DISCLOSURES AND LEGAL COMPLIANCE

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.

There were no Ministerial directives received for 2025–26.

OTHER FINANCIAL DISCLOSURES

Pricing policy

The National Health Reform Agreement sets the policy framework for the charging of public hospital fees and charges. Under the agreement, an eligible person who receives public hospital services as a public patient in a public hospital or a publicly contracted bed in a private hospital is treated 'free of charge'. This arrangement is consistent with the Medicare principles which are embedded in the *Health Services Act 2016 (WA)*.

Most hospital fees and charges for public hospitals are set under Schedule 1 of the Health Services (Fees and Charges) Order 2016 and are reviewed annually. The following informs WA public hospital patients' fees and charges.

Compensable or Medicare ineligible patients

Patients who are either 'private' or 'compensable' and Medicare ineligible (overseas residents) may be charged an amount for public hospital services as determined by the State Government. The setting of compensable and Medicare ineligible hospital accommodation fees is set close to, or at, full cost recovery.

Private patients (Medicare eligible Australian residents)

The Australian Department of Health, Disability and Ageing regulates the Minimum Benefit payable by health funds to privately insured patients for private shared ward and same day accommodation.

The Australian Government also regulates the Nursing Home Type Patient contribution based on March and September pension increases. To achieve consistency with the *Commonwealth Private Health Insurance Act 2007*, the State Government sets these fees at a level equivalent to the Commonwealth Minimum Benefit.

Other fees and charges

The Pharmaceutical Benefits Scheme regulates and sets the price of pharmaceuticals supplied to outpatients, patients on discharge and for day admitted chemotherapy patients. Inpatient medications are supplied free of charge.

There are other categories of fees specified under health regulations through determinations, which include the supply of surgically implanted prostheses, magnetic resonance imaging services and pathology services.

The pricing for these hospital services is determined according to their cost of service.

Capital works

Table 6: Capital works in progress in the 2025–26 financial year

Project name	Expected financial year of completion*	Estimated cost to complete ($'000)	Estimated total cost of project ($'000)	Variance from previous financial year** ($'000)	Explanation of variance (>=10%)
Western Australian Hospitals Central Pharmaceutical Manufacturing Facility (Auspman)	2025–26	5,140	5,140	0	
Perth Children's Hospital Theatre Shell Fit-out	2025–26	3,716	3,716	-334	Funds redirected to Minor Building Works Statewide Program***
Gait Laboratory Fit-out	2026–27	560	560	560	
Children's Hospice Western Australia	2027–28	2,964	2,964	600	Funding for ICT enablement
MRI and Fit-out	2027–28	4,832	4,832	4,832	New project
PET CT Scanner and Fit-out	2027–28	6,874	6,874	6,874	New project
Statewide Cladding	Ongoing	25,924	25,924	25,924	New project
Bentley Community Clinic	2028–29	2,784	2,784	2,784	New project
Perth Children's Hospital – Reconfiguration of Ward 5A	2028–29	21,881	21,881	0	

Notes:

* Expected financial year of completion considers the defects liability period and project funding timeframe after practical completion.
** Variance represents the difference between the estimated total cost of the project in comparison to the estimated total cost in the previous reporting. The previous reporting can be found in the CAHS Annual Report 2024–25.
*** The Minor Building Works Statewide Program is an ongoing program which consists of multiple projects with varying completion dates.
• The information represents the CAHS major capital works program, including expensed capital but excludes statewide programs.

Governance disclosures

Indemnity insurance

In 2025–26, the amount of insurance premium paid to indemnify any 'director' (as defined in Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*) against a liability incurred under sections 13 or 14 of that Act was $97,005 (excluding GST).

Pecuniary interests

Senior officers of government are required to declare any interest in an existing or proposed contract that has, or could result in, the member receiving financial or other benefits. In 2025–26, none of the CAHS senior officers declared a pecuniary interest.

Employee profile

This information is included in Our people. See page 13.

Unauthorised use of credit cards

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

Cardholders are reminded annually of their obligations under the credit card policy. In the reporting period, 4 employees used their corporate credit card for personal expenditure on 5 occasions. Review of these transactions confirmed that they were the result of honest mistakes. Notification and full repayments were made by 3 employees within the reporting period. An amount of $9.30 was outstanding from one employee as at 30 June 2026 (Table 7).

Table 7: Credit card personal use expenditure in 2025–26

Credit card personal use expenditure	Amount
Aggregate amount of personal use expenditure for the reporting period	$88.71
Aggregate amount of personal use expenditure settled by the due date (within 5 working days)	$79.41
Aggregate amount of personal use expenditure settled after the due date (after 5 working days)	$0
Aggregate amount of personal use expenditure outstanding at the end of the reporting period	$9.30

Industrial relations

The CAHS Workplace Relations team supports compliance with applicable industrial instruments and promotes constructive, productive relationships with key stakeholders, including the Department of Health, unions and professional associations.

We continued to provide accurate and timely workplace relations advice and services in an increasingly complex and dynamic industrial environment.

There were 12 industrial disputes or appeals in the 2025–26 period.

While most matters related to individual employee issues, some involved multiple employees. Ten matters were resolved through conciliation, mediation and dispute resolution processes. Two matters remain subject to arbitration.

Since the last reporting period, all WA Health Industrial Agreements have been implemented, with Workplace Relations playing an instrumental role in facilitating new initiatives under the Agreements.

A review of 489 senior medical practitioners employed on fixed-term contracts to determine eligibility for permanency was completed within the designated timeframes. We also reviewed 749 fixed-term and casual employees including salaried officers, nurses (including assistants in nursing and enrolled nurses) and miscellaneous workers, to determine eligibility for permanency in accordance with the relevant Industrial Agreements.

OTHER LEGAL REQUIREMENTS

Act of grace payments

The Minister for Health has directed the health service providers to disclose all gifts and act of grace payments over $100,000 made under section 36(5) of the *Health Services Act 2016* within their annual reports. In 2025–26, CAHS did not provide any gift or make any act of grace payment over $100,000.

Advertising expenses

In accordance with section 175ZE of the *Electoral Act 1907*, CAHS incurred the following advertising expenditure in 2025–26.

Table 8: Summary of advertising for 2025–26

Summary of advertising	Amount
Advertising agencies	$0
Market research organisations	$0
Polling organisations	$0
Direct mail organisations	$0
Media advertising organisations	$18,646
Total advertising expenditure	**$18,646**

Compliance with public sector standards and ethical codes

CAHS is committed to being an ethical, transparent and accountable public sector organisation with systems and processes in place to support compliance with Public Sector Standards and relevant codes.

Employees are informed of their rights and obligations through a comprehensive suite of policies, procedures and supporting guidelines, which are communicated through multiple channels. Managers and employees can access advice and guidance from the Human Resources and Integrity and Ethics teams as needed.

Information for patients, families and the broader community is publicly available on the CAHS website, including guidance on providing compliments, lodging complaints about employee conduct, and raising concerns about potential non-compliance with ethical standards.

Allegations of non-compliance with the Public Sector Standards and ethical codes are recorded, de-identified and reported to the CAHS Board and Executive. Reporting includes a range of metrics that support governance oversight and monitor emerging trends.

Compliance monitoring

14 claims were lodged against the Employment Standards.

Of these:

- 5 claims were resolved internally
- 9 claims were referred to the Public Sector Commission for review
  - 6 were declined by the Public Sector Commission
  - 2 were withdrawn while being reviewed by the Public Sector Commission
  - 1 is pending with the Public Sector Commission.

Two claims were lodged against the Grievance Standards. Neither was resolved internally with the claimants referring the matter to the Western Australian Industrial Relations Commission.

No claims were lodged against the Termination Standards.

In 2025–26, 107 reports alleging non-compliance with the Code of Conduct (breaches of discipline) were lodged (see Table 9).

Suspected breaches of discipline, including matters of reportable misconduct, were dealt with through the WA Health disciplinary processes and, where appropriate, reported to the Public Sector Commission (7), the Corruption and Crime Commission (29), WA Police (20) or the Australian Health Practitioner Regulation Agency (2), as required under the *Corruption, Crime and Misconduct Act 2003, Health Services Act 2016* and Reportable Conduct to the WA Ombudsman (1) under the *Parliamentary Commissioner Act 1971*.

Where breaches were substantiated, the decision-maker determined the appropriate action in accordance with the *Health Services Act 2016*.

Table 9: Complaints alleging non-compliance with the Code of Conduct, by area of compliance

Type	Amount
Communication and official information	7
Conflict of interest	2
Fraud and corrupt behaviour	25
Personal behaviour	61
Recordkeeping and use of information	11
Use of public resources	1
Total	**107**

Disability access and inclusion

CAHS is dedicated to fostering an inclusive culture that celebrates diversity and champions equity across our organisation, for consumers, carers, families, and our workforce.

In 2025 the Disability Access and Inclusion Advisory Group (DAIAG) concluded the Disability Access and Inclusion Plan (DAIP) 2022–2025, having successfully completed all actions. Extensive public and workforce consultation informed the development of a new, revised CAHS Disability Access and Inclusion Plan 2026–2028.

The new plan adopts a phased approach to ensure strong foundations, sustained growth, and embedded inclusive and accessible practices, which are aligned with the 7 desired outcomes of the Disability Services Regulations 2004.

In the first year, our focus is on strengthening existing foundations, raising awareness and deepening our understanding of the diverse needs of consumers and the workforce. In the second and third years, our focus will shift to deepening engagement, refining inclusive processes and embedding inclusive practices across all areas of CAHS.

CAHS acknowledges all those who contributed their time, insights and lived experience to the development of the DAIP 2026–2028.

Key initiatives delivered this reporting year include:

- full implementation of CAHS' first workforce reasonable adjustment portal, enabling all staff to register their requirements and engage in open, productive and inclusive conversations with leaders
- strengthened commitment to equitable employment opportunities for people with disability through a partnership agreement with Disability Employment Services. The partnership supports inclusive recruitment practices and reduces barriers to meaningful employment
- enhanced accessibility information and care through initiatives such as the Neurodiversity Care Program which provides tailored resources for children and young people who attend the Emergency Department
- partnerships with key community organisations to promote awareness and education, including celebration of Purple Day (epilepsy awareness), Rare Diseases Day, Neurodiversity Celebration Week, and Mental Health Week
- membership of the Sunflower Hidden Disability Program which increases staff awareness and capability to provide inclusive support to colleagues, consumers and families living with hidden disabilities
- strengthened inclusive service delivery and workforce capability through consultation-informed reform activities, development of disability and neurodiversity resources, and inclusive wellbeing initiatives. Such initiatives include neurodiversity workforce webpages, resources for managers, a wellbeing calendar, sound healing sessions and therapy dog visits.

Scan the QR code to read the Disability Access and Inclusion Plan 2026–2028

Integrity and ethics

Integrity and ethical behaviour are integral to CAHS' core business and in maintaining the trust of the community we serve. It means putting the public interest first in fulfilling our public duty, and making the right decisions that can be explained and justified in accordance with agreed policies and procedures.

A key CAHS value for embedding integrity is accountability – taking responsibility for our actions and doing what we say we will. All CAHS employees share this responsibility to act with the highest level of integrity and ethical conduct.

CAHS embeds integrity and promotes an ethical culture throughout the organisation via a range of educational and communication opportunities, ensuring staff are aware of their responsibilities and obligations.

These opportunities include:

- CAHS Corporate Induction
- Accountable and Ethical Decision-Making (and refresher) training
- Recordkeeping Awareness training
- Bullying and Sexual Harassment in the Workplace training
- Code of Conduct, Conflicts of Interest, Gifts, Benefits and Confidentiality training
- Safe and Positive Behaviour training
- Reportable Conduct Scheme and Child Safeguarding training
- Discipline Process Decision-Maker training
- Preliminary Inquiry and Investigative Assessment training.

The CAHS Integrity Framework sets out the systems and processes that promote integrity and support an ethical culture across CAHS. It outlines the principles, reporting mechanisms, structures and policies that ensure transparent, accountable and effective organisational performance in line with legislative and corporate requirements.

In 2026, the framework was reviewed to align with the Public Sector Commission Embedding Integrity Strategy objectives and the CAHS culture program.

CAHS is committed to the highest possible standards of openness, probity and accountability in all aspects of services, and has zero tolerance of fraud and corruption. Suspected fraud or corruption reporting is strongly encouraged. Any reported instances are investigated and resolved in accordance with internal policies and procedures, and the *Corruption, Crime and Misconduct Act 2003*.

CAHS has incorporated improvements to integrity, fraud and corruption prevention into the revised CAHS Fraud and Corruption Control System, in alignment with Australian Standard AS8001-2021 Fraud and Corruption Control.

The CAHS Promoting Integrity Sub-Committee met 5 times during the reporting period. The committee provides high-level governance and oversight of misconduct risks, corrective actions, related systemic improvements, compliance and strategic direction for the Integrity and Ethics program. This work aims to promote an integrity culture, and improve safety and quality outcomes, and safe systems and practice.

Key achievements include:

- improvements to the discipline decision-making framework
- participation in an integrity framework maturity self-assessment
- completion of the Public Sector Commission's integrity snapshot tool
- support for an anonymous reporting channel
- implementation of external discipline management review recommendations.

Work health, safety and wellbeing

CAHS is committed to promoting and enabling better staff health, safety and wellbeing in the workplace. This year we have focused on strengthening prevention initiatives and capability building to support a safe and sustainable workforce that delivers consistent, compassionate care to children, young people and their families.

With a clear focus on continuous improvement that goes beyond meeting minimum compliance requirements, CAHS has promoted timely incident and hazard reporting, enhanced consultation, and improved local governance and assurance.

We've also strengthened our work health, safety and wellbeing capacity through dedicated staff roles that provide specialist support to our workforce; expanded staff education opportunities, including coaching for managers; and advised on work health and safety matters across CAHS and the broader WA health system.

Other highlights include:

- improvements to safety reporting that incorporate trend identification and targeted prevention activities
- implementation of an e-hazard inspection tool to strengthen data quality and improve prevention and risk controls for workplace violence and aggression
- improved psychosocial hazard management and psychological injury prevention via a newly created role
- post-incident support to better assist staff who encounter aggression, challenging admissions and patient deaths
- expanded reflective supervision to better support staff managing the emotional demands of clinical work.

CAHS continues to monitor performance, review controls, and pursue opportunities for shared learning to support continuous improvement in work health, safety and wellbeing systems and outcomes.

Injury management and return to work

CAHS is committed to providing a safe, healthy and supportive workplace that enables our workforce to deliver high-quality care for children, young people and their families. Injury management and return-to-work activities focus on prevention and early intervention, timely access to support, and meeting our obligations for rehabilitation and return to work under the *Workers Compensation and Injury Management Act 2023*.

The CAHS Injury Management team continues to strengthen manager and supervisor capability to support workers to remain at work or return following injury or illness. This includes early engagement, identifying safe and suitable duties, and coordinating return-to-work programs. Work has also progressed to clarify role requirements to support appropriate matching of duties and recovery needs.

This year we've expanded our Early Intervention Program to include additional service providers and service types, which has improved access to early assessment and treatment. The program supports prevention, reduces barriers to timely care and contributes to positive recovery outcomes. Positive staff feedback has led to further investment in the program.

Early access to appropriate treatment improves recovery outcomes, reduces time away from work and minimises secondary impacts associated with prolonged absence from work. Effective return to work, supported by suitable duties and workplace adjustments where needed, helps maintain connection, routine and skills. This benefits worker wellbeing and broader organisational performance through sustained workforce participation and reduced disruption to services.

Claim severity continues to be influenced by injury and illness complexities, including those requiring longer recovery periods and ongoing workplace adjustments. See Table 10 for the impact on the performance measures.

Table 10: Work Health Safety and Injury Management performance 2023–24 to 2025–26

Measure	2023–24	2024–25	2025–26	Target	Comment
Fatalities (number of deaths)	0	0	0	0	Target met
Lost time injury/diseases (LTI/D) incidence rate (per 100)	1.9%	1.5%	1.5%	Reduce by 2% per year and 15% by 2033 compared with 2023	Target not met
Lost time injury severity rate (per 100, i.e. percentage of all LTI/D, 1 week or more)	47.9%	74.7%	71.4%	Reduce by 2.5% per year and 20% by 2033 compared with 2023	Target met
Incidence of claims resulting in permanent impairment	1.85%	1.75%	2.7%	Reduce by 2% per year and 15% by 2033 compared with 2023	Target not met
Incident rate of work-related respiratory disease	0.21%	0.19%	0.19%	Reduce by 2.5% per year and 20% by 2033 compared with 2023	Target not met
Percentage of managers and supervisors trained in injury management and work health and safety responsibilities	87.6%	85.5%	68%	Greater than or equal to 80% within the last 2 years	Target not met*
Percentage of injured workers returned to work within 13 weeks	49%	43.8%	41.6%	No target	No target
Percentage of injured workers returned to work within 26 weeks	61.2%	56.2%	53.3%	Greater than or equal to 70%	Target not met
Work Health, Safety Management System has been independently assessed in the last 5 years	n/a	n/a	Yes	Yes	n/a

*Change in reporting frequency affected 2025–26 performance.

- LTIs and severe claims lodged during the financial year as provided by RiskCover; data are adjusted each year to reflect modifications to pended claims.
- Calculated from RiskCover All Claims. Report includes lost time claims with an accident date within the previous year. Calculations are based on days lost divided by days normally worked, where the worker is fit for pre-injury duties and pre-injury hours.

Health and safety representatives

In 2025–26 there were 114 health and safety representatives across CAHS, representing 2.1 per cent of the workforce or a 1:2.4 ratio to the number of workplaces occupied by CAHS. During the reporting year 56 representatives attended health and safety representative training.

Our 3 health and safety committees are: PCHN Health and Safety Committee, CACH Health and Safety Committee and CAMHS Health and Safety Committee.

Workers compensation

A total of 116 workers compensation claims were made in 2025–26. Of these, 46 per cent of claims came from Nursing staff. Medical Support accounted for 18 per cent of claims and Hotel Services 17 per cent.

Table 11: Workers compensation claims for 2025–26 (based on date of lodgement)

Category	Claims
Nursing Services/Dental Care Assistants	53
Administration and Clerical	16
Medical Support	21
Hotel Services	20
Maintenance	4
Medical (salaried)	2
Total	**116**

WA Multicultural Policy Framework

CAHS continued to implement our Multicultural Action Plan (MAP) 2022–27, strengthening our commitment to equitable, culturally responsive care.

Key to our MAP progress is our work building genuine partnerships with multicultural communities and the momentum we are creating across CAHS. We were honoured to be a nominee in the WA Multicultural Awards 2026, which recognised the strength and impact of our MAP implementation.

Policy priority 1: Harmonious and inclusive communities

- The CAHS Community Ambassador Program continues to be greatly valued by multicultural communities. Ambassadors share rich insights that help us understand the realities, strengths and needs of their cultural groups. Ambassadors partnered with CAHS on key projects including research, immunisation and translation initiatives, to ensure our work is shaped by lived experience and grounded in what truly matters to multicultural families.
- CAHS hosted our annual Ramadan Iftaar at PCH, attended by Muslim and non-Muslim CAHS staff, Community Ambassadors, consumer representatives and their families. After breaking fast at sunset, the shared meal was a special opportunity for community, connection and meaningful conversations.
- CAHS celebrated Harmony Week with a vibrant stall at PCH in partnership with our Multicultural Access and Inclusion Advisory Group (MAIAG) and a ‘taste of diversity’ staff morning tea. We attended community events in the City of Belmont and Bannister Creek. Activities were designed to go beyond internal celebrations of diversity as CAHS took steps to meaningfully connect with multicultural families and stood alongside the communities we serve.
- CAHS strengthened connections with multicultural communities by attending a wide range of cultural events throughout the year. We engaged directly with families at the Indian Society of WA’s Naari event, Culture Care WA Youth Day and the Festa Junina de Perth by sharing information about CAHS services and listening to community priorities. We also hosted tailored workshops with the Vietnamese Women’s Association WA, the Chinese Language School parent community, and Somali families, to ensure that our health resources, messages and supports are shaped by real community insight.

Policy priority 2: Culturally responsive policies, programs and services

- To support a more culturally respectful experience for young people and families during hospital stays, CAHS introduced the ‘I wear a veil’ poster. The optional poster prompts staff to knock and wait before entering, giving families the privacy and preparation time they may need. Developed with the MAIAG, the resource empowers families to choose what feels right for them and has strong support from PCH clinical leaders and teams.
- Development progressed on our Strategic Workforce Inclusion and Diversity Framework, which embeds cultural competency, cultural sensitivity and equity across all CAHS roles. By establishing clear baseline standards for staff knowledge, skills and behaviours, the framework will strengthen CAHS’ ability to deliver culturally responsive policies, programs and services.
- CAHS contributed to Recommendation 3 of the WA Health Sustainable Health Review by supporting system-wide initiatives to improve care for people from refugee backgrounds and those with limited English proficiency. This included helping develop resources to strengthen engagement with culturally and linguistically diverse (CaLD) communities; promoting health equity and literacy; contributing to the Working with Consumers and Carers Toolkit; and supporting the rollout of the Health Equity Impact Statement Declaration Policy, which showcased a CAHS project as the exemplar.
- CAHS developed a short translated pamphlet with links to a range of trusted health resources including information for overseas visitors and translated health information. The pamphlet has been widely shared by Community Ambassadors with their communities, making it easier for families to access trusted content in their preferred language.

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

- The MAIAG consumer Co-Chair continued to serve as Co-Chair of the CAHS Consumer Leadership Council and as a member of the CAHS Executive Committee. Through representation on these groups they provided advocacy at the highest level and ensured that the voices of multicultural families are meaningfully represented in organisational decision-making.
- CAHS progressed work on our Talent Acquisition Strategy, ensuring that recruitment processes align with the Public Sector Commission’s diversity requirements, remove barriers for CaLD applicants and build a workforce that reflects the diversity of the communities we serve.
- CAHS reviewed our engagement policies to ensure that CaLD families are actively prioritised and supported to participate in all engagement initiatives, and that we embed practices that remove barriers, strengthen multicultural safety and elevate diverse community voices in decision-making.

Freedom of Information

The *Freedom of Information Act 1992* (the Act) provides the rights to access various documents and to ensure that personal information contained in documents is accurate, complete, up to date and not misleading.

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

CAHS reports statistics annually to the Office of the Information Commissioner (OIC), as required by section 111(3)(a) of the Act, which are published in the OIC's annual report and can be viewed on the OIC's website.

For the 2025–26 reporting period CAHS received 454 valid applications under the Act, compared to 249 in 2024–25.

Recordkeeping

The *State Records Act 2000* (the Act) establishes a standardised framework for recordkeeping across all WA Government agencies. In accordance with section 19 of the Act, CAHS maintains a Recordkeeping Plan approved by the State Records Commission, which oversees compliance and monitors recordkeeping practices.

During the reporting period CAHS monitored and reviewed our recordkeeping systems, including the Recordkeeping Plan, supporting policies and procedures, and our Electronic Document and Records Management System (EDRMS). The review focused on system use, metadata quality, and compliance with recordkeeping requirements.

In October, CAHS upgraded our EDRMS from Records Manager to Content Manager. The upgrade enhanced system functionality, improved usability, and strengthened compliance capabilities by supporting more efficient capture and management of records.

Following the review we updated our Recordkeeping Plan this year, incorporating learnings from stakeholder consultation and ensuring alignment with operational and legislative requirements.

No significant compliance issues were identified during the reporting period. Minor improvements relating to metadata consistency and user guidance were implemented through updated procedures and targeted support. CAHS will continue to strengthen controls to ensure ongoing compliance with State Records Commission Standards.

Recordkeeping training

Mandatory training includes Department of Health Recordkeeping Awareness training and Content Manager training, delivered through a mix of face-to-face training, virtual sessions and one-on-one support. Staff also have access to online recordkeeping resources and information on the CAHS intranet.

Evaluation of recordkeeping training has found solid engagement and positive staff feedback across CAHS.

All new staff are required to complete a recordkeeping induction within 3 months of starting at CAHS, covering topics such as procurement, confidentiality, cyber security and recordkeeping responsibilities.