Overview of agency
Vision statement

Vision
To deliver a safe, high quality, sustainable health system for all Western Australians.

Values
WA Health's Code of Conduct identifies the values that we hold as fundamental in our work and describes how these values translate into action.

Our values are:

Priorities
Our strategic priorities are focused on a continuum of care to support and guide health care through integrated service delivery from prevention and health promotion, early intervention, primary care through to diagnosis, treatment, rehabilitation and palliation.

Ensuring people in Western Australia receive safe, high quality and accessible health services underpins our strategic priorities. This includes delivering health services that are patient centred, based on evidence and within a culture of continuous improvement.

WA Health's strategic priorities are:

1. Prevention and Community Care Services
2. Health Services
3. Chronic Disease Services
4. Aboriginal Health Services.
Executive summary

The 2015–16 financial year marked the end of an era for WA Health, as the health system made preparations to move away from a centralised governance structure and embrace a devolved structure as of 1 July 2016.

Guided by the WA Health Reform Program 2015–2020, WA Health spent 2015–16 planning for the transition to the new governance arrangements, which will support the ongoing sustainability and performance of the health system, and make it more responsive to local communities.

Central to the new structure was the passing of the Health Services Act 2016, which received Royal Assent on 26 May 2016.

The new legislation allowed for the creation of five Health Service Providers as separate statutory authorities, governed by Boards, which are legally responsible and accountable for the oversight of hospital and health service delivery in their area. This included the creation of the new East Metropolitan Health Service.

The Health Information Network, Health Corporate Network and Health Supply Network were also amalgamated as Health Support Services, which from 1 July 2016 was created as a non-Board governed Health Service Provider.

The legislation also established the Department of Health as the ‘System Manager’, responsible for the overall management, performance and strategic direction of WA Health.

Also in 2015–16, the Mental Health Act 2014 was enacted and the long-awaited Public Health Bill 2014 passed through Parliament, replacing 100-year-old legislation and introducing a contemporary approach to managing public health.

In addition, the State's $7 billion infrastructure program continued its success, with the opening of the 307-bed St John of God Midland Public Hospital, which replaced the outdated Swan District Hospital.

Significant headway was also made in preparation for the opening of the new Perth Children's Hospital in the coming months.

In country Western Australia, new emergency departments opened in Esperance and Carnarvon and extensive upgrades were made to the emergency department at Broome Health Campus; Exmouth Health Service upgrade was completed; and clinical works at Kalgoorlie Health Campus were finalised.

Information and Communications Technology (ICT) service delivery was also improved with the upgrade of more than 90 per cent of WA Health's computer fleet and the establishment of an Incident Management Triage team to provide a 24-hour-a-day, seven-day-a-week, on-call facility for hospital staff requiring assistance with an ICT issue.

Roll-out of core clinical applications continued and the Psychiatric Online Information System was upgraded to support the implementation of changes to the Mental Health Act 2014. A contract was also awarded for the implementation of a new Laboratory Information System to support the delivery of pathology services.

The most notable achievement of 2015–16, however, was the way in which WA Health's professional, 42,000-strong workforce continued to excel at its core business of delivering world-class health care to the people of Western Australia, while also meeting increasing demand on the system.

In 2015–16 WA Health managed:

- more than 562,000 inpatient separations, an increase of 25,000 on the previous year
- more than one million emergency department attendances, an increase of 20,000 on the previous year
- more than 2.4 million outpatient occasions of service – an increase of 145,000 on the previous year.

WA Health also performed well for the community against the four strategic priorities outlined in the WA Health Strategic Intent 2015–2020: Prevention and Community Care Services; Health Services; Chronic Disease Services; and Aboriginal Health Services.

Prevention and Community Care Services

The passing of the new Public Health Bill 2014 through Parliament on 30 June 2016 was the culmination of a significant regulatory reform project led by the Department of Health.

The new Bill repeals much of the outdated Health Act 1911 and strengthens Western Australia's capacity to deal with contemporary public health issues such as preventable diseases and emerging risks from new industries, as well as emergencies including global epidemics.
In 2015–16, the Department of Health’s public health team implemented the State Government ban on commercial solaria, established a framework to address Zika virus, and consolidated the State Health Emergency Management Policy. It also implemented a new program to provide free pertussis vaccine to pregnant women and ran the statewide mosquito control campaign ‘Fight the Bite’.

This year also saw the launch of the WA Rare Diseases Strategic Framework and Implementation Plan 2015–2018. The first of its kind in Australia, this Framework is a comprehensive plan for improving the health and wellbeing of people living with a rare disease, enabling more timely diagnosis and better integrated care.

In 2015–16, the Department’s Office of Mental Health undertook an extensive implementation program for the Mental Health Act 2014, which commenced on 30 November 2015. This included training more than 3,500 mental health staff, clinical and administrative system redesign, and a coordinated communication strategy across the public health system. An impact study was also undertaken to examine the initial changes of the new legislation on mental health services.

The Department completed 95 per cent (72) of its 76 endorsed recommendations from the ‘Stokes Review’ – which reviewed the admission or referral to, and the discharge and transfer practices of, public mental health facilities and services in Western Australia. The remaining four recommendations are due for completion in 2016–17.

Work began on the State Oral Health Plan 2016–2020, which will be the first of its kind in Western Australia. The State Oral Health Advisory Council was also established in November 2015.

Health Services

The Department of Health is a key part of the broader health system, responsible for health sector planning, providing advice to Government and supporting the health services to provide world-class health care to nearly 2.6 million people.

In 2015–16, the Department launched the WA Health Workforce Strategy 2016–2020 to ensure the adequate supply of an appropriately skilled, diverse and flexible workforce.

On 1 April 2016, the Department introduced the new WA Elective Services Target (WEST) and a new statewide WA Emergency Access Target (WEAT) to replace the discontinued national targets. The WEST measures the percentage of over boundary cases (those waiting longer than the clinically recommended time) on the waiting list, with a target of 0 per cent. The WEAT requires that 90 per cent of all patients presenting to a public hospital emergency department will be seen and admitted, transferred or discharged within four hours.

These new initiatives continue to drive local improvement and maintain Western Australia’s position as one of the best performing States in terms of elective surgery wait times, and access to emergency care.

Other initiatives to improve access to, and the function of, health services in 2015–16 include:

- the WA Adult Gastrointestinal Endoscopy Services Strategy 2015–2020 to address waiting lists, improve referral processes and develop care pathways for endoscopy patients
- the Theatre Efficiency Reform Program to deliver efficiency improvements in hospital operating theatres
- a model for ambulance distribution which provides ambulance officers with enhanced clinical services information so the patient arrives at the right hospital, as well as a mechanism to trigger changes to distribution based on ambulance thresholds per site.
- a policy outlining a change in practice in tertiary adult hospitals whereby ambulance officers handover patients to hospital staff within 30 minutes.
- a statewide, Acute Stroke Pathway to improve access for regional stroke patients requiring treatment in specialist metropolitan stroke units
- a Steering Committee to oversee the implementation of the recommendations from the Review of Maternity Services in Metropolitan non-tertiary hospitals.

Work also continued to progress the WA Health Clinical Services Framework 2014–2024 through the establishment of specialty action groups for priority areas. For example, the Statewide Paediatric Reconfiguration Steering Committee was formed to determine the expected volume and appropriate distribution of paediatric activity across WA.

The WA Health Central Referral Service continued to manage first specialist outpatient referrals into the WA health system, distributing outpatient activity in a strategic, consistent and documented manner to improve patient access to care. As at July 2016, the service had received approximately 379,000 referrals since its establishment in February 2014.

Significant reform was also undertaken to achieve greater efficiency in the delivery and management of health resources including the implementation of key national Activity Based Funding reform initiatives. A number of Activity Based Management (ABM) Business Intelligence Tools were trialled and the Department hosted a major ABM conference to improve the knowledge of frontline staff on clinical performance and service delivery cost.
In procurement, a new contract management model for whole-of-Health contracts strengthened oversight of contracts, improved contract compliance and clinical engagement, and delivered savings of more than $6.6 million.

In 2015–16, WA Health’s inaugural Strategic Procurement Program moved into its second phase, focusing on improving capacity, compliance and capability in procurement management practices and processes.

Key achievements and activities in 2015–16 included:

- the development of a binding Procurement Policy Framework to ensure consistent processes and governance for Health Service Providers undertaking procurement activity
- the development of a comprehensive register of WA Health contracts and procurement processes through the Procurement Development and Management System
- the incorporation of consistent procurement authorisations within in each Health Service
- the launch of tailored contract management training and education initiatives across WA Health.

The Department of Health also continued to deliver leadership programs and master classes aimed at improving the quality of leadership in the public health system. It assisted in the design and commission of a range of staff development and strategic organisational development initiatives focused on team building, culture and service improvement.

In addition, approximately $18 million was provided in support of health and medical research through core Department of Health programs and the FutureHealth WA (FHWA) initiative. Core Department programs include the Clinician Research Fellowships, Research Translation Projects, Medical and Health Research Infrastructure Fund and the Research Institute Support scheme.

FHWA supported a number of initiatives in 2015–16 including the Telethon–Perth Children’s Hospital Research Fund, Merit Awards for emerging WA researchers, the development of a Research Governance Service IT System, and the enhancement of research capacity at Fiona Stanley Hospital. A three-year, $1.3 million FHWA grant was also announced for the development of a Clinical Trials and Data Centre by the WA Health Translation Network (WAHTN).

The WAHTN, which was supported by a FHWA grant in 2014–15, is a consortium of the WA universities, research institutes and public sector hospitals. It aims to accelerate collaboration in the WA health and medical research sector, and facilitate the rapid translation of research outcomes to improved patient care and community health.

**Chronic Disease Services**

In 2015–16, the Department of Health maintained its investment in high quality, evidence-based, population-wide health promotion programs. These programs target the common, modifiable risk factors for developing chronic disease including smoking, poor nutrition, obesity and insufficient physical activity.

Focus on reducing health conditions linked to excess body mass has continued via the innovative ‘LiveLighter’ campaign, a flagship initiative for WA Health, run by the National Heart Foundation WA in partnership with the Cancer Council WA. Following its success in Western Australia, this campaign has now been taken up by Departments of Health in Victoria, Queensland and the Australian Capital Territory (ACT).

In partnership with the Heart Foundation (WA Division), the Department’s Chronic Disease Prevention Directorate (CDPD) won the Institute of Public Administration Australia WA’s 2015 Achievement Award for ‘Best Practice in Health and Wellbeing Award’ for its WA Healthy Workers Initiative. This suite of government-funded workplace health services aims to address poor diet, physical inactivity, smoking and harmful alcohol consumption.

The CDPD uses targeted approaches to reach those in need. In partnership with the Departments of Education and Regional Development, the CDPD-funded Foodbank WA provides the School Breakfast and Nutrition Program to approximately 17,000 children in more than 400 schools in low socioeconomic status areas, regional and remote Aboriginal communities, and metropolitan schools with high Aboriginal, Culturally and Linguistically-Diverse (CALD) or other nutritionally vulnerable groups.

An increase in the proportion of people who are ageing combined with increased levels of chronic disease and co-morbidities, has required expansion of sub-acute and community care services. In response the Department of Health has:

- expanded the South West Subacute Care Program
- employed a geriatrician to service the Great Southern Region, based at the Albany Hospital Campus
- commenced a trial of a two-year integrated care program via a public-private partnership, with direct involvement of the patient’s GP.

Changing health behaviours and building a healthier State takes a multi-sectoral approach. The Department of Health places a high priority on initiating, growing and maintaining partnerships through networking with Government, industry and community services organisations.
Aboriginal Health Services

The Department of Health continues to support and invest in the delivery of services and programs that seek to close the gaps in the health and wellbeing of Aboriginal people.

In 2015–16, a comprehensive statewide consultation process was undertaken to inform the development of an implementation guide to support the *WA Aboriginal Health and Wellbeing Framework 2015–2030*.

The Framework, which guides WA Health and other agencies in their approach to Aboriginal health, was the first of its kind in more than a decade and the first to highlight the importance of prevention and culture in improving health outcomes for Aboriginal people.

A key priority of the Framework is to ensure that WA Health employees are equipped to serve the needs of Aboriginal people and to ensure services are provided in a culturally appropriate manner. In line with this, cultural education and training opportunities have been introduced for all WA Health staff. A mandatory, Aboriginal Cultural eLearning course for all staff was successfully implemented across the health system, with more than 65 per cent of WA Health employees completing the training within the first year.

A strong, skilled and growing Aboriginal health workforce across WA Health – including clinical, non-clinical and leadership roles – is vital for a culturally appropriate workforce. In 2015–16, a variety of career pathways and employment opportunities for Aboriginal people were used to increase the number of Aboriginal Health Workers in the system. Training is being conducted to improve the numbers of Aboriginal Allied Health Assistants in rural and remote communities. A pilot to introduce Aboriginal Health Practitioners to the health system has commenced, and cadetships are in place for Aboriginal students studying health and health-related courses.

In addition, the Aboriginal Health Policy Directorate delivered the inaugural WA Health Aboriginal Leadership Excellence and Development Program, which is a talent management and succession planning initiative for Aboriginal staff across the health system.

The *WA Aboriginal Health and Wellbeing Framework 2015–2030* also supports prevention and promotion activities. In 2015–16, WA Health has been working to address the higher rates of vaccine preventable diseases and the lower rates of immunisation coverage of Aboriginal children at 12 months and 2 years, compared to non-Aboriginal children. An Aboriginal Health Workers Immunisation Competency Training Program is now underway to train Aboriginal Health Workers in how to vaccinate children.

The implementation of the *WA Aboriginal Sexual Health and Blood-borne Virus Strategy 2015–18* has begun to combat the high rates of sexually transmitted infections, and blood-borne viruses such as HIV, hepatitis B and hepatitis C amongst Aboriginal people in WA. Developed in consultation with key stakeholder organisations, the Strategy highlights the importance of the partnerships between non-government organisations and government agencies.

In 2015–16 the Department of Health’s Communications Directorate partnered with Noongar radio to produce a radio segment called ‘Health Matters’, which focuses on positive promotion of health matters to an Aboriginal audience, with input from Aboriginal and other health professionals. The program has received positive feedback, and also runs weekly on a prison radio program.

In addition, a comprehensive evaluation of the statewide Specialised Aboriginal Mental Health Service (SSAMHS) is underway, to give consideration to extending funding beyond June 2017. The SSAMHS helps to address the mental health needs of Aboriginal people throughout Western Australia.

The Department of Health is also in partnership with the WA Country Health Service to implement a Fluoride Varnish Program as part of the State Government’s Improving Ear, Eye and Oral health of Children in Aboriginal, Rural and Remote Communities Program.

WA Health enters the new financial year keen to consolidate and build upon the reforms and achievements of 2015–16. Key to this will be a smooth transition to the new governance arrangements introduced on 1 July 2016.

Dr D J Russell-Weisz
DIRECTOR GENERAL
DEPARTMENT OF HEALTH
22,793 babies were born in a WA public hospital in 2015.

WA males are expected to live to 81.2 years of age and females to 85.8 years of age.

1,708 deaths in WA are caused by coronary heart disease.

12,364 people in WA were diagnosed with cancer in 2014.

44.2% of all potentially preventable hospitalisations in WA were due to chronic conditions.

24.5% of 16–24 year olds in WA consume alcohol at high risk of short-term harm.

12.3% of adults living in WA in 2014 were current smokers.

59.9% of WA children do not undertake sufficient physical activity.

27.5% of adults living in WA are obese.

92.7% of adults in WA do not eat 2 serves of fruit and 5 serves of vegetables daily.

13.8% of adults in WA reported being diagnosed with a mental health condition in the last 12 months.

74.3% of Year 8 students were fully immunised against Human Papillomavirus during 2015.
Operational structure

Enabling legislation

The Department of Health was established by the Governor under section 35 of the Public Sector Management Act 1994. The Director General of Health is responsible to the Minister for Health for the efficient and effective management of the organisation. The Department of Health supports the Minister in the administration of 25 Acts and 73 sets of subsidiary legislation.

Administered legislation

Acts administered as at June 2016

- Anatomy Act 1930
- Blood Donation (Limitation of Liability) Act 1985
- Cremation Act 1929
- Fluoridation of Public Water Supplies Act 1966
- Food Act 2008
- Health Act 1911
- Health Legislation Administration Act 1984
- Health Practitioners Regulations National Law (WA) Act 2010
- Health Professionals (Special Events Exemption) Act 2000
- Health Services (Quality Improvement) Act 1994
- Hospitals and Health Services Act 1927
- Human Reproductive Technology Act 1991
- Human Tissue and Transplant Act 1982
- Medicines and Poisons Act 2014
- National Health Funding Pool Act 2012
- Nuclear Waste Storage and Transportation (Prohibition) Act 1999
- Pharmacy Act 2010
- Poisons Act 1964
- Prostitution Act 2000 (other than section 62 and Part 5)
- Radiation Safety Act 1975
- Surrogacy Act 2008
- Tobacco Products Control Act 2006
- University Medical School Teaching Hospitals Act 1955
- Western Australia Health Promotion Foundation Act 2016
- White Phosphorus Matches Prohibition Act 1912
Acts passed during 2015–16

- Western Australia Health Promotion Foundation Act 2016 was assented on 21 March 2016
- Health Services Act 2016 was passed on 26 May 2016
- Public Health Bill 2014 was passed on 30 June 2016.

Bills in Parliament as at June 2016


Amalgamation and establishment of Boards

There were no Boards amalgamated or established in 2015–16.

Accountable authority

The Director General of Health, Dr David Russell-Weisz, was the accountable authority for the Department of Health in 2015–16.

Responsible Minister

The Department of Health is responsible to the Minister for Health, the Hon. John Day.

WA Health structure

WA Health encompasses five health service areas:

1. Department of Health
2. Metropolitan Health Service
3. WA Country Health Service
4. Quadriplegic Centre
5. Queen Elizabeth II Medical Centre Trust.

Each service area is composed of health service providers and/or support service providers. The Quadriplegic Centre and the Queen Elizabeth II Medical Centre Trust are responsible for submitting their own annual reports.

The WA Health structure is displayed in Figure 1.
**WA Health management structure**

The State Health Executive Forum is the highest decision making body within the Department of Health, and advises the Director General. This advisory group includes the Chief Executives from the Metropolitan Health Service and the WA Country Health Service as well as Senior Executives from within the Department of Health. Further information on the management structure of the Metropolitan Health Service and the WA Country Health Service is available in the Metropolitan Health Service and the WA Country Health Service Annual Reports, 2015–16.

**Figure 2: State Health Executive Forum management structure**

---

**Senior officers**

Senior officers and their area of responsibility for the Department of Health are listed in Table 1.

<table>
<thead>
<tr>
<th>Area of responsibility</th>
<th>Title</th>
<th>Name</th>
<th>Basis of appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td>Director General</td>
<td>Dr David Russell-Weisz</td>
<td>Term Contract</td>
</tr>
<tr>
<td>Department of Health</td>
<td>Deputy Director General</td>
<td>Rebecca Brown</td>
<td>Term Contract</td>
</tr>
<tr>
<td>Office of the Director General</td>
<td>Director</td>
<td>Patsy Turner</td>
<td>Term Contract</td>
</tr>
<tr>
<td>System Policy and Planning</td>
<td>Assistant Director General</td>
<td>Gail Milner</td>
<td>Term Contract</td>
</tr>
<tr>
<td>Clinical Services and Research and Office of the Chief Medical Officer</td>
<td>Assistant Director General</td>
<td>Prof. Gary Geelhoed</td>
<td>Term Contract</td>
</tr>
<tr>
<td>Public Health</td>
<td>Assistant Director General</td>
<td>Prof. Tarun Weeramanthri</td>
<td>Term Contract</td>
</tr>
<tr>
<td>Purchasing and System Performance</td>
<td>Assistant Director General</td>
<td>Angela Kelly</td>
<td>Term Contract</td>
</tr>
<tr>
<td>System and Corporate Governance</td>
<td>Assistant Director General</td>
<td>Kylie Towie</td>
<td>Term Contract</td>
</tr>
</tbody>
</table>

The Department of Health's senior officer structure displayed above was in place from July 2015 to June 2016. The senior officer structure includes all officers who were members of the Department Executive for a period greater than three months.
Roles and responsibilities

The Department of Health:

- establishes the strategic direction for the WA Health system to improve health outcomes for all Western Australians
- provides policy oversight and high level advice in relation to a range of clinical and related issues across WA Health and the broader community
- manages resourcing, finance and performance issues with all budget holders including Health Services and the Department of Health Executive
- ensures leadership in innovation, advice, information and guidance on health services for mental health patients, older people and Aboriginal people
- develops, coordinates and delivers a wide range of statewide public health policy and programs.

Office of the Director General

Supports the Director General in both the role as the head of the Department of Health and as the delegate of the Health Service Board by:

- establishing and managing processes, guidelines and communications to ensure that the WA health system meets all ministerial, parliamentary and inter-agency requirements
- providing business support services (Human Resources, Corporate Governance, and Communications Directorate) to the Department of Health divisions
- providing secretariat for key coordination meetings and the Health Service Board meetings.

Office of the Deputy Director General and Health Reform

Supports the Director General of Health by:

- providing overall Health Reform Program management and program communications and implementation support
- supporting the recruitment and establishment of Health Service Boards and delivery of induction for new Board members
- developing an Interim and Statutory Board Operations Framework and supporting its implementation by Health Service Boards. This includes coordinating a System Manager review of Board performance
- supporting the WA Health Information and Communications Technology governance structure and overseeing implementation of the WA Health Information and Communications Technology Strategy 2015–2018
- reforming WA Health’s support services, including the development of a costing and pricing model and Service Level Agreements for Health Support Services and its clients
- overseeing the development and implementation of a functional review of non-clinical functions across WA Health
- implementing system-wide and entity-based transition plans to ensure that the system is able to transition to new governance arrangements while maintaining excellence in clinical care, training, research, policy and planning
- supporting the implementation of binding policy frameworks that are issued by the Director General who will become the System Manager following the enactment of the Health Services Act 2016
- setting the WA Health framework for employment and ethical conduct under the Health Services Act 2016, and the industrial framework for the WA health system
- providing expert commercial, medical, litigation and general legal advice to WA Health on a broad range of legal matters
- overseeing the delivery of support services to the Department of Health and WA Health Services.
Clinical Services and Research and Office of the Chief Medical Officer

Has responsibility for:

- policy and funding support to Western Australia’s health and medical research community, including hospitals, universities and research institutes
- supporting clinical and health research
- providing support, advice and the development of policy concerning blood, therapeutics and health technology
- providing fertility-related information and resources to the community and overseeing the regulation of assisted reproductive technology in WA
- conducting strategic research, planning and projects concerning the speciality medical workforce
- managing recruitment, accreditation, and monitoring of medical pre-vocational training positions
- contributing to the development and achievement of the strategic aims and objectives of WA Health in dental and related activities
- providing high level dental advice to the Director General and Minister for Health, and liaising and communicating actively with dental professional groups, specialist colleges, universities and research agencies
- overseeing the development and fulfilment of strategies to meet the WA public health system’s oral health workforce needs in the short, medium and long term
- providing high level advice on issues and trends in the delivery of allied health and health science services across the health system
- ensuring the provision of leadership and strategic direction to the various allied health and health science professions
- developing and coordinating the implementation of policy associated with the development and delivery of allied health and health science services
- providing strategic direction and policy advice for nursing and midwifery professional leadership, workforce and clinical services
- establishing safety and quality policy, guidelines and programs
- licensing and regulation of non-government healthcare providers, and regulation of the Australian Health Service Safety and Quality Accreditation Scheme in WA
- provision of a statewide reporting and monitoring function for clinical incidents including sentinel events and health service complaints.

Office of the Chief Psychiatrist

Has responsibility for ensuring patients’ rights are protected through the administration of the Mental Health Act 2014, and in supporting clinicians in applying the provisions of the mental health legislation appropriately. Key responsibilities include:

- monitoring of standards of mental health care throughout the state
- participation in a range of state and national committees, working groups and advisory groups relating to matters pertaining to the delivery of high quality mental health care throughout the State
- managing complaints and concerns, including those regarding the standards of psychiatric care and physical care in mental health services and monitoring actions against coronial recommendations
- providing clinical practitioner training and education sessions regarding new medications and adverse reactions, and the mental health legislation
- statutory oversight of any agency that seeks to influence treatment and care of mentally unwell people across WA.

System Policy and Planning Division

Has responsibility for:

- system-wide policy and statewide planning to deliver service improvements and innovative and cost effective programs to enable the best achievable health and wellbeing outcomes for the WA community
- setting the strategic direction across the WA Health’s public health system to improve health outcomes for all Aboriginal people living in WA
- developing system-wide policy in accordance with the strategic direction and priorities of the WA Health Networks
- strategic workforce planning and the delivery of workforce development activities
- leading and influencing equitable access to cancer control and end-of-life care in WA through a system of supporting, guiding and delivering high quality cancer prevention, screening, early detection, cancer treatment and palliative care activities and initiatives
- leading the strategic planning, coordination, review and reform of public mental health services.
Public Health
Ensures comprehensive and coordinated leadership, policy, and delivery of public health services through:

- advice and advocacy on public health, pharmaceutical issues and genomics
- regulatory support associated with public health and pharmaceuticals
- surveillance, control and prevention of communicable diseases
- assessment, correction, control and prevention of environmental factors affecting health
- disaster preparedness and management
- prevention of chronic disease and injury
- provision of linked data and epidemiological information and advice.

Purchasing and System Performance
Manages the critical enablers of the health system, performance monitoring, financial management and infrastructure by:

- ensuring that the allocation of resources, the purchasing and performance monitoring of publicly-funded health services, and WA Health’s infrastructure planning align with WA Health strategic priorities and policy settings
- administering economic modelling tools, resource allocation methodologies and performance management processes required for the purchase of publicly funded health services
- providing strategic leadership and advice on the operation of WA Health’s financial management framework and budget strategy
- undertaking financial accounting and cash management for WA Health, including financial reporting
- Maintaining statewide patient data collections and development of information management policy to support planning, resource allocation, performance reporting and research
- planning and developing WA Health’s infrastructure including monitoring of the Capital Works Program, and advice on the purchase, disposal and leasing of land and property
- Developing annual Service Agreements with each Health Service Provider to establish purchasing priorities and ensure a transparent resource allocation process for WA Health in accordance with the Health Services Act 2016.

System and Corporate Governance
Management of frameworks and policies that promote system-wide corporate governance, transparency and accountability by:

- assuring that there are appropriate provisions and outcomes for legislative compliance through statutory interpretation, drafting and provision of legal advice to the WA health system
- ensuring that there is a centrally-coordinated environment to manage the legislative portfolio administered by the Minister for Health
- management of policy and practice controls to provide confidence in the transparency and integrity of the WA Health procurement and contracting environment
- monitoring procurement processes within WA Health to ensure that they are efficient, effective and responsive to achieving departmental outcomes
- provision of advisory services on complex and sensitive industrial relations and workforce management issues, central coordination and representation responding to, and negotiating, industrial agreements for WA Health
- maintaining corporate governance practices through auditing and reporting on the internal environments across WA Health on matters of workplace activity
- management of misconduct complaints and promoting awareness about codes of conduct, standards and ethical behaviours expected to be delivered by WA Health staff.
Performance management framework

To comply with its legislative obligation as a WA government agency, WA Health operates under the Outcome Based Management performance management framework. This framework describes how outcomes, services and key performance indicators are used to measure agency performance towards achieving the relevant overarching whole-of-government goal. WA Health’s key performance indicators measure the effectiveness and efficiency of the health services provided by WA Health in achieving the stated desired health outcomes.

All WA Health reporting entities contribute to the achievement of the outcomes through health services delivered either directly by the entities or indirectly through contracts with non-government organisations.

WA Health’s outcomes and key performance indicators for 2015–16 are aligned to the State Government goal of ‘greater focus on achieving results in key service delivery areas for the benefit of all Western Australians’ (see Figure 3).

The WA Health outcomes for achievement in 2015–16 are as follows:

**Outcome 1:** Restoration of patients’ health, provision of maternity care to women and newborns, and support for patients and families during terminal illness

**Outcome 2:** Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care

The health service activities that are aligned to Outcome 1 and 2 are cited below (Figures 3 and 4).

Activities related to Outcome 1 aim to:

1. Provide quality diagnostic and treatment services that ensure the maximum restoration to health after an acute illness or injury
2. Provide appropriate after-care and rehabilitation to ensure that people’s physical and social functioning is restored as far as possible
3. Provide appropriate obstetric care during pregnancy and the birth episode to both mother and child
4. Provide appropriate care and support for patients and their families during terminal illness.

Activities related to Outcome 2 aim to:

1. Increase the likelihood of optimal health and wellbeing by:
   - providing programs which support the optimal physical, social and emotional development of infants and children
   - encouraging healthy lifestyles (e.g. diet and exercise).

2. Reduce the likelihood of onset of disease or injury through:
   - immunisation programs
   - safety programs.

3. Reduce the risk of long-term disability or premature death from injury or illness through prevention, early identification and intervention, such as:
   - programs for early detection of developmental issues in children and appropriate referral for intervention
   - early identification and intervention of disease and disabling conditions (e.g. breast and cervical cancer screening; screening of newborns) with appropriate referrals
   - programs that support self-management by people with diagnosed conditions and disease (e.g. diabetic education)
   - monitoring the incidence of disease in the population to determine the effectiveness of primary health measures.

4. Provide continuing care services and programs that improve and enhance the wellbeing and environment for people with chronic illness or disability, enabling people with chronic illness or disability to maintain as much independence in their everyday life as their illness or disability permits, supporting people in their homes for as long as possible and providing extra care when long-term residential care is required. Services and programs are delivered to:
   - ensure that people experience the minimum of pain and discomfort from their chronic illness or disability
   - maintain the optimal level of physical and social functioning
   - prevent or slow down the progression of the illness or disability
   - enable people to live, as long as possible, in the place of their choice supported by, for example, home care services or home delivery of meals
   - support families and carers in their roles
   - provide access to recreation, education and employment opportunities.

Performance against these activities and outcomes are summarised in the Agency Performance section and described in detail under Key Performance Indicators in the Disclosure and Compliance section of this report.
Figure 3: Outcomes and key effectiveness indicators aligned to the State Government goal for the Department of Health

WA Strategic Outcome
(Whole of Government)

Outcome-based service delivery:
Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians

WA Health strategic intent

Ensuring people in Western Australia receive safe, high quality and accessible health services underpins our strategic priorities, which are:

- Prevention and Community Care Services
- Health Services
- Chronic Disease Services
- Aboriginal Health Services.

Outcome 1

Restoration of patients’ health, provision of maternity care to women and newborns, and support for patients and families during terminal illness

Key effectiveness indicators contributing to Outcome 1
- Proportion of people with cancer accessing admitted palliative care services
- Response times for patient transport services.

Outcome 2

Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care

Key effectiveness indicators contributing to Outcome 2
- Loss of life from premature death due to identifiable causes of preventable disease or injury
- Percentage of fully immunised children
- Rate of hospitalisations for selected potentially preventable diseases
- Eligible patients on the oral waiting list who have received treatment during the year
- Percentage of clients maintaining or improving functional ability while in Transition Care
- Rate per 1,000 HACC target population who receive HACC services
- Specific HACC contract provider client satisfaction survey.
Figure 4: Services delivered to achieve WA Health outcomes and key efficiency indicators for the Department of Health

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Outcome 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restoration of patients’ health, provision of maternity care to women and newborns, and support for patients and families during terminal illness</td>
<td>Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services delivered to achieve Outcome 1</th>
<th>Services delivered to achieve Outcome 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Public hospital admitted patients</td>
<td>7. Prevention, promotion and protection</td>
</tr>
<tr>
<td>2. Home based hospital programs</td>
<td>8. Dental health</td>
</tr>
<tr>
<td>3. Palliative care</td>
<td>9. Continuing care</td>
</tr>
<tr>
<td>5. Public hospital non-admitted patients</td>
<td></td>
</tr>
<tr>
<td>6. Patient transport.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key efficiency indicators for services within Outcome 1</th>
<th>Key efficiency indicators for services within Outcome 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cost per capita of supporting treatment of patients in public hospitals</td>
<td>• Cost per capita of providing preventive interventions, health promotion and health protection activities</td>
</tr>
<tr>
<td>• Average cost per Home-based Hospital day of care and occasion of service</td>
<td>• Average cost per dental service provided by the Oral Health Centre of WA</td>
</tr>
<tr>
<td>• Average cost per client receiving contracted palliative care services</td>
<td>• Average cost per person of HACC services delivered to people with long-term disability</td>
</tr>
<tr>
<td>• Cost per capita of Royal Flying Doctor Service Western Operations and St John Ambulance Australia – WA Ambulance Service Agreements.</td>
<td>• Average cost per transition care day</td>
</tr>
<tr>
<td></td>
<td>• Average cost per day of care for non-acute admitted continuing care</td>
</tr>
<tr>
<td></td>
<td>• Average cost to support patients who suffer specific chronic illness and other clients who require continuing care.</td>
</tr>
</tbody>
</table>