

Operations

Advertising

The following table lists expenditure on advertising, market research, polling, direct mail and media advertising made by the WA Country Health Service and published in accordance with the requirements of Section 175ZE of the Electoral Act 1907. The total expenditure for Advertising for the WACHS in 2006-07 was \$969,369.

Table 19: Advertising

Summary of Advertising	Amount (\$)
Advertising Agencies	869,445
Market Research Organisations	22,175
Polling	Nil
Direct Mail Organisations	Nil
Media Advertising Organisations	77,749

Expenditure Category	Recipient / Organisation	Amount (\$)	Total (\$)
Advertising Agencies			
	Marketforce	740,461	
	Market Creations	8,740	
	Northern Paper Distributors	197	
	Quantum Recruitment	24,145	
	Seele Limited	495	
	Wavelength	92,858	
	Westcare Industries	2,549	869,445
Market Research Organisations			
	Mills Wilson	22,175	22,175
Polling Organisations			
			Nil
Direct Mail Organisations			
			Nil
Media Advertising Organisations			
	Advertiser Print	206	
	Albany Advertiser	5,884	
	Albany Chamber of Commerce and Industry	1,185	
	Apex Gascoyne Business	242	
	Avon Valley Advocate	2	
	Bower Bird Information Services	99	
	Chittering Times	616	
	Cottman Australia Pty Ltd	216	
	Crime Alert	484	
	Cunderdin and Meckering Bandicoot Express	34	
	Dalwallinu Telecentre Network	578	
	Denmark Bulletin and Media Services	115	
	Elite Publishing	700	
	Fast Track Media	3,436	
	Fence Post	135	
	Geraldton Newspaper	2,546	

Advertising (continued)

Media Advertising Organisations (continued)			
	Golden West Network	4,468	
	Great Southern Herald	2,640	
	Jerramungup Telecentre Inc	66	
	Lake Grace Telecentre	272	
	Local Business Support and Community Service	268	
	Lions Club Lake Grace	48	
	Media Decisions WA	7,683	
	Messages on Hold	189	
	Midwest Times	3,624	
	North West Telegraph	362	
	Northern Guardian	14,171	
	Pingelly Times	35	
	Plantagenet News	47	
	Radiowest Broadcasters Pty Ltd	599	
	RadioWest Network	2,555	
	Royal Australian College of Surgeons	220	
	Royal Australian and New Zealand Obstetrics and Gynaecology College House	990	
	Rural Press Regional Media	1,635	
	Seabreeze Communications	1,699	
	Seek Limited	165	
	Sensis Pty Ltd	140	
	Shire of Chittering	165	
	Southern Cross Telecentre	22	
	South West Printing & Publishing	1,988	
	Synergy Graphics	49	
	Telstra Corporation Ltd	105	
	The Cancer Council Western Australia	10,826	
	The Communicator	250	
	The Nursing Post	358	
	The Toodyay Herald	30	
	The West Australian	649	
	The Williams	8	
	Town of Narrogin	794	
	WA Police Legacy (Inc)	330	
	Weekender	2,032	
	Wheatbelt Chamber of Commerce	133	
	Wongan Hills Telecentre	84	
	Workplace Safety and Industrial News	429	
	Wyalie Weekly	5	
	Yamatji Times	170	
	York Telecentre	105	
	303 Advertising Pty Ltd	860	77,749



Corruption prevention

Government agencies are required to specifically consider the risk of corruption and misconduct by staff, and to report on risk reduction strategies in place within the agency. Within WA Health, the existence of an effective accountability mechanism is fundamental to good corporate governance. This year the Corporate Governance Directorate carried out a total of 121 investigations of alleged misconduct.

Strategies introduced in 2006-07 to assist in preventing corruption include:

- A Fraud and Corruption Control Plan was established to set an appropriate strategic framework that defines management and staff responsibilities and to ensure the implementation of robust practices for the effective detection, investigation and prevention of fraud and corruption of any description associated with WA Health.
- Approval was given for the establishment of a Fraud and Corruption Control Committee to consider system-wide initiatives, monitor and review fraud and corruption risk assessments, and monitor fraud prevention development. The committee has representatives from all areas of WA Health.
- The Corporate Governance Directorate commenced an education awareness program, with a number of presentations already having been made to the Department of Health, North Metropolitan Area Health Service, Child and Adolescent Health Service and WA Country Health Service. These will continue next year and include the South Metropolitan Area Health Service. Presentations were developed in consultation with appropriate external oversight agencies (e.g. The Corruption and Crime Commission [CCC] and the Office of Public Sector Standards Commissioner).

WA Country Health Service

Achieving best practice in the management of risk and preventing corruption where such circumstances can adversely affect the delivery of health care services and the welfare of clients, the public and staff is a priority for the WA Country Health Service. WACHS actively promotes employee responsibility for identifying, minimising and preventing risk and corruption.

WACHS has implemented processes to prevent corruption and comply with the relevant Treasury Instructions on Risk Management and Security, and the directions provided by the Government on "Fraud Prevention in the Western Australian Public Sector", the Financial Management Act, authority delegation schedules, the accounting standards, and for compliance with ACHS service accreditation requirements. Cases of alleged corruption have been investigated internally or referred for external assessment.

Training programs and briefing sessions offered by both the CCC and the Department's Corporate Governance Unit assist WACHS' workforce to comply with the corruption prevention procedures and the Codes of Conduct and Ethics. The duty to act ethically and to comply with all relevant codes governing employee behaviour including the Department's policy on the acceptable use of computers and the Internet, is encompassed in the position duty statements which employees must acknowledge during induction and staff development programs. WACHS maintains thorough records of alleged misconduct to identify particular risk areas and develop preventative strategies, and participates in internal corruption prevention audits.



Disability access and inclusion plan

The *Disabilities Services Act 1993*, amended in 2004, ensures that people with disabilities have the same opportunities as other West Australians, and the WA Country Health Service is committed to providing all people with access to facilities and services.

The Act requires public authorities to develop and implement a Disability Access and Inclusion Plan (DAIP) and undertake a continuous process of review to ensure the organisation meets the outcomes outlined in the Act.

The Area Health Service established the WACHS Disability Access and Inclusion Planning Committee in February 2006 comprising of regional and corporate office representatives to oversee the 2006-2009 WACHS wide DAIP. This DAIP is complimented by plans developed and implemented at the regional level.

Outcome 1: People with disability have the same opportunities as other people to access the services of, and events organised by, the relevant public authority.

- The WA Country Health Service continually reviews and amends its Area wide and regional DAIPs to ensure currency and that all implemented policies address disability and access issues.
- WACHS supports the contribution of people with disabilities to health service consumer forums, and ensures health service events are accessible to people with disabilities. The Disability Service Commission Accessible Events checklist has been incorporated into WACHS event organising guidelines and all WACHS sites provide opportunities for staff and others to submit service initiatives or highlight issues relating to service access for people with a disability.

- Appropriate patient transport services are made available to people with disabilities to attend appointments at health facilities.

Outcome 2: People with disabilities have the same opportunities as other people to access the buildings and other facilities of the relevant public authority.

- The WACHS conducts a continuous auditing process of services and facilities to ensure appropriate access for those with a disability and compliance with applicable Australian Standards and Guidelines.
- Planning for new facilities addresses access issues for people with a disability.
- Resources are allocated annually to upgrade facilities for items such as directional signage, handrails and railings, modifications to toilets and bathrooms, provision of hoists and lifts in vehicles where appropriate, access ramps and automatic doors, and ensuring parking capacity for people with a disability.

Outcome 3: People with disabilities receive information from the relevant public authority in a format that will enable them to access the information as readily as other people are able to access it.

- The WACHS provides information in appropriate formats suitable for people with disabilities in accordance with Department of Health access policies and guidelines.
- Information is provided verbally, in Braille and in electronic formats for sight, hearing and reading impaired people, and many information brochures are produced in large fonts with pictures and diagrams.
- The WACHS maintains networks with representative organisations to obtain expert advice and information regarding appropriate communication and information strategies to assist people with a disability.



Disability access and inclusion plan (continued)

Outcome 4: People with disabilities receive the same level and quality of service from the staff of the relevant public authority as other people receive from that authority.

- Training and staff development is provided to all staff to ensure they understand the needs of people with disabilities and are aware of current issues affecting access to services.
- The Area Health Service reviews levels of staff awareness in regard to disability service issues, and uses this information to structure training programs. Audits are conducted to ensure that training addresses disability access issues, and the introduction of the 'Patient First' program aims to ensure service provision is consistent across all clients.
- Selection criteria for staff positions require applicants to demonstrate awareness of current disability issues.

Outcome 5: People with disabilities have the same opportunities as other people to make complaints to the relevant public authority.

- WACHS has implemented appropriate grievance and complaint mechanisms that provide people with disabilities opportunities to raise issues and make formal complaints regarding access to health services or specific circumstances relating to the services they have received.
- Where appropriate, mechanisms are available to use advocates, make confidential complaints or make verbal representation when a written complaint is not possible.

Outcome 6: People with disabilities have the same opportunities as other people to participate in any public consultation by the relevant public authority.

- The WACHS' Disability Access Committees include community representatives who have a disability, and who can provide input on their behalf.
- Wherever possible, District Health Advisory Councils include members with disabilities to promote the interests and concerns of people with disabilities in service and facility planning.
- Specific interest groups also provide a mechanism for people with disabilities to pursue issues with the Area Health Service, and community consultative groups and networks ensure people with disabilities contribute to the decision-making process.



Employee profile

Agencies are required to report a summary of the number of employees by category, in comparison with the preceding financial year. The table below shows the average number of full-time equivalent staff employed by WACHS year-to-date June 2007 by category.

Table 20: Total FTE by Category

Category	Definition	2005-06	2006-07
Administration and clerical	Includes all clerical-based occupations - ward and clerical support staff, finance managers and officers.	1,064	1,049
Agency	Includes contract staff in occupational categories: administration and clerical, medical support, hotel and site services, medical.	11	21
Agency nursing	Includes nurses engaged on a "contract for service" basis.	68	80
Hotel services	Includes catering, cleaning, stores/supply laundry and transport occupations.	1,215	1,234
Medical	Includes salary and sessional based medical occupations.	178	180
Medical support	Includes all Allied Health and scientific/technical related occupations.	549	554
Nursing	Includes all nursing occupations. Does not include agency nurses.	2,308	2,310
Site services	Includes engineering, garden and security-based occupations.	179	178
Other categories	Includes Aboriginal and ethnic health worker related occupations.	91	75
Total		5,663	5,681

Equity and diversity

The State Government is committed to developing an equitable and diverse public sector workforce which is representative of the Western Australian community at all levels of employment, and enables employees to combine work and family responsibilities. In 2006 the Government revised its "Equity and Diversity Plan for the Public Sector Workforce" with the release of a Plan for the period 2006-09. This plan reinforces the link between employment equity and diversity, better planning and improved service delivery.

The Department of Health has also released a complimentary WA Health Plan 2007-09 providing a strategic framework for equity and diversity outcomes specific to the public health sector. The Health Plan aligns with WA Health's Strategic and Operational plans

and provides targets for workforce participation and distribution objectives.

Please see Appendix 1 of the Department of Health 2006-07 Annual Report for the Equity and Diversity - Workforce Participation and Workforce Distribution achievements in 2006-07.

WA Country Health Service

The WA Country Health Service provides a variety of services and in order to be responsive to the diverse needs of the community has adopted goals and objectives to address these needs, at the same time complying with Government policy as described in the "Plan", and in the Department's Equity and Diversity Plan 2007-09. WACHS also ensures its operations are in accordance with the legislative requirements of the *Equal Opportunity Act 1984*.



Equity and diversity (continued)

Equal Employment Opportunity

The Area Health Service has adopted workplace practices to prevent discrimination in relation to gender, marital status, pregnancy, family status, race, age, or religion or political conviction, and promotes equal opportunity and diversity in the workplace recognising the contribution that indigenous Australians, people with disabilities, people from culturally diverse backgrounds, youth and women make to the service delivery operations of the Area Health Service. Procedures have been adopted to address events of discrimination or harassment, and policy and practice manuals are readily available to all staff. WACHS regions have appointed Equal Opportunity Contact Officers with other nominated staff for regional sites where appropriate.

Recruitment and selection training and induction and orientation programs provide information on equal opportunity and discrimination legislation including the Codes of Conduct and Ethics, the WACHS organisational culture, and the processes for complaints and redress. Resources are available either in hardcopy or electronic formats. WACHS job description forms (JDF) are reviewed to ensure selection criteria remain current to Equal Employment Opportunity (EEO) requirements and position application and orientation packages contain information pertaining to employee obligations under EEO. During 2006-07 JDFs were updated to reflect the Aboriginal Workforce and Cultural Respect Framework.

Equal employment and staffing profiles as well as complaint and issue data is collected from across the Area Health Service to inform management on the diversity of the WACHS workforce and any pertinent issues that may arise.

Family friendly initiatives and work-life balance

The WA Health Work Life Balance Policy came into effect in November 2006, promoting flexible and responsive work practices. In support of the Policy, three initiatives were launched:

- Training for Managers in Creating Flexible Workplaces for WA Health
- 101 Strategies for Achieving Work Life Balance
- WA Health Child Care Program

WACHS remains committed to creating appropriate Work Life Balance (WLB) for its employees. Consistent with the Department's approach, information on flexible work arrangements currently available was distributed to all employees and further information provided to managers on essential management actions for creating WLB. WLB was identified as a key workforce issue in the employee survey in 2006 and forms part of the WACHS' operational plan for 2007-08.



Industrial relations

The Department of Health Industrial Relations Service provides advisory, representation and consultancy services on significant human resource management and industrial relations issues effecting Area Health Services. A key activity for 2006-07 included the conduct of Industrial Agreement negotiations for all categories of health employees.

During the reporting period, replacement Industrial Agreements were also settled for engineering and building trades employees, health professional, administrative, technical and clerical staff, and as at the end of June negotiations for doctors, nurses and support

workers employment agreements were ongoing.

WA Country Health Service

The WACHS ensures its industrial relations policies and practices comply with all relevant State and Commonwealth industrial relations legislation, awards, and industrial and certified employment agreements. The Area Health Service has adopted proactive cooperation and consultation processes with its employees and any relevant representative industrial body.

The WACHS experienced no significant industrial disputation during 2006-07.



Internal audit controls

Department of Health

The Corporate Governance Directorate (Internal Audit) has the role of accountability adviser and independent appraiser, reporting directly to the Director General for Health. Audits undertaken were generally planned audits, however on occasion, management initiated audits or Corporate Governance Directorate initiated audits were also carried out. Audits were of a compliance, performance or information system nature. The audits were conducted to assist senior management in achieving sound managerial control. External consultants were utilised to complete some audits.

WA Health has an overarching Audit Committee that considers matters of strategic importance and system-wide issues. This committee is informed by a number of sub-committees, which consider operational issues as they relate to specific areas. Sub-committees have been established for the North Metropolitan Area Health Service (including the Child and Adolescent Health Service), the South Metropolitan Area Health Service, the WA Country Health Service, the Department of Health and Health Corporate Network.

Fifty audits were completed during 2006-07, including clinical governance, control review, Annual Report preparation and PATS processing for the WA Country Health Service.

Please see the Department of Health 2006-07 Annual Report for the full list of audits.

WA Country Health Service

The WACHS has adopted sound procedures and internal controls designed to provide reasonable assurance in regard to achieving the Area Health Service's objectives, in particular those related to:

- effectiveness and efficiency of operations;
- reliability of financial and operations reporting;
- compliance with applicable legal requirements and community expectations;
- stewardship of public resources; and
- minimisation of exposure to adverse events.

To enhance corporate governance within the Area Health Service, the WACHS Audit Committee has recognised the need for formal processes to be implemented to ensure that administrative functions performed by all departments are being properly controlled. To this end the WACHS Operational Plan includes a performance measure that states 100% of all 'Extreme' and 'High' risk rated Internal Audit Committee recommendations are implemented within the agreed timeframe.



Major capital works

Please refer to the 2006-07 Department of Health Annual Report for financial details of major capital works in the WA Country Health Service.

Capital works projects completed in the WACHS during 2006-07	Capital works projects in progress in the WACHS during 2006-07
Albany Regional Resource Centre - refurbishment / expansion of rehabilitation day centre.	Denmark Multi Purpose Centre
Port Hedland Residential Aged Care Facility	Broome Regional Resource Centre - Stage 1.
Moora Multi Purpose Centre	Fitzroy Crossing Multi Purpose Centre
Harvey Hospital - procedure room refurbishment	Kununurra Ward Expansion, Dental Clinic and Support Services
Margaret River Hospital Upgrade	Morawa and Perenjori Multi Purpose Centre
Derby Acute Inpatient Ward and Ambulatory Care Centre	Carnarvon Redevelopment Stage 1
	Port Hedland Regional Resource Centre Stage 2
	South West Health Campus Bunbury - Inpatient mental health expansion, new mental health clinic, new dental clinic.
	Busselton hospital redevelopment
	Kalgoorlie Regional Resource Centre redevelopment



Pricing policy

The majority of the WA 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, or compensable patients (i.e. patients for whom a third party is covering the costs, such as patients covered by worker's compensation or third party motor vehicle insurance). Where fees are charged, the prices are based on legislation, government policy, or a cost-recovery basis.

Health Finance sets a schedule of fees each year to cover patients from whom fees apply.

These fees are incorporated into the *Hospital (Service Charges) Regulations 1984* and the

Hospital (Service Charges for Compensable Patients) Determination 2002.

Dental Health Services utilises fees based on the Australian Government Department of Veterans' Affairs Schedule of fees, with patients charged:

- 50% of the treatment fee if holder of a Health Care Card or Pensioner Concession Card
- 25% of the treatment fee if holder of a pension or an allowance issued by Centrelink or the Department of Veterans' Affairs.



Recordkeeping

Department of Health

During 2006-07 the State Records Commission approved the Department's Retention and Disposal Authority following clearance of a revised Recordkeeping Plan.

The Department of Health and the Area Health Services have developed additional policies to support appropriate recordkeeping practices including the long-term management of electronic records and the management of non-patient records.

WA Country Health Service

WACHS has implemented recordkeeping policies and plans in accordance with Statutory requirements and the Department's Recordkeeping Plan, and Retention and Disposal Authority. Throughout the year, WACHS operational units monitor record handling practice and procedures to ensure compliance with the endorsed statutory requirements and the policies and plans, and to promote standardisation across the Area Health Service.

New WACHS employees are informed of their obligations under the *State Records Act 2000*, and advised regarding the Public Sector recordkeeping policies and procedures, and the Department of Health's Retention and Disposal Authorities and Recordkeeping Plan during their orientation and induction programs. Information regarding the Department's records management and statutory obligations is also maintained via the WA Health intranet.

Training programs are provided to existing staff to ensure records management practices meet current statutory and 'Plan' requirements. The WACHS conducts regular audits of recordkeeping procedures to identify issues and improve practices.

Specific records management activities during 2006-07 have included:

- the ongoing introduction of TOPAS numbering
- audits of the National Inpatient Medical Chart and patient medical records;
- the WACHS Health Information Managers' Network continues to meet regularly to review all facets of records management especially data collection, and records storage and archiving policies and practices;
- A number of sites have undertaken projects to improve the physical and operational aspects of local records management and storage.



Recruitment

Recruitment practice

All WACHS recruitment and selection processes are undertaken in accordance with the criteria set down in the "Public Sector Standards in Human Resource Management".

A WACHS-wide policy for the recruitment, selection and appointment of staff is applied consistently across the Area Health Service and is updated annually to ensure government and departmental guidelines are followed. Policies are available at all WACHS sites and are accessible via the WACHS Intranet site.

Positions are offered for permanent and contract appointment, and where appropriate, via temporary placement on expressions of interest.

Training to ensure potential selection panel convenors and members have the necessary selection skills and an understanding of Public Sector Standards, is provided regularly and selection panels must have at least one member who has attended the appropriate training. Appointments are based on the proper assessment of merit and equity. There is full disclosure of the provisions and entitlements applicable to legislation, awards and employment agreements.

The Health Corporate Network coordinates the recruitment process on behalf of the WACHS. Vacancies are advertised in both print and electronic media especially specific sites such as 'SEEK', 'Nursing Jobs' and 'NursingNetUK'. Recruitment campaigns have been conducted in local and national newspapers and radio, internationally especially for medical officers and nursing staff, at career expos, via promotions in educational institution handbooks, and through the participation in graduate programs. The WA Country Health Service also continued its participation in 2006 in the annual Royal College of Nursing Australia Nursing Expo.

Recruitment initiatives

The recruitment of clinical staff, particularly general nurses, medical officers, mental health clinicians and clinical nurses, registered midwives, and allied health professionals continued to be the focus of WACHS recruitment initiatives in 2006-07.

Specifically, WACHS was successful in recruiting additional psychiatric, general and specialist medical officers for numerous locations across the Area Health Service.

WACHS continues to enhance its attraction and retention packages especially in the area of accommodation to improve the success of their recruitment drives where a number of accommodation acquisitions were undertaken during the year, and has used effectively the regional rotation and migration programs such as the 'Kimberley Rotation' and the expansion of the 'Ocean to Outback' programs as well as temporary overseas sponsorship programs to augment staff recruitment.



Staff development

The quality, skill and adaptability of the WACHS workforce is pivotal to the delivery of quality health services and the achievement of the organisation's strategic objectives. WACHS is committed to maintaining an environment that encourages staff to seek opportunities for personal and professional growth and development.

The "Workforce Learning and Development Policy and Guidelines" adopted by WACHS and the implementation of the WACHS Regional Learning and Development Network supports the professional advancement and personal development of staff throughout the organisation, and enhances the promotion and utilisation of their existing skills and knowledge. Regional sites have implemented complimentary workforce programs to address local workforce issues, for example, the "Wheatbelt Workforce Development Program" with its "Workforce Development Reference Group", and the "Learning Opportunities and Outcomes Program" (LOOP) in the South West.

Employees are able to access training and development to meet service competency requirements, career development objectives, and strategic and operational goals. Compliance with employment awards and conditions, public sector standards, legislative and corporate governance requirements is also assessed. Training is addressed in line with equity principles and quality standards, and preference is given to local training providers. Self directed and on-line learning options are also supported.

The provision of quality staff training and development opportunities is reflected in staff satisfaction, peer networking and communication, and the achievement of health care objectives. WACHS provides a number of mechanisms to assist staff in career and personal development including study leave, financial support for approved development programs, supported placement

in approved courses, graduate and undergraduate training programs, and peer support and mentoring programs.

WACHS continues to develop telehealth video conferencing for staff development and training programs and has a number of staff participating in the "Leading 100" program. WACHS extensively uses its Intranet site to provide access to on-line training resources and advice.

Local information packages for new employees are provided where appropriate. For example, in the Kimberley employees receive an induction booklet on generic North West employment conditions, local services and facilities, remote area travel, and tropical weather conditions.

2006-07 workforce learning programs

WACHS provides mandatory staff induction or orientation programs which feature topics such as fire and emergency procedures, occupational safety and health, infection control (if appropriate), risk management, Public Sector Standards and Codes of Ethics and Conduct, manual handling, workplace behaviour and bullying, and information technology familiarisation and Telehealth.

Established training opportunities also continued in 2006-07 and included:

- first aid and emergency medical training
- performance management
- team building, leadership and management
- aged care
- clinical learning and development in:
 - paediatrics
 - mental health
 - burn emergency care and management
 - advanced life support
 - post-natal depression
 - triage practice
 - transfusion management
 - remote area nursing
 - diabetes management.



Substantive equality

Please see the Department of Health Annual Report 2006-07.

Sustainability

Please see the Department of Health Annual Report 2006-07.

Workers' compensation and rehabilitation

The following table provides information on the number of worker's compensation claims made during 2006-07 within the WA Country Health Service.

Table 21: Workers' Compensation and Rehabilitation

WACHS	Medical	Nursing Services	Admin and Clerical	Medical Support	Hotel Services	Maintenance	Other
Goldfields	0	6	1	0	9	0	2
Great Southern	0	15	3	6	11	2	2
Kimberley	0	10	1	0	6	4	1
Midwest	0	14	5	0	12	4	9
South West	1	48	2	7	23	3	10
Pilbara	3	13	2	0	14	3	1
Wheatbelt	0	15	6	2	25	9	4
Area Office	0	0	1	0	0	0	0
Total	4	121	21	15	100	25	29

Note - 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 patient service assistants
- Medical - salaried officers
- Other - includes site services, OSH and technical support staff.

Occupational Safety and Health Initiatives

The WA Country Health Service has adopted a Safety Management System based on the 'WorkSafe Plan' and "WA Occupational Safety and Health Act 1984". This system allows all aspects of Occupational Safety and Health (OS&H) to be integrated in the day-to-day practices of all managers and employees within the organisation. During 2006-07 WACHS continued developing its OS&H policies and strategies, quality assurance and risk monitoring, and reporting programs. WACHS ensures there is a consistent approach to OS&H and employee rehabilitation across the Area Health Service.

The main elements of the WACHS Safety Management System are:

- Management commitment recognising managers and supervisors responsibilities in managing the Occupational Safety and Health duty of care provisions of the Act;
- Planning for safety and health allowing for the OS&H requirements and responsibilities to be integrated on an area and regional level;
- Hazard Management for WACHS to adopt standard practises and procedures to reporting, assessing;



Workers' compensation and rehabilitation (continued)

- controlling and evaluating the hazards in the workplace;
- Consultation and cooperation building on the structures for employees and management to discuss issues in relation to OS&H through elected representatives and the safety committee; and
- Safety and health training providing compulsory training according to risk assessment for all staff, specifically safety representative and managers and supervisors.

The WACHS OS&H Program Manager and the appointed regional OS&H coordinators form the WACHS OS&H Reference Group providing regular performance data on OS&H and injury management, to both Regional and Area executives. Regional OS&H coordinators are also responsible for informing management on workplace occupational safety and health matters, and for OS&H audits. Coordinators provide advice on specific training initiatives for WACHS staff including facilitating off-road driving and general vehicle maintenance courses applicable to conditions in remote areas providing instructions to prepare for cyclones, developing guidelines for hazard inspections and fire / evacuation drills, and initiating ergonomic assessments when necessary.

Occupational Injury Prevention and Rehabilitation

The WACHS Workers Compensation and Injury Management system provides timely and effective intervention for WACHS employees that have injured themselves at work or those employees who have injuries that may affect their ability to undertake their duties. WACHS' regional worker's compensation staff ensure that injured employees receive their entitlements and can access 'best practice' injury management interventions and rehabilitation programs including structured 'return to work' programs providing light or restricted duties for those employees with injuries. These programs are developed in conjunction with the employee, their doctor and medical providers, their work supervisor and the OS&H coordinator.

The WACHS uses a combination of internal and external rehabilitation program providers and all staff involved in rehabilitation programs participate in injury management training and are provided with appropriate instruction to undertake their responsibilities. The WACHS also has implemented OS&H databases and hazard registers providing incident information and the capacity for proactive hazard reporting and investigation. "Root Cause Analysis" methodology for investigating clinical incidents has been adopted to ensure comprehensive investigation of occupational injuries.