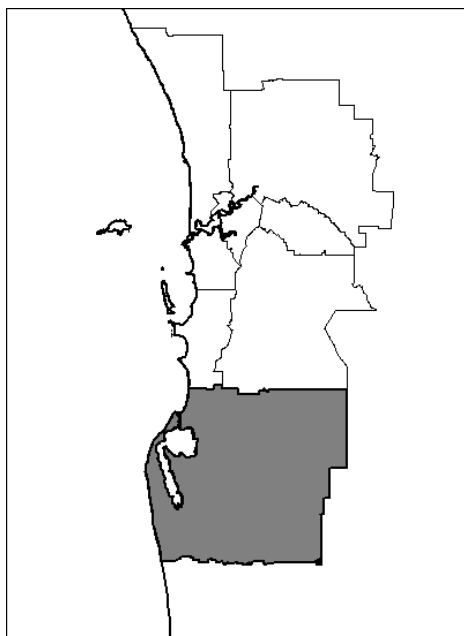


## DEMOGRAPHY

**Map 1: Peel region demography**



### Age distribution of the Peel area

The population of the Peel Health District increased from 24,704 in 1981 to 67,312 in 2003. This represents an average increase of 1,853 persons per year.

In 2003, the dependency ratio (ie the proportion of people aged less than 15 and more than 64 years of age) in the Peel Health District was 0.82 (State: 0.65).

When compared to the State the Peel Health District had both a lower percentage of children aged 0-14 years of age, and a greater proportion of people aged 65 years and over.

### Population estimates for Statistical Local Areas (SLA)/shires within the Peel Health District

The largest percentage of Peel Health District residents lives in the City of Mandurah SLA (52309, 77.7%).

The number of Aboriginal people in 2003 was 1,203, which represents 1.8% of the Peel Health District population. Although the City of Mandurah SLA had the largest number of Aboriginal people living within it (925, 1.4%), the SLA with the largest percentage of Aboriginals was the Shire of Waroona (97, 2.7%).

### SLAs for the Peel Health District

City of Mandurah, Shire of Waroona, Shire of Murray.

**Table 2: Age distribution of the Peel region**

Year	Sex	0-4	5-14	15-24	25-44	45-64	65+	Total
2003	Male	1,832	4,964	4,058	7,897	8,719	5,977	33,447
	Female	1,919	4,740	3,831	8,447	8,798	6,130	33,865
	Total	3,751	9,704	7,889	16,344	17,517	12,107	67,312

### DISABILITY SERVICE PLAN OUTCOMES

#### Our Policy

The Peel Health Services is committed to ensuring all people with disabilities can access the facilities provided by and within the Health Service.

#### Programs and Initiatives

The Peel Health Services has aimed to improve its disability services plan during 2003-04, according to objectives outlined in the *Disability Services Act 1993*. This goal has been achieved through programs and initiatives run on behalf of the following five key outcome areas:

#### OUTCOME 1

**Existing services are adapted to ensure they meet the needs of people with disabilities.**

- At Peel Health Services the Disability Services Policy and Disability Services Plan are current and have been endorsed.
- Disability services issues are always considered when new policies are developed and endorsed.
- All public events are now conducted in accessible venues.
- Appropriate patient transport can be organised for patients with disabilities.

#### OUTCOME 2

**Access to buildings and facilities is provided.**

- Appropriate changes to existing facilities are made as funds become available.
- Regular reviews are undertaken to ensure access to all buildings and facilities.
- Toilets and bathrooms have been upgraded to allow wheelchair access.
- Access ramps on entrances comply with the Act.

#### OUTCOME 3

**Information about services is provided in formats, which meet the communication requirement of people with disabilities.**

- Publications are designed and produced according to standards for font size to improve legibility for people with vision impairment.
- TTY telephones available to assist people with a hearing impairment.
- The Information Management Committee endorses all publications and brochures ensuring they meet publication guidelines, and the Consumer Advisory Council also reviews these publications.

#### OUTCOME 4

**Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities.**

- New staff are provided with disability awareness training as part of their orientation program within the Peel Health Region.
- Regular training and updates are provided to existing staff.

#### OUTCOME 5

**Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision-making processes.**

- The Peel Health Services ensures that community consultation programs are undertaken as part of planning processes.
- Complaint procedures have been redesigned to meet the needs of clients who are unable to make written complaints.
- Grievance mechanisms are in place that allow people with disabilities to participate without impediment.

#### Future Direction

The Peel Health Services will continue to review and amend its policies, practices and procedures to identify possible barriers experienced by people with disabilities.

### CULTURAL DIVERSITY AND LANGUAGE SERVICES OUTCOMES

The Western Australian Government seeks to ensure that language is not a barrier to services for people who require assistance in English. The Western Australian Government also recognises cultural diversity of the indigenous communities, the complexity and diversity of indigenous languages, and that for many indigenous people English is a second language.

#### Programs and Initiatives

The Peel Health Services operates in conjunction with the *Western Australian Government Language Service Policy*, and has the following strategies and plans in place to assist people who experience cultural barriers or communication difficulties while accessing the service's facilities:

- Staff members who interpret are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI) and are available when necessary. Language Service Policy requirements have been budgeted for, and all the important information about this region have been translated into the languages relevant to their client base.
- All staff are aware of the requirements when presented with a Western Australian Interpreter Card.
- Procedures have been put in place to record feedback from clients.
- Staff are trained in working with interpreters.
- Before producing multilingual information for clients, consultation with appropriate groups takes place.
- Peel Health Services has implemented procedures to monitor and evaluate implementation of the Language Services Policy.

#### Prior existing programs/initiatives continued during 2003-04

*Induction/Monthly* – Senior Clinicians present information on multicultural standards at induction to all new staff. This session is also available to current staff. Evaluations of this education have demonstrated it to be effective and valuable. Department of Health satisfaction results have highlighted areas for improvement. These areas are being targeted through the addition of multilingual information in poster format. These will be displayed in all client, patient and visitor areas.

Peel Community Mental Health appointed a new position of Aboriginal Liaison Officer in June 2004. This essential position will focus on identifying community need and provide valuable information for future service planning.

### YOUTH OUTCOMES

The Peel Health Services acknowledges the rights and special needs of youth and endeavours to provide appropriate services, supportive environments and opportunities for young people. The Service is committed to the objectives outlined in: *A State Government Plan for Young People, 2000–2003*:

1. Promoting a positive image of young people.
2. Promoting the broad social health, safety and wellbeing of young people.
3. Better preparing young people for work and adult life.
4. Encouraging employment opportunities for young people.
5. Promoting the development of personal and leadership skills.
6. Encouraging young people to take on roles and responsibilities, which lead to active adult citizenship.

#### Programs and Initiatives

The following programs conducted through Peel Health Services have targeted youth groups and introduced a number of innovations.

##### *Billy Dower Youth Health Service*

A collaborative project with youth services in Mandurah has enabled the establishment of a health service at the Billy Dower Youth Centre. Services provided include health promotion activities, health counselling, sexual health and a GP Clinic.

##### *Youth on Health Drama Festival*

This health promotion event includes schools from throughout the state. Youth in Peel are involved in organising this annual event.

##### *Bilydar Cross Cultural Awareness Program*

This program was targeted at identified 'at risk' Aboriginal and non-Aboriginal youth and included a field trip to the Kimberley region of WA.

### MAJOR CAPITAL WORKS

The projects outlined below are the approved capital works. Projects commenced and completed as part of the system-wide Capital Works Program are included in the Department of Health (Royal Street) Annual Report 2003-04.

There was no major capital works projects completed during 2003-04.

**Table 3: Major Capital Works Projects in Progress**

<b>Project Description</b>	<b>Expected year of completion</b>	<b>Estimated cost to complete \$</b>	<b>Estimated total cost \$</b>
Community Health Centre	2004-05	\$3.8 Million	\$3.8 Million

Development of a New Community Health Centre in Mandurah is in progress. The contract has been let for architects to design and provide services for the proposed centre. The timetable shows the design phase being completed in November 2004, and full construction completed in September 2005.

## The Environment and The Regions

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### WASTE PAPER RECYCLING

Peel Health Services has progressed its wastepaper recycling during 2003-04. Confidential waste bins were introduced in January 2004. This initiative allows the collection of high-grade paper for shredding and recycling by a specialised security firm.

Since being introduced 468 kilos of confidential papers have been processed.

Cardboard is also separated and collected for recycling.

### ENERGY SMART GOVERNMENT POLICY

Please refer to the Department of Health (Royal Street) report for this section.

### REGIONAL DEVELOPMENT POLICY

Peel and Rockingham Health Service is part of a network of metropolitan hospitals and health services under the control of the SMHS.

The SMHS also consists of Fremantle and Armadale Health Services. The expansion and development of the Area Health Service supports the strategic direction as outlined in the recent Health Reform Committee report. The Peel and Rockingham Kwinana Health Services General Manager is responsible to the SMHS Chief Executive. The SMHS CE reports to the Director General of Health and is a member of the State Health Management Team.

It is the above structure that governs the regional development of the Peel Health Services.

### REGIONAL DEVELOPMENT POLICY IMPLEMENTATION

Peel Health Services are currently conducting a health needs analysis of the region. The Murray District Planning group demonstrates an effective partnership with consumers and health service providers. This Group provides a forum for communication between health service professionals and local community members. Its prime objectives are to identify local community needs and plan for future service provision. The South Metropolitan Population Health Unit is directing the project. The group includes community members, Council representatives from Waroona and Murray, local Health Service providers and staff from the Population Health.

As part of the project, findings from Peel Away the Mask (2001) have been revisited to identify changing trends, and staff from Population Health are currently conducting interviews throughout the region.

The Population Health unit conducted a health needs analysis of the Aboriginal and Torres Strait Islander Community in the Peel Region (2003). This project resulted in the identification of the priority of health needs amongst the Aboriginal population in Peel.

Peel Health Services has also formed a District Health Advisory Council in September 2003. This group meets monthly and provides a forum where Health Service Providers can link with Community members and form an effective communication channel in an attempt to further identify the health needs of the Peel community.

Capital work upgrades current in the Peel region include the development of the new Mandurah Community Health Centre. The contract has been let, with the design phase to be completed by November 2004. Final construction is due in September 2005.

Peel Health Services is now effectively integrated with the SMHS. Duplication of resources has been reduced with the development of Area services such as human resources, finance and support services.

### EMPLOYEE PROFILE

The table below show the annual average of full-time equivalent staff employed by the Peel Health Services by category and in comparison with 2002-03.

Integration with the SMHS resulted in the combining of individual mental health and population health services into a single area wide service.

In previous annual reports, Peel FTE associated with these functions were previously shown as part of the Peel Health Services total FTE. Future reports generated will be incorporated with South Metropolitan Area Health Service (SMAHS) area wide totals. The Peel annual report will only contain those FTE associated with the acute hospital program.

**Table 4: Total FTE by Category**

Category	2002-03	2003-04
Nursing Services	56.83	28.0
Administration & Clerical*	30.48	11.2
Medical Support*	33.45	3.57
Hotel Services*	17.68	15.72
Maintenance	3.44	3.29
Medical (Salaried)	3.57	0.47
<b>Total</b>	<b>145.45</b>	<b>62.25</b>

**\*Note**

These categories include the following:

- **Administration and Clerical** – health project officers, ward clerks, receptionists and clerical staff.
- **Medical Support** – physiotherapists, speech pathologists, medical imaging technologists, pharmacists, occupational therapists, dieticians and social workers.
- **Hotel Services** – cleaners, caterers and orderly staff.

### RECRUITMENT

Health service policies have been reviewed and updated in 2003-04 to ensure compliance with public sector standards on recruitment selection and appointment.

Education was provided to senior staff on appropriate processes for recruitment and selection.

Recruitment advertisements in 2003-04 have focused on identified community needs. The principle focus is on allied health professionals such as physiotherapists, occupational therapists and social workers.

### STAFF DEVELOPMENT

Peel staff development is committed to facilitating personal growth, confidence and competence of staff through planned learning experiences in formal and informal settings.

Peel employees as part of the South Metropolitan Health Service can access Fremantle Hospital's extensive staff development program. A Staff needs analysis is currently being progressed, with the prime objective being to identify education needs and ensure resources are directed effectively.

External programs have also been provided to ensure continuing education that reflects the changing needs of the organisation and health care environment.

### WORKER'S COMPENSATION AND REHABILITATION

The following table shows the number of workers' compensation claims made through the Peel Health Services.

**Table 5: Workers' Compensation and Rehabilitation**

Category	2003-04
Nursing Services	2
Administration & Clerical	1
Medical Support	0
Hotel Services	7
Maintenance	0
Medical (Salaried)	0
Other	0
<b>Total</b>	<b>10</b>

**\*Note**

These categories include the following:

- **Administration and Clerical** – health project officers, ward clerks, receptionists and clerical staff.
- **Medical Support** – physiotherapists, speech pathologists, medical imaging technologists, pharmacists, occupational therapists, dieticians and social workers.
- **Hotel Services** – cleaners, caterers and orderly staff.

#### Occupational Injury Prevention

Staff in the occupational safety and health department have developed a program for the introduction of *Unit Based Occupational Safety and Health Focus Groups*. The objective is to identify and assess hazards and develop management strategies to reduce risk potential. Unit based occupational safety and health focuses on the prevention of incidents/accidents using an effective risk management process.

#### Employee Rehabilitation

It is the policy of the Health Service to provide the opportunity for occupational rehabilitation for employees who have sustained a compensable work related injury, disability or illness.

Vocational services are provided to help injured workers return to work as soon as possible. The services include vocational assessment, functional capacity evaluation, training/retraining, and counselling and placement assistance.

### INDUSTRIAL RELATIONS

The Health Services policy is consistent with Government policy on Industrial Relations and is based on a consultative approach with staff and unions and an emphasis on prevention of disputes rather than resolution of conflict.

#### Industrial relations issues arising in 2003-04

- Enterprise Agreements registered for clinical academics and medical practitioners.
- Enterprise Agreements being negotiated for support workers, health workers, enrolled nurses.
- New Award applying to building and engineering employees.
- Successful redeployment of staff following restructuring of roles at Murray District Hospital.

# Governance - Reports on other Accountable Issues

## EQUITY AND DIVERSITY

### Our Policy

The Peel Health Services aims to achieve equity and diversity in the workplace by eliminating any discrimination in employment based upon grounds of sex, marital status, pregnancy, family status, race, religious or political conviction or age, and by promoting equal opportunity for all people.

### Programs and Initiatives

The Peel Health Services as governed by Area Human Resources (SMHS) aims to promote equal opportunity for all persons, according to the *Equal Opportunity Act 1984*. This goal is achieved through activities and programs run on behalf of the following outcomes:

#### OUTCOME 1

**The organisation values EEO and diversity, and the work environment is free from racial and sexual harassment.**

The Peel Health Services have a commitment to EEO and diversity in the workplace. All new employees are informed of current EEO and diversity trends. Introduction to policies and principles are provided at induction. Evaluation of this education has demonstrated favourable satisfaction results.

Policies and procedures are available throughout the Health Service both in hard copy and electronically.

All job description forms and performance agreements have been reviewed and reflect EEO knowledge, principles and practices as essential criteria.

#### OUTCOME 2

**Workplaces are free from employment practices that are biased or discriminate unlawfully against employees or potential employees.**

Recruitment and selection policies and procedures and forms are reviewed to ensure they comply with Public Sector Standards and no discriminatory language or practices exist. Recruitment and selection training encompassing EEO/Diversity principles is provided to staff.

Part time, Job Share and flexible working arrangement policies and practices are supported and available to all staff.

Throughout the organisation is a network of Contact and Grievance Officers who can be contacted for information and can mediate on EEO/Diversity issues.

#### OUTCOME 3

**Employment programs and practices recognise and include strategies for EEO groups to achieve workforce diversity.**

The Recruitment and Selection Policy, Guidelines and Processes comply with *Public Sector Standards in Human Resource Management*. Furthermore, they are continuously reviewed and improved to achieve best practice and maintain compliance.

The process guidelines have controls in place to ensure EEO principles are applied when advertising a position and when selecting an interview panel. Furthermore, when the panel is progressing the interview and selection process, it must ensure the job criteria, as set out in the job description form, are the basis for selecting the right candidate.

**Table 6: Equity and Diversity – EEO Level of Achievement**

Indicators	Level of Achievement
EEO Management Plan	Implemented
Organisational Plans Reflect EEO	Programs in progress
Polices & Procedures Encompass EEO Requirements	Implemented
Establishment of EEO Officers	Implemented
Training & Staff Awareness	Implemented
Diversity	Programs in progress

## Governance - Reports on other Accountable Issues

### EVALUATIONS

Peel Health Services has maintained ongoing accreditation with no further recommendations and a number of commendations in the last Periodic Review. The Australian Council on Healthcare Standards (ACHS) next evaluation of Peel is scheduled for October 2004, when they will undertake an extended Periodic Review.

### FREEDOM OF INFORMATION

Peel Health Services received and managed the following applications under Freedom of Information guidelines during 2003-04.

**Table 7: Freedom of Information**

Applications	Number
Total Received	10
Carried over from 2002-03	0
Granted – full access	4
Granted – partial or edited access <sup>(1)</sup>	4
Withdrawn by applicant	0
Refused	2
Other <sup>(2)</sup>	0

#### Description

1. Includes the number accessed in accordance with Section S28 of the *Freedom of Information Act*.
2. Includes exemptions, deferments or transfers to other departments/agencies.

Documents held by the agency include patient and client records, pamphlets and other documentation as prepared for health service activities.

Pamphlets providing information on the Act are displayed in public areas throughout the organisation. These documents inform the public on the procedure to follow to access information under the Act. All new staff are provided with education on the Act at orientation.

All FOI inquiries and applications are sent to the FOI Officer who is responsible for coordinating the application, recognising the need to streamline the process to the needs of the applicant. Formal policies and procedures are continually reviewed to ensure they comply with the Act.

#### Inquiries are can be made to:

Freedom of Information Coordinator  
Phone: (08) 9592 0797  
Facsimile: (08) 9592 0619

#### Applications can be lodged:

Freedom of Information Coordinator  
Peel & Rockingham/Kwinana Health Service  
PO Box 2033  
ROCKINGHAM WA 6967

### RECORD KEEPING

Standard 2, Principle 6 of *State Records Principles and Standards 2002* requires that the Department of Health include within its annual report an appropriate section that addresses the minimum compliance requirements of its Record Keeping Plan. These are:

- The efficiency and effectiveness of the department's record keeping systems is evaluated not less than once every five years.
- The department conducts a record keeping training program.
- The efficiency and effectiveness of the record keeping training program is reviewed from time to time.
- The department's induction program addresses employee roles and responsibilities in regard to their compliance with the department's record keeping plan.

The department will be implementing the following activities to ensure that all staff are aware of their record keeping responsibilities and compliance with the Record Keeping Plan:

- Presentations on various aspects of the Department of Health's record keeping plan will be delivered to all staff.
- Record keeping system users will be made aware of their *State Records Act* responsibilities.
- New employees will be provided with information to ensure they are aware of their role and responsibilities in terms of record keeping.
- Performance indicators will be developed to measure the efficiency and effectiveness of the department's record keeping systems. It is planned to have these in operation at a system-wide level by 2010.
- Reviews of the Department of Health's record keeping systems will be addressed progressively by 2011.

## Governance - Reports on other Accountable Issues

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### PUBLIC INTEREST DISCLOSURES

#### Appointments

Due to the size and complexity of the Department of Health, a number of Public Interest Disclosure (PID) Officers have been appointed to enable appropriate and easy reporting access for all staff.

To date the following PID officers have been registered with the Office of the Commissioner for Public Sector Standards:

- Wheatbelt Health Region, Mr Mark Hazelgrave.
- North Metropolitan Health Region, Mr Jon Frame.
- South Metropolitan Health Region, Ms Tracey Bennett.
- South Metropolitan Health Region, Ms Diane Barr.
- Women and Children's Health Service, Ms Claire Goodson.
- Department of Health, Royal Street, Mr Les Marrable.

To streamline the communication between the Department and the Office of the Commissioner for Public Sector Standards on matters that fall within the jurisdiction of the *Public Interest Disclosure Act 2003*, the Department has appointed Mr Les Marrable, Manager Accountability, 189 Royal Street, East Perth as a Principal PID officer.

#### Procedures

The Department of Health has advised and will continually update staff on processes and reporting procedures associated with the *Public Interest Disclosure Act 2003* through global emails, staff seminars and staff induction presentations.

Progress has been made in publishing the Department's internal procedures on the intranet and full access is planned for July 2004.

The Department of Health's procedures are compliant with the Public Sector Standards Commission guidelines.

#### Protection

The Department of Health has ensured all PID officers are fully aware of their obligations to strict confidentiality in all issues related to public interest disclosure matters.

Files and investigation notes are maintained in locked and secure cabinets at all times with strict access to authorised personnel only.

All efforts are made to ensure maximum confidentiality is maintained in all investigations and follow up action.

Any staff member who attempts to take reprisal action or victimise another officer who has made, or intends to make, a disclosure of public information will be subject to legal action under the *Public Interest Disclosure Act 2003*.

## Governance - Reports on other Accountable Issues

### ADVERTISING AND SPONSORSHIP

The following table lists the expenditure on advertising and sponsorship made by the Peel Health Services, by category, published in accordance with Section 175ZE of the *Electoral Act 1907*.

**Table 8: Advertising and Sponsorship**

<b>Expenditure Category</b>	<b>2002-03</b>	<b>2003-04</b>
Advertising Agencies	\$753	
Market Research Organisations	-	-
Polling Organisations	-	-
Direct Mail Organisations	-	-
Media Advertising Organisations	\$17,160	\$6,715
<b>Total</b>	<b>\$17,913</b>	<b>\$6,715</b>

Detail of expenditure for 2003-04:

<b>Expenditure Category</b>	<b>Name of Agency/ Organisation</b>	<b>Amount</b>
Advertising Agencies	N/A	-
Market Research Organisations	N/A	-
Polling Organisations	N/A	-
Direct Mail Organisations	N/A	-
Media Advertising Organisations	Marketforce Productions	\$6,715

### PUBLIC RELATIONS AND MARKETING

A comprehensive public relations team in the South Metropolitan Health Service supports Peel Health Services. Articles on health service planning and initiatives have been published in the local community newspapers.

Internally the regular newsletter has been reviewed and updated to reflect the integration with the South Metropolitan Health Service.

This cost neutral publication is available to staff, clients, visitors and community members.

### PUBLICATIONS

During 2003-04 the following publications were available to the public:

- "South Metro" Monthly Health Service publication.
- Patients Rights and Responsibilities brochure.
- Patient Information brochure.
- Brochures on specific conditions and treatments.
- Departmental brochures.
- Annual Report.
- Information on complaints and compliment procedures.

# Governance - Reports on other Accountable Issues

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## RESEARCH AND DEVELOPMENT

Peel Health Services are governed by the SMHS and have access to the extensive research programs facilitated through the Area Health Service. Maturation of the Area health model has seen the development of committees such as the Area Human Research Ethics Committee.

## INTERNAL AUDIT CONTROLS

Internal Audit has the role of accountability adviser and independent appraiser, reporting directly to the Director General of Health. Audits conducted were generally planned audits, however on occasion, management initiated audits or special audits were also conducted. Predominantly the reviews were compliance based, however, a number of operational (performance-based) reviews have also been conducted. Under the direction of the Director, Corporate Governance, external consultants have conducted a number of audits. All audits conducted aim to assist senior management in achieving sound managerial control.

Specific internal audits conducted over the period include:

### Compliance Audits

- Hospitality, alcohol and entertainment expenditure.
- Use of mobile phones.
- Subscriptions, memberships and professional development.
- Financial returns.
- Asset management.
- Purchasing practices – Population Health Division.
- EMHS (Bentley) Hospital Ladies Auxiliary.

### FAAA Health Checks

- EMHS.
- SMHS.
- NMHS.
- Population Health Division.

### Payroll Audits

- Department of Health (Royal Street Divisions).
- Fremantle Hospital and Health Service.
- NorPay.
- Drug and Alcohol Office.
- EMHS (Bentley Health Service).

- NMHS (Graylands, Osborne Park and Sir Charles Gairdner Hospital).
- WCHS.

### Country Audits

- Goldfields and South East Coastal Health Region.
- Kimberley Health Region.
- South-West Health Region.
- Great Southern Health Region.
- Pilbara Gascoyne Health Region.
- Financial Statement Close Process/Annual Report Preparation Plan.
- VMP payments.

### FAAA Health Checks

- Wheatbelt.
- Goldfields.
- South-West.

### Operational Audits

- Call Centre (Poisons Information Centre, Health Direct and Drug & Alcohol Information Centre).
- Worker's Compensation and Injury Management: Bunbury Health Service.
- Employee support strategies.
- Highly specialised drugs: WCHS.

### Information Systems Audits

- EMHS: Ultra Accounts Receivable Module.
- Population Health: Physical Security.
- Telehealth report.

### IT Controls

- NMHS (Osborne Park Hospital, Graylands Selby Lemnos and Special Care Health Service).
- SMHS (Armadale Health Service).
- RPH Payroll.

### Information Systems Reviews

- SMHS (Rockingham/Kwinana Health Service).
- Midwest Murchison Health Region.
- Wheatbelt Health Region.

### Special/Management Initiated Audits

- Family Planning Association (Phoenix).
- PSOLIS project.
- Planning Models.

## Governance - Reports on other Accountable Issues

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### PRICING POLICY

The majority of the Department of Health's services are provided free of charge. Some classes of patients are charged fees, for example patients who have elected to be treated as private patients and compensable patients (i.e. patients for whom a third party is covering the costs, such as patients covered by workers' compensation or third party motor vehicle insurance). Where fees are charged, the prices are based on legislation or government policy, or on a cost recovery basis.

The Department's Funding and Reporting Directorate sets a schedule of fees each year to cover patients for whom fees apply. These fees are incorporated into the Hospital (Service Charges) Regulations 1984 and the Hospital (Service Charges for Compensable Patients) Determination 2002.

### RISK MANAGEMENT

#### Our Policy

The Peel Health Services aims to achieve the best possible practice in the management of all risks that threaten to adversely impact upon the Health Service itself, its patients, staff, assets, functions, objectives, operations or upon members of the public.

#### Strategies and Initiatives

Peel Health Services continues to utilise this framework to identify risks for new activities, with qualitative and quantitative risk rating being applied.

Systems are in place for effective data collection and evaluation, including incident monitoring, clinical practice review and audits.

Complaints are monitored, reviewed and recommendations implemented with demonstrated outcome improvement.

The focus has been on establishing and progressing systems that support a Clinical Governance framework supporting the direction of the Department of Health framework. Safety and Quality initiatives are directed in line with the four pillars of this framework:

- Consumer value.
- Clinical performance and audit.
- Clinical risk management.
- Professional development.

Education has been provided to update staff on their obligations for managing and reporting clinical incidents.

Policy and procedures have been updated to reflect the policy documents released via the Occupational Safety and Quality Health. Compliance is monitored via performance and improvement systems.