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**Hon Amber-Jade Sanderson MLA  
Minister for Health; Mental Health**

Our Ref: 76-25403

Hon Michelle Roberts MLA  
Speaker of the Legislative Assembly of Western Australia  
Parliament House  
4 Harvest Terrace  
WEST PERTH WA 6005

By Email: [speaker@parliament.wa.gov.au](mailto:speaker@parliament.wa.gov.au)

Dear Madam Speaker

**CORRECTION TO THE CHILD AND ADOLESCENT HEALTH SERVICE ANNUAL  
REPORT 2021–22**

I refer to the tabled Child and Adolescent Health Service (CAHS) Annual Report 2021-22. Please be advised that three errors have occurred in the above report, necessitating corrections to be made.

CAHS has informed me that a typographical error appears on page 13 for the *Our year at a glance – Community Health* table and on page 83 for the *Performance management framework* section; and a graphic design error in the Independent Auditor's Report on page 88. These errors were overlooked in the quality assurance process prior to the report being published and were identified during the Standing Committee on Estimates and Financial Operations on 22 March 2023, which reviewed the 2021-22 CAHS Annual Report.

As Presiding Officer I ask that you authorise the correction as per the attached paper, as follows:

- *Page 13* – the words “child development assessments” has been changed to “unique children received services from the Child Development Service” in the table for *Our year at a glance – Community Health*.
- *Page 83* – the word “Effectiveness” for *Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives* has been changed to “Efficiency”.

- Page 83 – the missing words in the last sentence have been corrected. The full sentence now reads “The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.”

I enclose the errata for the purpose of correcting the report. The online copy of the CAHS Annual Report 2021-22 has also been updated.

Kind regards



HON AMBER JADE SANDERSON MLA  
**MINISTER FOR HEALTH; MENTAL HEALTH**

*Att 1: Erratum to Child and Adolescent Health Service Annual Report 2021–22*

*Att 2: Updated table, page 13, Our year at a glance – Community Health, CAHS*

*Att 3: Updated table, page 83, Performance management framework, CAHS Annual Report 2021-22*

*Att 4: Updated sentence, page 88, Independent Auditor’s Report, CAHS Annual Report 2021-22*

- 4 AUG 2023

## ATTACHMENT 1

### Child and Adolescent Health Service Annual Report 2021-22

#### ERRATUM

- (a) The table on page 13 for *Our year at a glance – Community Health* has been updated to read “32,982 children received services from the Child Development Service”.
- (b) The table on page 83 for *Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives* has been updated to “effectiveness” to “efficiency” as highlighted:

Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives	
Services	Efficiency KPIs
5. Public and community health services	Average cost per person of delivering population health programs by population health units

- (c) The graphic design error in the last sentence in the Independent Auditor General’s report has been corrected and now reads ““The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.”

## Our year at a glance



### Neonatology

**2,979** neonatal admissions

**12** days average length of stay

**1,224** neonatal emergency transports

**354** pre-term infants received  
**923** litres of donor milk

### Community Health

**144,632** child health assessments

**24,154** school health assessments (2021)

**32,982** unique children received services from the Child Development Service

**118,195** immunisations (2021)

### CAMHS

**138,681** service contacts

**7,956** young people seen

**415** inpatient unit separations

**2,629** mental health ED presentations

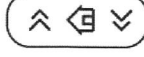
### PCH

**69,739** Emergency Department attendances

**30,398** hospital admissions

**14,850** surgeries performed

**258,588** outpatients



<b>Executive Summary</b>	Significant issues & Strategic highlights	Performance highlights	Agency performance	Governance	Disclosures & legal compliance	Key performance indicators	Other financial disclosures	Other legal requirements	Abbreviations
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**Performance management framework**

To comply with its legislative obligations, CAHS operates under the WA health system Outcome Based Management Framework, as determined by the Department of Health.

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 “strong communities, safe communities and supported families”.

Key performance indicators measure the effectiveness and efficiency of services provided by the WA health system in achieving the stated desired outcomes.

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

The WA health system’s outcomes and key performance indicators for 2021-22 are aligned to the State Government goal of strong communities: safe communities and supported families.

CAHS reports performance for:

**Outcome 1:** Public hospital-based services that enable effective treatment and restorative health care for Western Australians.

**Outcome 2:** Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.

**GOVERNMENT GOAL**  
Strong communities, safe communities and supported families

**WA HEALTH GOAL**  
Delivery of safe, quality, financially sustainable and accountable healthcare for all Western Australians

**Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians**

**Services**

**Effectiveness KPIs**

- Unplanned hospital readmissions for patients within 28 days for selected surgical procedures
- Percentage of elective wait list patients waiting over boundary for reportable procedures
- Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABS) per 10,000 occupied bed-days
- Percentage of admitted patients who discharged against medical advice:
  - a) Aboriginal patients; and b) Non-Aboriginal patients
- Readmissions to acute specialised mental health inpatient services within 28 days of discharge
- Percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient service

**Efficiency KPIs**

1. Public hospital admitted services
2. Public hospital emergency services
3. Public hospital non-admitted services
4. Mental health services

- Average admitted cost per weighted activity unit
- Average Emergency Department cost per weighted activity unit
- Average non-admitted cost per weighted activity unit
- Average cost per bed-day in specialised mental health inpatient services
- Average cost per treatment day of non-admitted care provided by mental health services

**Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives**

**Services**

**Efficiency KPIs**

5. Public and community health services
- Average cost per person of delivering population health programs by population health units

Executive Summary	Significant Issues & Strategic Highlights	Performance highlights	Agency performance	Governance	Disclosures & legal compliance	Key performance indicators	Other financial disclosures	Other legal requirements	Abbreviations
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I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### Emphasis of Matter – Restatement of Comparative Balances

I draw attention to Note 9.15 to the financial statements which states that the amounts reported in the previously issued 30 June 2021 financial report have been restated and disclosed as comparatives in this financial report. My opinion is not modified in respect of this matter.

### Responsibilities of the Board for the financial statements

The Board is responsible for:

- keeping proper accounts
  - preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer’s Instructions
  - such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
- In preparing the financial statements, the Board is responsible for:
- assessing the entity’s ability to continue as a going concern
  - disclosing, as applicable, matters related to going concern
  - using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the Health Service.

### Auditor’s responsibilities for the audit of the financial statements

As required by the *Auditor General Act 2006*, my responsibility is to express an opinion on the financial statements. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

