportunities and respond to evolving community needs to help young Western Australians live their happiest, healthiest lives.

Scan the QR code to learn more about the CAHS Board

CAHS EXECUTIVE

As at 30 June 2026

Valerie Buić

Chief Executive

Child and Adolescent Health Service

Anna Barrington

Executive Director

Strategy, Planning and Performance

Sam Campanella

Executive Director

Safety, Quality and Innovation

Clare Dobb

Executive Director

People, Capability and Culture

Tony Dolan

Executive Director

Perth Children's Hospital and Neonatology

Michael Hutchings

Executive Director

Contracting, Infrastructure, Digital Health and Patient Support Services

Dr Clare Matthews

Executive Director

Medical Services

Jill Pascoe

Executive Director

Child and Adolescent Mental Health Services

Michael Roberts

Acting Chief Finance Officer

Finance and Corporate Services

Marie Slater

Executive Director

Nursing Services

Judith Stewart

Executive Director

Child and Adolescent Community Health

PERFORMANCE MANAGEMENT FRAMEWORK

As at 30 June 2026

To comply with its legislative obligations, CAHS operates under the WA Health Outcome Based Management Framework, as determined by the Department of Health.

This framework describes how outcomes, services and key performance indicators (KPIs) are used to measure agency performance towards achieving the relevant overarching whole-of-government goals.

There were no changes to the Outcome Based Management Framework affecting CAHS for 2025–26.

The KPIs measure the effectiveness and efficiency of CAHS in achieving the following outcomes:

- **Outcome 1**: Public hospital-based services that enable effective treatment and restorative health care for Western Australians
- **Outcome 2**: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.

Government goal

Ensuring every Western Australian can access the health care we need, when we need it

WA Health goal

Delivery of safe, quality, financially sustainable and accountable health care for all Western Australians

Outcome 1: Public hospital-based services that enable effective treatment and restorative health care for Western Australians

Effectiveness KPIs

- Unplanned hospital readmissions for patients within 28 days for selected surgical procedures
- Percentage of elective wait list patients waiting over boundary for reportable procedures
- Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days
- Percentage of admitted patients who discharged against medical advice: **a)** Aboriginal patients; and **b)** Non-Aboriginal patients
- Readmissions to acute specialised mental health inpatient services within 28 days of discharge
- Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient service

Efficiency KPIs

Service 1: Public hospital admitted services

- Average admitted cost per weighted activity unit

Service 2: Public hospital emergency services

- Average ED cost per weighted activity unit

Service 3: Public hospital non-admitted services

- Average non-admitted cost per weighted activity unit

Service 4: Mental health services

- Average cost per bed-day in specialised mental health inpatient services
- Average cost per treatment day of non-admitted care provided by mental health services

Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives

Efficiency KPIs

Service 6: Public and community health services

- Average cost per person of delivering population health programs by population health units

SHARED RESPONSIBILITIES WITH OTHER AGENCIES

External partnerships

CAHS continues to develop and maintain mutually beneficial external partnerships to improve and support the overall health and wellbeing of children and young people.

In 2025–26 CAHS partnered with 49 non-government agencies and community and not-for-profit organisations to deliver support and health-related services to children, young people and their families.

These partnerships have enabled CAHS to build connections throughout our community so that children, young people and their families have the support when and where they need it.

Services were provided through 125 arrangements:

- 4 licence agreements to use a dedicated PCH space
- 28 agreements for partner agencies to deliver support, advocacy and education at PCH at no cost to CAHS
- 85 incoming grant and sponsorship agreements for equipment, programs and services to help CAHS improve and support the overall health and wellbeing of children, young people and their families
- 8 contracts to deliver health-related services for children, adolescents and their families in the community.