



Government of **Western Australia**
Child and Adolescent Health Service



2020–2021
**Annual
Report**





Acknowledgement of country

The Child and Adolescent Health Service acknowledges the traditional custodians of the land, the Whadjuk Noongar people and the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present, and pay respect to them and Aboriginal communities of today.

Using the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Statement of compliance

for the year ended 30 June 2021

**HON ROGER COOK BA GradDipBus MBA MLA
DEPUTY PREMIER, MINISTER FOR HEALTH**

In accordance with section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the Child and Adolescent Health Service for the reporting period ended 30 June 2021.

The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.



Dr Rosanna Capolingua

BOARD CHAIR
CHILD AND ADOLESCENT HEALTH SERVICE
21 September 2021



Prof Geoffrey Dobb

DEPUTY BOARD CHAIR
CHILD AND ADOLESCENT HEALTH SERVICE
21 September 2021

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Overview of agency

Locations and contact information

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Phone

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Web

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Postal address

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Phone

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cahs.health.wa.gov.au/Our-services/Neonatology

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Perth WA 6000

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Perth Children's Hospital

Street address

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(08) 6456 2222

Email

perthchildrenshospital.enquiries@health.wa.gov.au

Web

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Message from the Board Chair



Dr Rosanna Capolingua
Board Chair
Child and Adolescent Health Service

As the newly appointed Board Chair of CAHS, commencing in the role on 23 June 2021, my commentary on the 2020–21 financial year reflects on the efforts of others before me.

It is important to acknowledge the work of the entire CAHS Board throughout the year and formally note the resignation of Debbie Karasinski AM as Board Chair in May. I thank her for her valuable contribution over more than five years. I also recognise Professor Geoffrey Dobb for stepping into the role of Acting Board Chair.

It has been a very challenging year.

My priority and commitment is to continuously improve our health service in order to deliver the best care to children, young people and families. Children and young people are at the centre of all we do. We need to consider how the experience of being in our care is for them and their families. We need to be certain that we are providing clinical excellence; that we continuously learn, implement and improve our care, and that our priority is our patient and client.

This requires everyone at CAHS to be on one team, together.

In returning, having served in the role of Chair of the CAHS Governing Council six years ago, I am reminded of the immense responsibility the Board carries in governing the health service.

I have maintained a keen interest in CAHS over the years and followed the evolution of the health service, both as a Medical Practitioner and advocate for healthcare, and as a member of the community.

I recognise the transformation that CAHS has made over recent years. Bringing Perth Children's Hospital (PCH) to life is a significant achievement, and more recently the addition of Neonatology to CAHS has broadened our focus to encompass the sickest newborn babies. Alongside our work in Community Health and Mental Health, we reach across all facets of health care from birth through to adolescence across the state.

As a health service that covers the journey from birth through adolescence, it is an incredible privilege to care for children, young people and their families. We hold the health and wellbeing of future generations in our

“We hold the health and wellbeing of future generations in our hands, and with that comes great reward but also an immense responsibility.”

hands, and with that comes great reward but also an immense responsibility.

Every role across CAHS, both clinical and non-clinical, in community and hospital settings, has a direct effect on the services we provide

to our patients and clients. Our focus as a Board continues to ensure that every member of staff is supported and able to do their very best every day, and contribute to the provision of safe, high quality care.

Without doubt, 2020-21 has been a pivotal year for CAHS. Alongside many notable achievements highlighted within this report, we cannot deny that there have been disappointments and challenges along the way. The tragic and unexpected deaths of our patients, Kate Savage last year, and Aishwarya Aswath in April this year are stark reminders of what is at stake. Our hearts go out to their families, and we acknowledge the ongoing pain and emptiness that becomes part of a family in the loss of a child.

These tragedies bring personal devastation to family and friends. I also know the significant

impact they have had on staff across CAHS, and on the broader community.

There has been a clear acceptance of the need to learn from these tragedies and do better. Together with the Board, I am firmly focused on supporting CAHS through the processes that have emerged in response to these tragedies. This includes the Ministerial Taskforce into public mental health services for infants, children and adolescents, the implementation of recommendations arising from the Root Cause Analysis into Aishwarya's death, as well as the Commission of Quality and Safety in Health Care Independent Inquiry into PCH.

We are not waiting for recommendations from inquiries. We must always aim towards zero harm in our health care service, knowing that at times, factors will not enable this aim. The Board and Executive are focussed on all possible action to prevent further harm, and to ensure we use the opportunities to deliver excellence in health care across the organisation. We will maintain our focus on continuous improvement and an unwavering commitment to supporting staff to deliver safe, high quality care, always.

While these two tragedies and the associated response has rightly held much of our

focus, it is important to reflect broadly on the events that have shaped the year for CAHS and for the wider community. I have witnessed the unprecedented demands that COVID-19 has brought in the last 18 months, and the fluctuating and somewhat unpredictable activity levels across our service. In response, our staff have shown remarkable resilience, flexibility and dedication, using their expertise and efforts to deliver the best possible service in challenging and changing circumstances. The need to increase our workforce and to drive valued based behaviour at all levels of our organisation is key.

The aspirations of our strategic plan have underlying measures and represent a long-term commitment to *healthy kids, healthy communities*. They focus our efforts on areas of critical importance to children and young people in Western Australia.

To support these endeavours, our Board members bring their personal experience

and expertise to CAHS as they work alongside Executive and senior staff to drive systems, processes and services that will generate long term and sustainable improvements at CAHS, with the focus on the patient or client.

I thank the Executive, and everyone, at every level, who are engaged in serving our Child and Adolescent Health Service in Western Australia. We collectively have responsibility for every child that comes into our care. We are not special in our roles in looking after children, but do carry a special responsibility and accountability to this vulnerable cohort. We know that across our community clinics, child health checks and immunisation programmes, we can deliver timely early intervention that can significantly improve long term health outcomes. Across CAMHS, where the needs of kids and adolescents constantly change with changing social impacts on individuals and families, we have an accountability to respond, be available, provide continuity of care and keep children safe. The challenges in Child and Adolescent Mental Health Services can seem daunting. Our role is to walk with the parents and children, no matter how difficult it may sometimes seem. I especially acknowledge the commitment of our people in this service.

We must be sensitive to all the journeys that come through our doors. We must respond to our Aboriginal families and those from CaLD communities in a way that does more than not discriminate, but is sensitive to their place and space in our community. We must never forget uniqueness and the individual circumstances of the children and families in our care.

Everyone with a role at CAHS, from support staff to clinicians, ward and reception clerks to security, Executive and management staff, volunteers to the members of Board, equally and collectively own this responsibility.

We will continue to work hard to ensure that CAHS has the right systems, tools, work environment, workforce and support to ensure the right decisions are made for every child and family we care for. We will respectfully and methodically look back at lessons learned, and work together to implement genuine and sustainable improvement.

Above all else, we will continue to place children, young people and families at the centre of our decision making.

“Above all else, we will continue to place children, young people and families at the centre of our decision making.”



Message from the Chief Executive



Dr Aresh Anwar
Chief Executive
Child and Adolescent Health Service

A sister children’s hospital from across the globe has called its 2021 Annual Report “A Year of Bravery”. These four words perfectly capture both the past year for CAHS and our position for the year ahead.

There is, of course, much to celebrate, however, it is the times where we have fallen short of expectations that have proven to be the most defining moments, prompting a renewed focus on both the “why” we are here and the direction we need to take going forward.

The tragic deaths of Kate Savage and Aishwarya Aswath during this year have caused immeasurable pain and distress that has been felt widely across the community.

Both incidents have triggered decisive and immediate actions and instigated longer term programs of work centred on enhancing the provision of safer, higher quality care. In the context of the scale of tragedy, this can appear no more than pithy words, however, we cannot shy away from the fact that we have not always delivered the outcomes we have aspired for, and we must acknowledge that

the impact of these instances can be devastating. Indeed, every single clinical incident reflects a time when we could have and should have done better for the babies, children and young people in our care.

“...staff from across CAHS have demonstrated unwavering commitment to genuine and sustainable improvements.

So why the need to be brave? Because to be safer and better, we must acknowledge that we still have work to do. The why? The answer is of course simple – because we are here to ensure the very best for the children and families of WA. It is critical to continue to support a culture of safety, accountability, continuous improvement and child centred care at CAHS, with lessons shared across all levels of the organisation. We must ensure the first question we ask when any decision is made is: “what does this mean for children and families?”

There were some key pieces of work that have been delivered during 2020–21 that will serve as the basis for strengthening the foundations for ongoing improvements at CAHS. Whilst the efforts to realise positive change are not always immediate or obvious, staff from across CAHS have demonstrated unwavering commitment to genuine and sustainable improvements.

There has also been a clear impact on service delivery driven by demand, staffing challenges and the continuing impact of the COVID-19 pandemic.

We have, at the time of writing, been fortunate in managing the COVID pandemic in WA, however we have seen a very real impact on the children and families that we serve. In particular, there has been a significant and sustained increase in demand on mental health services, with work across CAMHS having focused on responding to urgent clinical and service issues. There has been a significant focus on the challenges facing children and families with eating disorders and gender dysphoria, and the need for enhanced provision of emergency mental health services. The capacity of these services to respond to demand has undoubtedly been challenged, and driven clinical teams to work intensely to reconfigure services to maximise access, for example through the introduction of the Emergency Telehealth Service to support children and young people experiencing episodes of more acute mental illness. Part of the CAMHS response has also included addressing recommendations from the Office of the Chief Psychiatrist review into the death of Kate Savage.

The ongoing impact of the COVID-19 pandemic provided an opportunity for CAHS to show leadership and support for the State’s emergency management response. Throughout the year, the CAHS COVID-19 team has worked hard to ensure our health service was well prepared to manage community outbreaks and associated service impacts. We trained staff to support the WA’s contact tracing and COVID testing efforts, and took a lead role in the rollout and ongoing management of the State delivered COVID-19 vaccination program.

In recognising that a healthy, skilled and well-equipped workforce plays a pivotal role in delivering child and family centred care, we took significant steps to expand and strengthen the People, Capability and Culture (PCC) portfolio at CAHS. The PCC strategy provides a clear roadmap to support our workforce with a multifaceted and person-centred approach, and is supplemented with aligned work programs and support systems. We must, however, also recognise that pivotal to the success of the organisation is ensuring that we have a staff base that is adequate to meet the changing and unpredictable nature of demand that has accompanied the

pandemic. We have fundamentally changed the way in which we manage our hospital as a consequence. Not only have we increased the staff base to better capture the need for leave, but also provision for parental cover. Acknowledging the challenges that border closures have had on access to a specialist workforce, we have introduced a new support program allowing nursing staff with experience in the adult sector to transition their skills to caring for children. We have no doubt that this will enrich our organisation and help support provision of better, safer care for children and families.

The launch of the CAHS Multicultural Plan in March formalised the continuing work across CAHS to ensure we are providing services and support to meet the differing needs of the community we serve. There remains, however, much more to do if we are to truly demonstrate the CAHS values of compassion, respect and equity in our interactions with all children and families.

We established a dedicated innovation function to provide clear pathways to champion new and innovative ways of enhancing the work we do by fostering a spirit of innovation, curiosity and continuous

improvement. This is complemented by a Digital Transformation Program that provides clinical, digital and project expertise to drive ‘clinically-led, co-designed’ digital health transformation for CAHS.

Recognising the changing health landscape and value in delivering locally based services, work is continuing on the delivery of a community hub service model that will enhance access to community-based services in local communities.

Of course, some of these changes do have funding implications. The annual report clearly demonstrates that our end of year position was improved by the injection of \$18.041M cash from the Department of Health on 30 June 2021. The increased funding will assist us to employ additional staff to meet increased service delivery demand. CAHS continues to undertake a recruitment program in a difficult employment market to attract the additional staff that are required.

On top of these specific highlights, I cannot express how exceptionally proud I am of our staff and volunteers who strive daily to provide high-quality care to our patients and clients. Every role in our health service plays a part in

supporting children, young people and families, and I am honoured to lead a team of more than 5,000 people to support better health outcomes for children and young people.

While the date for accreditation against the National Safety and Quality Health Service Standards was postponed due to COVID-19, there has been consistent and ongoing work done to ensure we are prepared. Critically, rather than working towards accreditation as a point in time assessment, we are focused on using the Standards to guide the way we deliver the best care each and every day.

When bringing all of this together, the underlying message is an acknowledgement that the child and family must always remain at the centre of everything we do at CAHS. Changing and saving lives is central to our purpose, and our vision of *healthy kids, healthy communities* is underpinned by our commitment to continuous improvement, safe and high-quality systems, and a team that is highly trained and well supported to deliver exceptional and timely health care.

I have absolute belief that we have not, and will not, shy away from being brave, and we have and will continue to put the children, young people and families we serve at the heart of all we do.



The Health Service Board



Board Chair, Dr Rosanna Capolingua
MBBS FAMA FAICD

Dr Rosanna Capolingua is a General Practitioner with broad experience across health care delivery, serving as the Australian Medical Association (AMA) WA President and Federal AMA President. A member of the Federal AMA Executive for six years, she chaired the Ethics Medical Legal committee, Finance committee and Taskforce on Indigenous Health. She has extensive Board experience, including the Medical Board of WA, Professional Services Review Committee, Healthway and the Board of MercyCare. She was Chair of the Governing Council for the Child and Adolescent Health Service, Deputy Chair of the North Metropolitan Health Service, and a member of the WA Mental Health Commission's Alcohol and Other Drugs Advisory Board. She continues as Medical Director of the AMA (WA) Foundation, Chair of the Board of AMA (Ltd), Chair of the WA Immunisation Strategy Committee, and member of the AMA Indigenous Scholarship Foundation and St John of God Healthcare Australia Boards.



Former Board Chair, Ms Debbie Karasinski AM
M.Sc., B.AppSc., OTR

Ms Debbie Karasinski was appointed to the CAHS Board as its inaugural Chair in 2016. She has worked in the health and disability sectors for the past 45 years. Her career has included Chief Executive Officer (CEO) of Senses Australia, CEO of the Multiple Sclerosis Society of WA, and Chief Occupational Therapist at Sir Charles Gairdner Hospital (SCGH). Ms Karasinski has extensive Board experience, most notably as a member of the National Disability Services Board, the WA Disability Services Commission Board and the Taxi Industry Board. She is currently a member of the Board of the Perth Clinic and Chair of the Curtin University, Health Sciences Faculty, Advisory Council. Debbie Karasinski was awarded the Member of the Order of Australia in 2019 for her contribution to people with disability and the Western Australian community and a Centenary Award in 2001 for her work with people with Multiple Sclerosis.

The CAHS Board is the governing body of CAHS. Appointed by the Minister for Health, Board members have experience across the fields of medicine and health care, finance, law, and community and consumer engagement.

The Board meets on a monthly basis and met on 11 occasions during 2020–21. In this period, there were four standing committees of the Board: Finance, Audit and Risk, Safety and Quality, and People, Capability and Culture, all of which are made up of Board members with the Safety and Quality Committee also having a consumer representative. The Clinical Advisory Group, comprised of staff from across CAHS, also advises the Board on strategic issues.

During 2020–21, the Board comprised the following members:



**Deputy Board Chair, Professor Geoffrey Dobb
B.Sc.(Hons), MBBS, FRCP, FRCA, FANZCA, FCICM**

Professor Geoffrey Dobb is a Consultant and former Head of the Intensive Care Unit at Royal Perth Hospital. In 2021, he was awarded honorary life membership of the Australian and New Zealand Intensive Care Society. A former Chair of the Southern Country Health Service Governing Council (WA), Professor Dobb has extensive clinical experience and knowledge of WA Health. He also has considerable experience on the Boards of healthcare organisations and professional associations, with an interest in organisational governance and safety and quality in healthcare, being a current Board member of the Australian Council on Healthcare Standards.



**Board Member, Ms Miriam Bowen
LLB**

Ms Bowen is currently self-employed as consultant health lawyer to private health, aged and community care clients. She was Senior Legal Counsel for St John of God Health Care from 2010–18 and previously worked as a lawyer for Mercy Care. Ms Bowen specialises in clinical risk and governance, which covers a range of legal issues arising in the health care sector. Prior to her legal work, she was a registered nurse with experience in acute clinical areas of private and public health. Ms Bowen holds a Bachelor of Laws and Diploma of Nursing qualifications. She has been a member of the CAHS Board since September 2018.



**Board Member, Ms Kathleen Bozanic
B.Com., ACA, GAICD**

Ms Kathleen Bozanic is a senior finance executive with over 25 years' experience and significant leadership roles as Partner of a leading professional services firm and as a Chief Financial Officer/General Manager of mining and construction companies. Ms Bozanic brings extensive experience in financial management, governance and compliance, risk management, business planning and strategic transformation, and a keen interest in WA Health. Ms Bozanic has significant Board experience in both not-for-profit and listed organisations, and is currently on the Boards of IGO Limited, DRA Global Sales Co Limited, Great Southern Mining Limited, Western Australian Rugby Union, and Future Force Foundations.



Board Member, Ms Linley (Anne) Donaldson
M.HMgt, B.AppSc., Postgrad Bus, GAICD

Ms Linley (Anne) Donaldson is a professional non-executive director with over 15 years' experience on government and not-for-profit boards, Government and tertiary education committees. Current board membership includes GP DownSouth, Mental Health Foundation Australia and ECU Human Research Ethics Committee. Ms Donaldson brings over 35 years' experience in Health and Human Services in metropolitan and regional Western Australia in senior Executive, and CEO positions. She is a former Director for the Health and Disability Service Complaints Office; a position that involved strategic leadership overseeing the management in effective resolution of health, disability and mental health complaints. During this time, Ms Donaldson was a member of the ACSQHC national committee to review the Open Disclosure Policy.



Board Member, Dr Alexius Julian
MBBS

Dr Alexius Julian is a highly-skilled clinician with significant experience in Information and Communications Technology (ICT) across health care. In particular, Dr Julian has previously served as the Chief Medical Information Officer at the St John of God Health Care Group, was a Clinical Lead in the commissioning of ICT at Fiona Stanley Hospital, and has also worked as a Medical Leadership Adviser for the Institute of Health Leadership. Alexius has a strong interest in technology, start-up and business, and is currently a self-employed clinician and works on several commercial interests.



Board Member, Dr Daniel McAullay
Ph.D, M AppEpi, B.Sc.

Dr Daniel McAullay is a health professional and a past member of the CAHS Governing Council, and has extensive experience as a member on health boards and committees. Dr McAullay currently works as the Director of Aboriginal Research at Edith Cowan University and is an Associate Professor with the Centre for Improving Health Services for Aboriginal Children and Families. Dr McAullay is a mid-career health services researcher with expertise in maternal, infant and child health, primary health care and Aboriginal health.



Board Member, Mr Peter Mott
Dip.HospAdmin, B.Bus, MIR, Grad Cert Lship

Mr Peter Mott has more than 35 years of health, executive management and CEO experience. Mr Mott is currently CEO of Hollywood Private Hospital, Vice President of the Australian Private Hospitals Association, a member of the University of Western Australia (UWA) Business School Ambassadorial Council and a member of the Young Lives Matter Foundation UWA Board. Peter is a past President of the Australian Institute of Management (AIM) WA, past Chairman of the AIM WA UWA Business School Executive Education Advisory Board, and past Chairman of Lifeline WA.



Board Member, Ms Maria Osman
M.Ed GAICD

Ms Maria Osman is an experienced Board Executive and Diversity Consultant with over 30 years' experience advising State and Federal government, private and public sectors, and universities on cultural diversity, human rights and gender equality. Ms Osman has held Executive Director roles in the Office of Multicultural Interests, Office for Women's Policy, and the Department Communities and Local Government. In 2015, she was an Australian delegate to the 59th Session of the United Nations Commission on the Status of Women in New York. Ms Osman currently serves as the Deputy Chair of Circle Green Community Legal, Advisory Board Member to the Public Policy Institute at the University of Western Australia, Member of the Premier's Supporting Communities Forum, Member of the Minister for Citizenship and Multicultural Interests Council and Council Member of the National Harmony Alliance for Migrant and Refugee Women.



Board Member, Professor Di Twigg AM
PhD, MBA, B.HlthSc. (Nsg) Hons, RN, RM, FACN, FACHSM

Professor Di Twigg is Executive Dean of the School of Nursing and Midwifery at Edith Cowan University with research interests in patient outcomes, nursing workforce, and cost-effective care. Professor Twigg has worked in the health sector for over 35 years and held several senior health executive roles, most notably as Executive Director of Nursing Services at SCGH. She was awarded the Life Time Achievement Honour in 2017, and in 2019 was made a Member of the Order of Australia for significant service to nursing through a range of leadership, education and advisory roles.

Committee meeting attendance

July 2020 to June 2021

Name	Number of meetings	Meetings attended
CAHS Board		
Dr Rosanna Capolingua (Chair)	0	0
Ms Debbie Karasinski (Former Chair)	10	10
Professor Geoffrey Dobb (Deputy Chair)	11	11
Ms Miriam Bowen	11	11
Ms Kathleen Bozanic	11	11
Ms Anne Donaldson	11	11
Dr Alexius Julian	11	11
Dr Daniel McAullay	11	11
Mr Peter Mott	11	11
Ms Maria Osman	11	11
Professor Di Twigg	11	11
Finance Committee		
Dr Alexius Julian (Chair)	10	9
Ms Kathleen Bozanic	10	9
Professor Geoffrey Dobb	10	10
Ms Anne Donaldson	10	9
Ms Debbie Karasinski	8	7
Mr Peter Mott	10	10
Audit and Risk Committee		
Ms Kathleen Bozanic (Chair)	6	6
Professor Geoffrey Dobb	6	6
Ms Anne Donaldson	6	6
Dr Alexius Julian	6	6
Ms Debbie Karasinski	6	5
Professor Di Twigg	6	6

Name	Number of meetings	Meetings attended
Safety and Quality Committee		
Professor Geoffrey Dobb (Chair)	11	11
Ms Miriam Bowen	11	11
Ms Anne Donaldson	5	5
Dr Alexius Julian	4	2
Ms Debbie Karasinski	9	9
Dr Daniel McAullay	11	10
Ms Maria Osman	11	9
People, Capability and Culture Committee		
Professor Di Twigg (Chair)	5	5
Ms Miriam Bowen	5	5
Ms Anne Donaldson	2	1
Ms Debbie Karasinski	4	4
Dr Daniel McAullay	5	4
Mr Peter Mott	5	3
Ms Maria Osman	5	3



Our year at a glance



Neonatology

3,318
neonatal admissions

11
days average length of stay

1,065
neonatal emergency transports

383 pre-term infants received
826 litres of donor milk



Community Health

136,359
child health assessments

169,567
school health assessments (2020)

84,278
child development assessments

136,122
immunisations (2020)



CAMHS

140,337
service contacts

7,519
young people seen

493
inpatient unit separations

2,936
mental health ED presentations



PCH

67,759
Emergency Dept attendances

31,478
hospital admissions

15,999
surgeries performed

236,671 appointments for
61,281 outpatients

Vision, objectives, values

Our vision

Healthy kids, healthy communities

Our vision of ‘healthy kids, healthy communities’ sees that children and young people get the best start in life through health promotion, early identification and intervention, and patient centred, family focused care.

Our objectives

- Care for children, young people and families
- Provide high value healthcare
- Collaborate with our key support partners
- Value and respect our people
- Promote teaching, training and research

Our values drive us

Compassion

We treat others with empathy and kindness

Excellence

We take pride in what we do, strive to learn and ensure exceptional service every time

Collaboration

We work together with others to learn and continuously improve our service

Accountability

We take responsibility for our actions and do what we say we will

Equity

We are inclusive, respect diversity and aim to overcome disadvantage

Respect

We value others and treat others as we wish to be treated





Executive summary

The Child and Adolescent Health Service (CAHS) values of accountability, respect, compassion, equity, excellence and collaboration drive everything we do in our health service. We aspire to demonstrate these values each and every day in our interactions with children and families and with our colleagues.

This year has brought unprecedented challenges and opportunities to our health service and as we have navigated these, our values have never been more important.

Accountability

The tragic deaths of Kate Savage and Aishwarya Aswath during this year have brought into sharp focus the responsibility we have for children and young people. We have faced these very public tragedies head on and continue to focus on making ongoing improvements to how we care for, and support, the children and young people in our care.

The Chief Psychiatrist's Review into the care of Kate Savage and the resulting Ministerial

“The CAHS Board and Executive stand together in our absolute focus on continuous improvement and a commitment to supporting all staff to deliver safe, high quality care.”

Taskforce have already brought change and will continue to focus attention on the support needed for children and young people. Our staff in Child and Adolescent Mental Health Services (CAMHS) have shown incredible fortitude in what has been another year of intense demand for our mental health services.

Following the unexpected death of Aishwarya Aswath in April 2021, the Root Cause Analysis provided a series of recommendations and we responded rapidly to start implementing these. The Independent Inquiry into Perth Children’s Hospital was one recommendation and the report is expected in September 2021.

The CAHS Board and Executive stand together in our absolute focus on continuous improvement and a commitment to supporting all staff to deliver safe, high quality care.

Every clinical incident reflects a time when we could have and should have done better for the babies, children and young people in our care. We do not shy away from addressing the issues and challenges that lead to these

incidents through comprehensive reviews and the development of multifaceted and broad reaching solutions. It is critical to continue to support a culture of safety, accountability, continuous improvement and child centred care at CAHS, with lessons shared across all levels of the organisation.

The CAHS Clinical Governance Framework continues to evolve and demonstrates our commitment to ongoing clinical safety and quality improvement. It outlines the role we all play in providing safe, high quality care with integrated corporate and clinical governance systems.

Respect

At CAHS, our biggest asset is our people, the dedicated staff and volunteers who support us. In 2020-21 we have strengthened our focus on providing a solid foundation to enable our staff to do their very best. The development of our People, Capability and Culture (PCC) directorate last year has been consolidated and we continue to build a team that focuses on supporting our staff. The development of the CAHS PCC Strategy and Framework has identified six key priorities to achieve the PCC vision of a solid foundation

of leadership and partnering within a values-based environment that invests in our people and enables an agile healthy workforce that aspires towards excellence in performance over the next five years.

Staff safety, health and wellbeing continue to be a key focus of efforts and investment. This year, we maintained momentum with the development of our Work Health, Safety and Wellbeing Model which recognises the equal importance of physical and psychosocial safety, their interdependencies and the role that culture plays in these areas. This year PCC also commenced the development of an overarching wellbeing approach using consultative mechanisms along with a wellbeing communication strategy to improve staff wellbeing support.

The CAHS Learning and Development Strategy 2020-2025 has articulated our commitment to learning and development opportunities for all staff. By developing our staff, we can continue to improve the high-quality health care services for children and young people.

We also continue our journey towards becoming a values-based organisation and we maintain our commitment to invest in

our biggest asset so that we have a healthy workforce, supported and equipped to provide safe, high quality care.

Compassion

In September 2020, CAHS launched our Consumer Engagement Strategy 2020–2022 after an extended consumer and staff consultation process. This gives us a clear direction to ensure that the voice of children, young people and families is integral to how we plan, design and provide healthcare.

We have made great strides in this area, with the establishment of our new 'Engage' Online Consumer Network in December 2020, which gives consumers greater access to opportunities to be involved in the way we improve our services. In addition, our Consumer and Youth Advisory Councils continue to grow and they have had the opportunity to provide strategic advice and direction at the highest level, with the Chairs of the Councils being active members of the CAHS Executive Committee meetings.

This year, the CAHS Consumer Engagement team led the creation of a new consumer group supporting our mental health services. The Lived Experience Group, within Child and

Adolescent Mental Health Services, is made up of young people, parents and carers who have experienced our mental health services in the hospital and community settings. The group provides an opportunity for consumers to play a part in shaping the provision of mental health services for children and young people.

We are incredibly grateful for the role so many children, young people and families play in sharing their experience of our health service so that we can continue to learn and improve the way our services are delivered.

Equity

We provide care to children and families from a diverse variety of cultural, religious and linguistic backgrounds and we are intently focused on improving the way we meet their needs.

This year we launched our inaugural Multicultural Plan, which supports our commitment to providing an inclusive, welcoming and equitable environment for all staff and families from WA's diverse communities. The Plan outlines a number of strategies that will be implemented during 2021 to ensure that everyone, no matter their background, feels that they belong,

are respected, accepted and included, and receive equitable opportunities when using our services or as an employee.

This plan provides that focus and gives us a clear direction towards strengthening the cultural competencies of our staff. We are committed to understanding the systems that contribute to disadvantage and inequality and we are in a unique position to drive real change.

CAHS has also maintained an ongoing focus and a consolidation of the strategic goals and priorities needed to close the gap and improve the health and wellbeing of Aboriginal children.

At CAHS, Aboriginal health is everyone's business and we continue to strengthen our Aboriginal health programs while also focusing on building the capacity and capability of non-Aboriginal staff to work effectively with Aboriginal children, young people and families. We have made great strides this year in expanding our Aboriginal workforce and this will continue to be a priority.

“Our health service took a lead role in the WA COVID-19 vaccination program and our staff were agile to responding to the unique challenges and opportunities this presented.”

Excellence

Our health service took a lead role in the WA COVID-19 vaccination program and our staff were agile to responding to the unique challenges and opportunities this presented. CAHS was designated in February 2021 as the lead agency for vaccination in the Perth metropolitan area, working in collaboration

with the WA Country Health Service and the Department of Health to establish the WA COVID-19 Vaccination Program.

The CAHS COVID-19 Vaccination team was established to lead the initial phase of the program which saw the establishment of the first public clinics to vaccinate those most at-risk of exposure, including Australian Border Force, hotel quarantine and healthcare workers. The team worked rapidly to respond to the urgent need to establish clinics and deliver COVID-19 vaccinations to high risk workers. This included staff recruitment, induction and training of vaccinators and support staff as well as the transformation of the PCH Collegiate Lounge as the first hospital-based clinic.

The CAHS COVID-19 vaccination hub at PCH opened in February 2021 and by the time it closed in June, more than 25,000 vaccinations had been administered. The CAHS team also delivered vaccination clinics from hotel quarantine locations, Perth Airport, Perth Convention and Entertainment Centre, Claremont Showgrounds, Lakeside Joondalup Shopping Centre, Kwinana, Redcliffe and Midland.

The CAHS Vaccination team supported other Health Service Providers in the metropolitan area to establish clinics at all sites. This enabled ready access to vaccination for healthcare workers and assisted capacity building within the WA Health system to support vaccination of other vulnerable groups such as homeless and incarcerated.

Collaboration

Our non-government organisations and research partners provide additional support to the children and families we care for in a multitude of ways. We work with a range of NGOs across our health service and we are proud of the collaborative way we work together to support children and families.

Of note this year is our partnership with Perth Children’s Hospital Foundation to

build Western Australia’s first children’s hospice. This partnership will enable us to provide even better services for children with a life-limiting condition.

The Foundation has committed to funding the construction, fit out and ongoing non-operational costs of the hospice and CAHS will fund the ongoing clinical and support services and be responsible for governance, management and ongoing operational of the hospice.

The hospice will provide the clinical care of a hospital but the feel of a home in a beachside setting. This will include respite care and support for families.

Partnerships like this enable us to provide even better services for children and families and we are grateful to all our partner organisations for the role they play.