



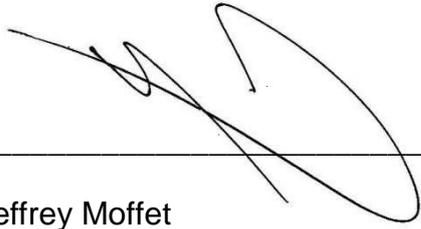
Government of **Western Australia**
WA Country Health Service

Disability Access and Inclusion Plan

WA Country Health Service

1 July 2015 – 30 June 2020

Endorsement:



Jeffrey Moffet
Chief Executive Officer
WA Country Health Service
189 Wellington Street
East Perth WA 6004

26 November 2015

Date

This plan is available in alternative formats on application to WA Country Health Service

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Acknowledgements

The WA Country Health Service (WACHS) wishes to acknowledge the input received from individuals and groups within the Service and community which has been invaluable in the preparation of this Disability Access and Inclusion Plan.

Electronic copies of this Plan are available on the WACHS Internet website at www.wacountry.health.wa.gov.au/daip.

Feedback

Any feedback or comments relating to this document should be addressed to:

DAIP Coordinator
WA Country Health Service
Unit 10, 81 Proudlove Parade
Albany WA 6330
Telephone: (08) 9842 7518
Email: WACHSDAIP.Coordinator@health.wa.gov.au

Background

Introduction

The WA Country Health Service (WACHS) Disability Access and Inclusion Plan (DAIP) addresses WACHSs requirements under the Department of Health's Disability Access and Inclusion Policy (OD 0586/15) to develop and implement a Disability Access and Inclusion Plan.

Across all seven WACHS regions, people with disabilities are recognised as valued members of the community who make significant contributions to social, economic and cultural life. WACHS is committed to ensuring that people with disabilities, their families and carers are able to fully access the range of health services, facilities and information available in the public health system. The intention of WACHS is to provide people with disabilities with the same opportunities, rights and responsibilities enjoyed by other people in the community.

To demonstrate this commitment, WACHS has developed this DAIP in accordance with the *Disability Services Act 1993* (as amended 2004). This DAIP is applicable to all facilities and services of WACHS. All agents and contractors providing services to the public on behalf of WACHS are also required to work in a manner consistent with the WACHS DAIP.

About WA Country Health Service

WACHS is the largest country health service in Australia and one of the biggest in the world, delivering a range of comprehensive health services to more than 530,000 people (ABS ERP 2012), including over 48,000 Aboriginal¹ people (ABS ERP 2011) across a 2.5 million square kilometre area.

The breadth and scope of WACHS is vast, with services being planned and delivered for a particularly diverse and sprawling population with widely varying health needs. A highly transient population of tourists and fly-in-fly-out workers also exists in many of its regions.

Across its 70 hospitals, WACHS handles almost as many emergency presentations as hospitals in the metropolitan area combined, and almost as many births as the State's major maternity hospital. As well as the many country hospitals, there are also a number of smaller health centres and nursing posts spread across country WA.

The range of health services provided by WACHS includes primary health care, emergency and hospital services, population health, mental health, Aboriginal health, and community and aged care.

WACHS has established a network of District Health Advisory Councils across all regions, which are made up of a wide range of community representatives and

¹ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

other consumers. The councils engage, consult and interact with WACHS to provide valuable input and feedback to improve health services for local communities.

WACHS has seven administrative regions supported by a central office in Perth. The seven administrative regions are the Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West and the Wheatbelt. Each region is managed by a Regional Director who reports to the WACHS Chief Executive Officer through a Chief Operating Officer. The WACHS Chief Executive Officer is also on the State Health Executive Forum that advises the Director General. The current WACHS Organisational Chart can be found at Appendix 1.

Services and Facilities

Each of the seven WACHS regions provides an extensive range of health services, including hospital, mental health, aged care, public health, community health, primary health, Aboriginal health, child health, pharmacy and health transport services.

A more extensive list of the services provided and facilities available across WACHS is included in Appendix 5.

WACHS Vision, Purpose, Guiding Principles and Values

Our Vision

Healthier country communities through partnerships and innovation

Our Purpose

WACHS improves country people's health and wellbeing through access to quality services and by supporting people to look after their own health

Our Guiding Principles

- Consumers first in all we do
- Safe, high quality services and information at all times
- Care closer to home where safe and viable
- Evidenced based services
- Partnerships and collaboration

Our Values

- Community
- Compassion
- Quality
- Integrity
- Justice

Planning for Better Access

The *Disability Services Act 1993* (amended 2004) defines a disability as:

“a disability –

- (a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment;
- (b) which is permanent or likely to be permanent; and
- (c) which may or may not be of a chronic or episodic nature; and
- (d) which results in —
 - (i) a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
 - (ii) a need for continuing support services.”

The Disability Services Commission further defines a disability as:

- Any continuing condition that restricts everyday activities.
- Disabilities can affect a person’s capacity to communicate, interact with others, learn and get about independently.
- Disability is usually permanent but may be episodic.
- Disabilities can be:
 - Sensory: affecting vision and/or hearing.
 - Neurological: affecting a person’s ability to control their movements, for example, cerebral palsy.
 - Physical: affecting mobility and/or a person’s ability to use their upper or lower Body.
 - Intellectual: affecting a person’s judgement, ability to learn and communicate.
 - Cognitive: affecting a person’s thought processes, personality and memory resulting, for example, from an injury to the brain.
 - Psychiatric: affecting a person’s emotions, thought processes and behaviour, for example, schizophrenia and manic depression.

According to the Australian Bureau of Statistics (ABS), the 2012 Survey of Disability, Ageing and Carers (SDAC) estimated that 4.2 million Australians, or 18.5% of the population, had a disability. The SDAC defines disability as any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months.

WACHS is committed to providing equal access for people with disability to its information, services and facilities. To achieve this, WACHS has developed the WACHS DAIP 2015 – 2020 to address the barriers for people with disability.

Progress 2010 – 2015

Since the adoption of an initial DAIP Implementation Plan in 2010, WACHS has implemented many initiatives and made significant progress towards better access. Some of these are highlighted in Appendix 2 under the relevant key outcome headings. This DAIP will cover the period from 2015 – 2020.

Access and Inclusion Policy Statement for people with disabilities, their families and carers

WACHS is committed to ensuring that people with disabilities, their families and carers are able to fully access the range of WACHS services and facilities.

WACHS interprets an accessible and inclusive community as one in which all WACHS functions, facilities and services (both in-house and contracted) are open, available and accessible to people with disabilities, providing them with the same opportunities, rights and responsibilities enjoyed by all other people in the community.

WACHS is committed to consulting with people with disabilities, their families and carers and where required, disability organisations to ensure that barriers to access and inclusion are addressed appropriately.

WACHS is committed to ensuring its agents and contractors work towards the desired access and inclusion outcomes in the DAIP.

WACHS is committed to working in partnership with community groups and other public authorities to facilitate the inclusion of people with disabilities through improved access to its information, services and facilities.

WACHS is committed to achieving the seven desired outcomes of its DAIP. These are:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, WACHS.
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of WACHS.
3. People with disabilities receive information from WACHS in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disabilities receive the same level and quality of service from the staff of WACHS.
5. People with disability have the same opportunities as other people to make complaints to WACHS.
6. People with disabilities have the same opportunities as other people to participate in any public consultation by WACHS.
7. People with disabilities have the same access as other people to employment opportunities in WACHS.

Development of the WACHS Disability Access and Inclusion Plan

Responsibility for the Planning Process

Each of the seven WACHS regions has a Disability Access and Inclusion Plan (DAIP) Coordinator who, under the executive sponsorship of the Regional Director, and in collaboration with their local health service DAIP Committee, oversees the implementation of the WACHS DAIP in each region.

The WACHS DAIP Committee was formed in November 2014 comprising each of the seven regional DAIP Coordinators plus the central office DAIP Coordinator. Representation from other WACHS areas such as Contracts & Procurement, Human Resources, Planning, and Communications are co-opted onto the Committee as needed to ensure relevant input.

The purpose of the WACHS DAIP Committee includes:

- DAIP annual reporting requirements and coordination.
- Review and development of the WACHS DAIP 2015-2020, the WACHS DAIP Implementation Plan and regional DAIP Workplans.
- Discussion and development of WACHS-wide strategies to address the seven DAIP outcomes.
- Sharing regional strategies and activity ideas which address the seven DAIP outcomes.
- Providing a unified, representative voice and recommendations to WACHS Executive on DAIP related issues which require WACHS-wide endorsement and implementation.
- Consulting with and including the perspective and input of consumers and carers to inform the group's discussion and the development of DAIP strategies and actions.

The full WACHS DAIP Committee Terms of Reference is included in Appendix 4.

Community Consultation Process

Various processes have informed the development of the WACHS DAIP 2015 – 2020. The consultation process has included:

- consultation with consumers, communities and key stakeholders;
- consultation with WACHS staff;
- review and analysis of previous WACHS DAIP Implementation Plans to determine progress and areas requiring further development;
- review and analysis of other relevant WA Health Department DAIPs, documents and strategies;
- review of relevant legislation, framework, policy and guideline documents relating to disability.

The *Disability Services Regulations 2004* set out the minimum consultation requirements for public authorities in relation to DAIPs. State Government authorities must 'call for submissions (either general or specific) by notice in a statewide newspaper or on any website maintained by or on behalf of the State Government authority'.

In keeping with these requirements, the following strategies were used by WACHS in the consultation process to invite comment from people with disabilities, organisations representing people with disabilities, caregivers, the general public and staff of WACHS:

- An advertisement was placed in 21 regional newspapers across the state advising the community that WACHS was updating its DAIP with the aim of improving access to our services, information and facilities for people with disabilities. To assist in developing a comprehensive plan, interested organisations and members of the community were invited to provide feedback. The advertisement was run over a four week period in April and May 2015 and detailed the availability of a number of alternative feedback methods.
- Community radio announcements advertising the consultation process were run across the state during the four week consultation period.
- Flyers advertising the consultation process were distributed to every WACHS site for display on notice boards.
- The DAIP page on the WACHS Website was updated to include a link to a Survey Monkey for members of the public to provide their feedback during the consultation process.
- In April 2015, an email was sent to every staff member employed by WACHS (with instructions for supervisors to make the information available to those staff without email access). This email contained a link to a staff survey, and all WACHS staff were asked to provide feedback on the draft DAIP.
- Regional DAIP Coordinators were provided with standard questionnaires to print and post out to people who requested hard copies of documents, as a reference document to guide staff through face-to-face meetings, for recording and guiding telephone feedback or to email people who could not access the Survey Monkey.
- An invitation to comment was continuously available on the WACHS internet and intranet websites.
- Advertisement in the District Health Advisory Council e-News.

A total of 45 responses were received from a variety of organisations and the wider community, including responses by email, telephone, in person and in writing. 135 responses were received from staff.

The collective feedback has been used to enhance the development of the WACHS DAIP 2015 – 2020.

Findings of the consultation

The review process found that systems were in place or had been completed to meet many of the strategies set in the previous WACHS DAIP Implementation Plan.

Responses received from staff and the wider community as part of the consultation process highlighted achievements in some areas. These included:

- Consumer engagement has been enhanced through the introduction of District Health Advisory Councils (DHACs) and (in some areas) Customer Liaison Officers.
- The implementation of Video Conferencing is negating the need for consumers to travel for appointments, particularly useful for those with mobility impairment.

Access Barriers

While the review and consultation noted a great deal of achievement in improving access, it also identified a range of barriers that require redress, including:

- Physical access barriers are still encountered in some health services, particularly older facilities that do not meet current disability access guidelines.
- Access to health services from car parks is not always a continuous, accessible path of travel.
- Information could be provided in pictorial form more often, including signage.
- Access above the ground floor to some Regional Offices (Kimberley, Pilbara and Area Office) is not possible for those with mobility challenges.
- The process for ensuring documents/information can be provided in alternative formats upon request needs to be more widely understood by staff.
- There needs to be alternative ways for all consumers to understand and access the complaints process.

The identification of these barriers has further informed the development of strategies in the DAIP.

Responsibility for Implementing the DAIP

It is a requirement of the *Disability Services Act 1993 (amended 2004)* that public authorities must take all practical measures to ensure that officers, employees, agents and contractors, implement the DAIP.

The Department of Health Disability Access and Inclusion Policy states that Chief Executives and Executive Directors are responsible for providing the resources and support required to develop and implement DAIPs in their organisations.

WACHS Regional Directors are responsible for the implementing the DAIP in their region.

The WACHS DAIP Implementation Plan sets out who is responsible for each action. The Implementation Plan is available on the WACHS internet site and reviewed annually during the lifetime of the WACHS DAIP.

Communicating the Plan to Staff and People with Disabilities

A copy of the WACHS DAIP is available electronically on the WACHS internet and intranet websites.

The availability of the new DAIP will be advertised to the community and staff of WACHS via publication on the intranet and email. Managers and supervisors are responsible for ensuring that all staff without an email address have access to the DAIP. All new WACHS staff will continue to be advised of the WACHS DAIP as part of the formal health service induction and orientation processes.

As the DAIP is amended, both staff and the community will be advised of the availability of updated plans, using the WACHS internet and intranet websites, and a state-wide newspaper, and will be made available in alternative formats on request.

Review and Evaluation Mechanisms

The *Disability Services Act (1993) (amended 2004)* sets out the minimum review requirements for public authorities in relation to DAIPs. The WACHS DAIP will be reviewed at least every five years, in accordance with the Act. The Implementation Plan will be reviewed on an annual basis, and may be amended on a more regular basis to reflect progress and any access and inclusion issues that may arise.

Monitoring and Reviewing

- The WACHS DAIP Committee will meet quarterly during 2016, and as required thereafter, to review progress on the implementation of the strategies identified in the DAIP.
- The review of the WACHS DAIP Implementation Plan to 2015 is included in this DAIP which will be submitted to the Disability Services Commission.
- The WACHS DAIP Committee will prepare a report each year on the implementation of the DAIP. A status report will be provided to the WACHS Executive. These reports will be formally endorsed by the Executive.

Evaluation

Evaluation will include the following methodologies:

- The WACHS Executive will endorse any reports on the disability access and inclusion implementation process annually.
- The WACHS DAIP Coordinator will report to the WACHS Executive annually on the disability access and inclusion implementation process.
- WACHS staff will be asked to provide feedback on how well they believe the strategies are working and to make suggestions for improvement.
- The WACHS DAIP Implementation Plan and Regional Workplans will be amended annually based on the feedback received.

Reporting on the Disability Access and Inclusion Plan

The Western Australian *Disability Services Act 1993 (amended 2004)* sets out minimum reporting requirements for public authorities in relation to Disability Access and Inclusion Plans.

WACHS will report on the implementation of the WACHS DAIP through the required Department of Health and Disability Services Commission reporting mechanisms. Currently the WACHS DAIP Committee completes the following reporting requirements:

- Disability Services Commission – annual submission of prescribed progress report outlining progress towards the desired outcomes of the DAIP, progress of agents and contractors towards meeting the seven desired outcomes and strategies used to inform agents of the DAIP.
- WACHS Annual Report, DAIP Outcomes – annual submission explaining the services WACHS provides to assist people with disability, grouped according to the seven outcomes of the DAIP.
- National Safety and Quality Health Standards (NSQHS) – participation by WACHS DAIP Coordinators in the periodic NSQHS review process to document progress and achievement of the organisation against the criteria relating to people with disability.
- Review of Achievements – a formal review of the WACHS DAIP achievements made during 2010 – 2015 is included in Appendix 2, to be submitted to the Disability Services Commission by December 2015.

Standards

Accreditation is a process that promotes patient care and supports continuous quality improvement. It provides a system of evaluating organisational performance against established benchmarks and standards.

The NSQHS Standards were endorsed by Australian Health Ministers in 2011 and implemented in January 2013, and provide a clear statement about the level of care consumers can expect from health service organisations. The NSQHS standards focus on quality of care and improving patient safety. The strategies in the WACHS DAIP have been aligned to these standards and their related guidelines, so they can be referred to/used as evidence in periodic Accreditation assessment and reviews as required.

The WACHS DAIP 2015 – 2020 also considers current legislation and standards relating to disability and reflects best practice in the area of disability. It complies with the WA Health Disability Access and Inclusion Policy which includes all legislative requirements. The list of reference documents that have been used in the development of the WACHS DAIP 2015 – 2020 are listed in Appendix 6. Current version of these documents along with other relevant literature developed in the lifetime of this DAIP will continue to be used to monitor and inform the strategies of the Implementation Plan during the period 2015 – 2020.

Strategies to Improve Access and Inclusion

Outcome One: People with disabilities have the same opportunities as other people to access the services of, and any events organised by WA Country Health Service (WACHS).

Strategy
Promote the Department of Health (DOH) Access and Inclusion policy and the WACHS DAIP 2015 – 2020 to support equitable access to services by people with disabilities throughout WACHS.
Ensure that any events are organised so they are accessible to people with disabilities.
Ensure that staff are aware of the relevant requirements of the Disability Services Act.
Ensure that people with disabilities are provided with an opportunity to comment on access to services.
Ensure that agents and contractors of WACHS provide services that are consistent with the seven outcomes in the WACHS DAIP.

Outcome Two: People with disabilities have the same opportunities as other people to access the buildings and other facilities of WA Country Health Service.

Strategy
Ensure all buildings and facilities, including signage in WACHS facilities are physically accessible to people with disabilities.
Ensure all future premises leased or owned by WACHS but which are operated by other agencies (e.g. Silver Chain or Aboriginal Medical Services) are accessible.
All redevelopment and maintenance work to be checked to ensure suitability for people with disabilities.
Ensure all premises and other infrastructures related to WACHS patient transport facilities are accessible.
Ensure adequate ACROD parking to meet the demand of people with disabilities in terms of quantity, location and dimensions (extra wide car bays).

Outcome Three: People with disabilities receive information from WA Country Health Service in a format that will enable them to access the information as readily as other people are able to access it.

Strategy
Improve staff awareness of accessible information needs and how to obtain information in other formats.
Improve community awareness that WACHS information can be made available in alternative formats upon request.
Facilitate the use of interpreters to improve the availability of WACHS meetings to people who have difficulty speaking, hearing, seeing and/or reading.
Ensure the WACHS website meets contemporary good practice.
Provide documentation regarding services, facilities and customer feedback in an appropriate format and using clear and concise language.

Outcome Four: People with disabilities receive the same level and quality of service from the staff of WA Country Health Service as other people receive from the staff of the Health Service.

Strategy
Support local WACHS Disability Access and Inclusion Committees which meet regularly in each region to assist in the facilitation and the implementation of DAIP activities to ensure health services meet the needs of people with disabilities.
Improve staff DAIP awareness and skills to provide a high quality service to people with disabilities.
Promote use of the WACHS Disability Support Services Handbook.
Actively communicate information within the “Carers Recognition Act 2004”.
Improve staff awareness of the cultural influences on, and diversity of, people with disabilities.
Undertake ongoing monitoring of the DAIP to ensure implementation and satisfactory outcomes.

Outcome Five: People with disabilities have the same opportunities as other people to make complaints to WA Country Health Service.

Strategy

Ensure that current complaint/feedback mechanisms and policies are accessible and appropriate for people with disabilities.

Improve staff awareness of the complaint/feedback process.

Ensure that complaint/feedback mechanisms, processes and outcome satisfaction survey forms are available in formats to meet the needs of people with disabilities.

Outcome Six: People with disabilities have the same opportunities as other people to participate in any public consultation by the Health Service.

Strategy

Improve community awareness of existing WACHS public consultation processes.

Ensure any public consultation events meet the needs of people with a disability as per the strategies outlined in Outcome 1.

Outcome 7: People with disability have the same opportunities as other people to obtain and maintain employment with WACHS.

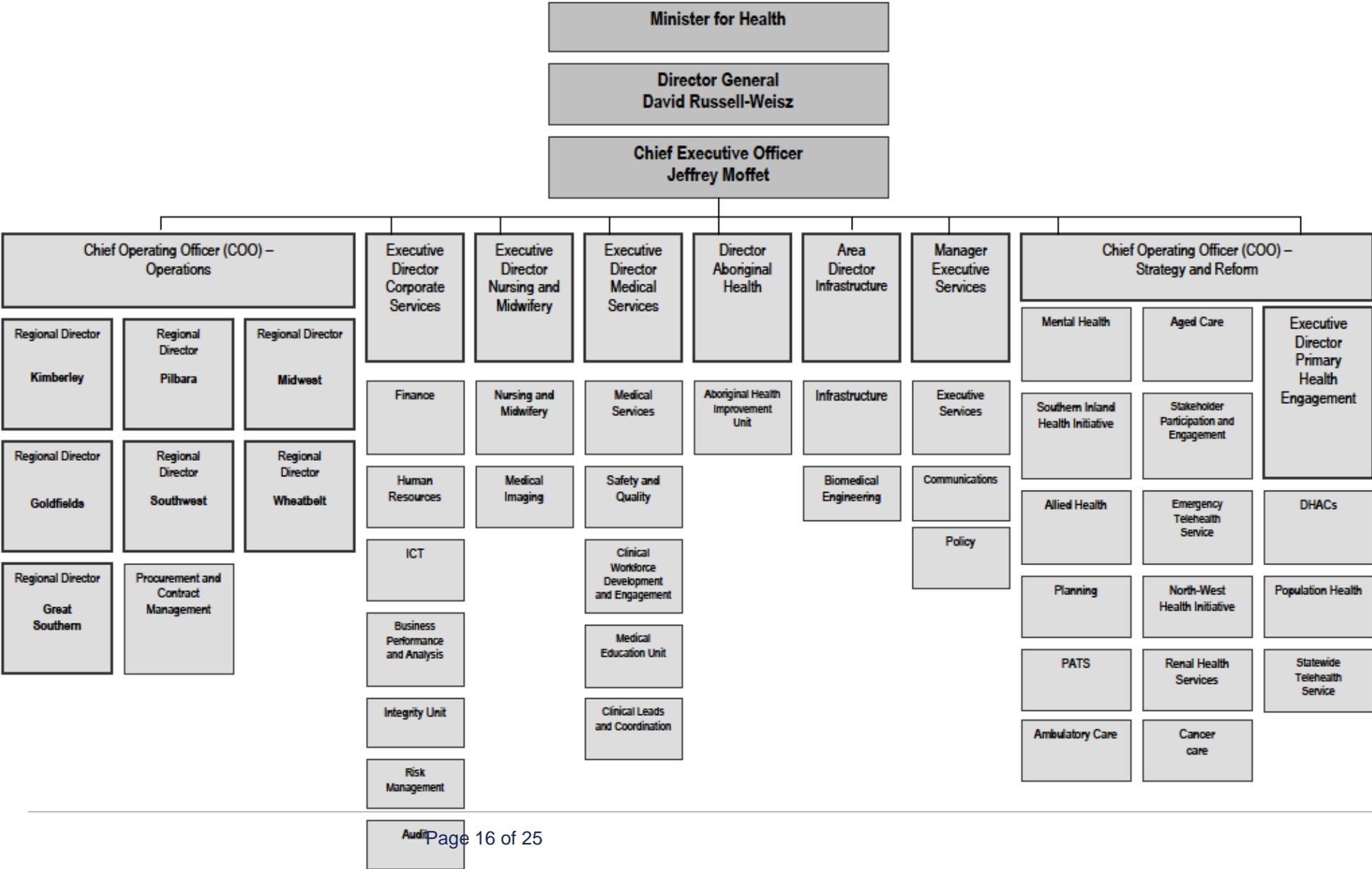
Strategy

Utilise the Pre-Employment Health Assessment to facilitate review of workplace conditions to suit potential employees with a disability.

Raise awareness of the WA Health Equity and Diversity Plan 2010 – 2015.

Complete all workforce advertising and recruitment processes in accordance with the Equal Employment Opportunity Act (1993).

Appendix 1 – WACHS Organisational Structure



Appendix 2 – WACHS Disability Access and Inclusion Plan Achievements 2010 - 2015

Outcome 1

People with disabilities have the same opportunities as other people to access the services of, and events organised by WACHS.

- Over the period 2010 - 2015, WACHS has progressed implementation of the Area Health Service Disability Access and Inclusion Plans at both a regional and network level. This has included actions such as ensuring staff are made aware of the Act and the Department of Health's Disability Access and Inclusion policy during the recruitment and orientation process, and during their performance development.
- Staff have been reminded of their roles and responsibilities via the intranet Disability Access and Inclusion Plan page, regular global emails, and Department of Health Circulars and Bulletins.
- To ensure that WACHS contractors are aware of their responsibilities, in all contract documentation templates a statement is included about the responsibilities of agents and contractors in relation to the relevant requirements of the Act.
- Information on patient rights and responsibilities is displayed at WACHS Service sites, and it is specified that such information can be made available in alternative formats

Outcome 2

People with disabilities have the same opportunities as other people to access the buildings and other facilities of WACHS.

- Throughout the period 2010 – 2015, WACHS has continued to review its operations to ensure that the requirements of the Disability Access and Inclusion plan are met.
- Regional health services undertook regular audits of existing WA Country Health Service facilities and buildings, in conjunction with their local District Health Advisory Councils, consumers with disabilities, and Disability Services Commission representatives. Issues that arise from these audits are progressively addressed through existing minor works and capital works approval processes.
- In multiple service sites across the state, upgrades have included parking lot improvements to assist access for all. Adequate ACROD parking has been provided for both the staff and public, with these parking sites located close to the main entrances. In addition, ward areas have non-slip surfaces for those persons requiring walking aids.
- During 2010–15 extensive new capital works were undertaken and for each project, disability and inclusion access was reviewed and incorporated as per the Australian Building Code. These considerations are evident at all new health service developments, with the incorporation of easy wheelchair access, and wide corridors and doorways.

Outcome 3

People with disabilities receive information from WACHS in a format that will enable them to access the information as readily as other people are able to access it.

- Between 2010 - 2015, WACHS further enhanced access through the provision of information in a variety of formats. Stipulations under the Department of Health's Style Guide for Corporate Visual Identity have been adopted in the preparation of all information developed for public distribution, and all information is available in alternative formats, including the health service's 'Rights and Responsibilities' information provided on a Patient First DVD enabling visually impaired clients to listen to the information.
- All information supplied and issued by WACHS includes the wording "this information is available in alternative formats".
- WACHS displays its own information posters as well as those provided by the Disability Services Commission promoting Disability Access and Inclusion.
- WACHS has also developed a self-directed learning package for staff.
- To improve access to information for people who speak limited English, or have difficulty speaking, hearing, seeing and/or reading, WACHS facilitates the use of interpreters.
- WACHS installed 12 Sound Shuttle Hearing Loop Systems throughout the South West region.

Outcome 4

People with disabilities receive the same level and quality of service from the staff of WACHS.

- To ensure all staff can deliver consistent services and health care to people with a disability, disability awareness is included in mandatory training days, induction sessions and self-directed learning packages.
- To assist staff in achieving competencies at certificate level, in appropriate training courses, WACHS facilitated regular education sessions using e-learning packages and the Disability Services Commission's training packages and DVDs.
- Staff received training and information on the National Charter of Health Care rights.
- WACHS regions also actively promoted the patient centred Patient First program at all levels. For example, WACHS Wheatbelt undertook an evaluation of motor vehicles used to transport clients with disabilities, and the most appropriate vehicle for use was determined and is now in use with the Fleet Coordinator.

Outcome 5

People with disability have the same opportunities as other people to make complaints to WACHS.

- WACHS conducted regular regional and area-wide audits of its complaints processes, especially in relation to ensuring that people with disability have the same opportunities as others in the community.
- Regions reviewed complaint forms and lodgement processes to ensure these provide the appropriate platform for initiating a complaint.
- To assist an individual to register a complaint, WACHS regions have patient and customer liaison officers.
- Information on the complaint process can also be facilitated by providing access to translating and interpreting services.
- The WACHS Compliments and Complaints policy and regional complaints and feedback mechanisms and procedures can be made available in alternative formats upon request.
- Information on how to access Advocare support services is available across WACHS, enabling community members, including those with a disability, to state their concerns to an external body if required.
- Many WACHS areas have routine annual visits by Advocare to alert the community to the services relating to advocacy, especially people with a disability.

Outcome 6

People with disabilities have the same opportunities as other people to participate in any public consultation by WACHS.

- Public consultations undertaken by WACHS actively seek to include the voice of consumers with disabilities.
- People with disabilities are encouraged to participate in, and have been appointed to, WA Country Health Service District Health Advisory Councils.
- Information and advice from the District Health Advisory Councils informs the Area Health Service as to the appropriate health care services to meet the needs of all community members, including those with a disability.
- The District Health Advisory Councils also have input into stakeholder advisory groups associated with the redevelopment of facilities, and actively seek input from those with disabilities.

Outcome 7

People with disabilities have the same access as other people to employment opportunities in WACHS.

N/A. New outcome introduced in 2015.

Appendix 3 – WACHS Health Service Map

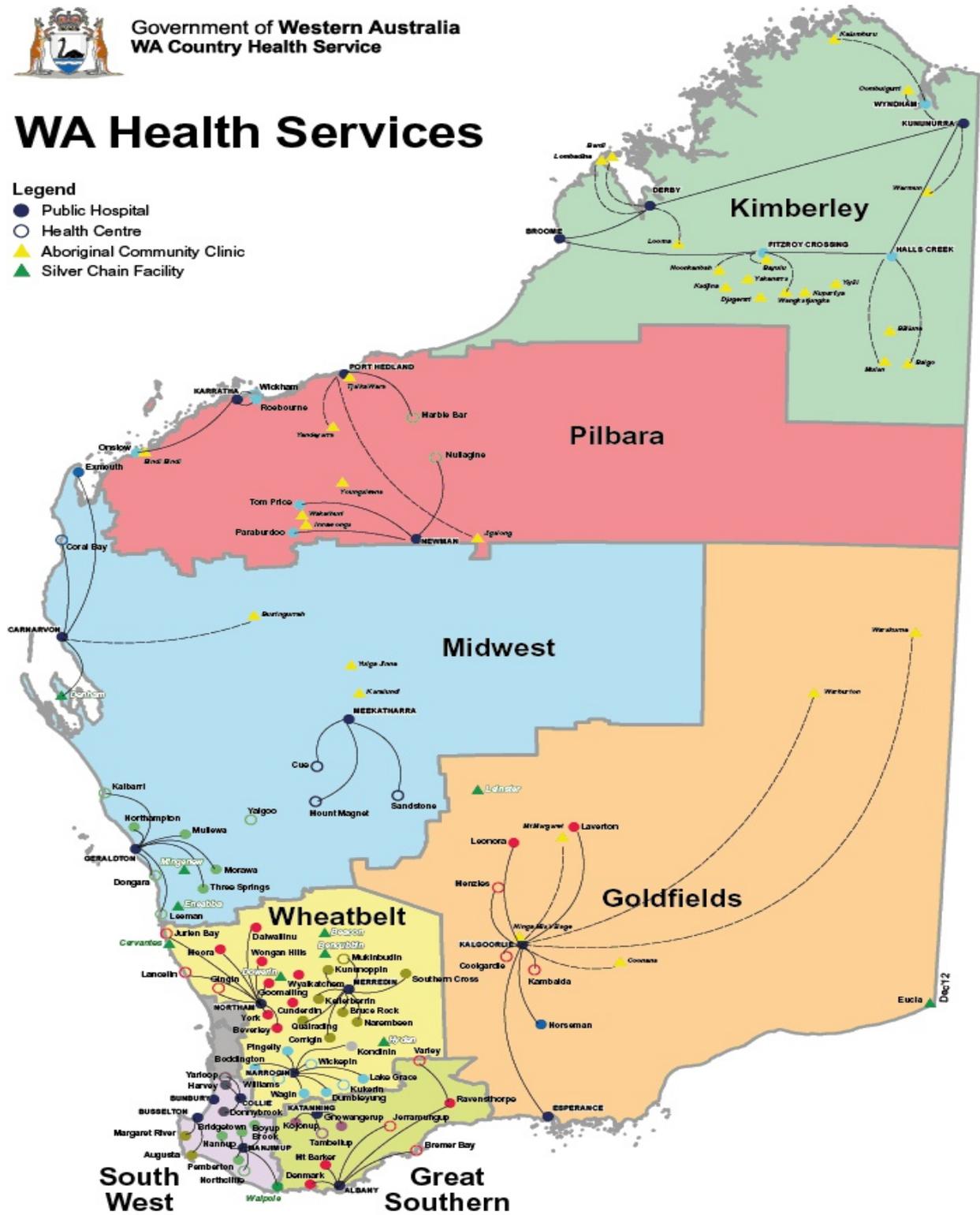


Government of Western Australia
WA Country Health Service

WA Health Services

Legend

- Public Hospital
- Health Centre
- ▲ Aboriginal Community Clinic
- ▲ Silver Chain Facility



Appendix 4 – WACHS Disability Access and Inclusion Plan (DAIP) Committee Terms of Reference 2014

1. PREAMBLE

WACHS has a legal obligation, through the WA Disability Services Act 1993, to ensure that its health services do not directly or indirectly discriminate against individuals with disabilities.

Each of the seven WACHS regions has a Disability Access and Inclusion Plan (DAIP) Coordinator who, under the executive sponsorship of the Regional Director, and in collaboration with their local health service DAIP Committee, oversees the implementation of the WACHS DAIP in each region.

Each region will have its own DAIP Implementation Plan, aligned to the WACHS DAIP.

2. NAME / REPORTING

The WACHS DAIP Committee will report to the Executive Director Primary Health & Engagement (EDPHE) as the executive sponsor and will make recommendations through the EDPHE to the WACHS Executive.

3. PURPOSE

The WACHS DAIP Committee is an opportunity for the WACHS DAIP Coordinators to share information relating to the development and implementation of DAIPs across WACHS, so as to ensure a consistent, coordinated approach, and to develop a shared understanding of DAIP requirements and obligations as they apply to the WACHS context.

The scope of WACHS DAIP Committee discussions and purpose will include, but not be limited to:

- DAIP annual reporting requirements and coordination;
- Review and development of the WACHS DAIP 2015-2020 and regional DAIP implementation plans;
- Discussion and development of WACHS-wide strategies to address the seven DAIP outcomes;
- Sharing regional strategies and activity ideas which address the seven DAIP outcomes;
- Providing a unified, representative voice and recommendations to WACHS Executive on DAIP related issues which require WACHS-wide endorsement and implementation;
- Consulting with and including the perspective and input of consumers and carers to inform the group's discussion and the development of DAIP strategies and actions.

4. MEMBERSHIP

The WACHS DAIP Committee will comprise of the following members:

- DAIP Coordinator WACHS Area Office
- DAIP Coordinator/s Goldfields
- DAIP Coordinator/s Great Southern
- DAIP Coordinator/s Kimberley
- DAIP Coordinator/s Pilbara
- DAIP Coordinator/s South West
- DAIP Coordinator/s Wheatbelt

Representation from other WACHS areas such as Contracts & Procurement, Human Resources, Planning, and Communications will be sought as needed to ensure relevant input.

5. CHAIRPERSON

Committee meetings will be chaired by the Area Office DAIP Coordinator.

Key roles of the Chairperson include:

- facilitating the effective contribution of all members
- encouraging behaviour consistent with the Code of Conduct and Code of Ethics
- encouraging expression of a diversity of opinion
- communicate with members on issues relating to the meetings
- complete actions arising from the meetings as directed by Chair within an agreed timeframe
- arrange for additional advice, information and/or expertise to members when required.

The Chair will have a final decision on all procedural matters and their order raised during a meeting. Majority consensus will prevail for the group's business.

6. PROXIES

Proxy attendees at WACHS DAIP Committee meetings are permitted, however the member nominating a proxy is to inform the Chairperson.

Internal or external persons may be invited to attend meetings at the request of the Chairperson to provide advice and assistance considered necessary.

7. CONFLICT OF INTEREST

A Member of the WACHS DAIP Committee who has duties or interests which might result in a perceived or actual conflict with their duties or interests as a member of the WACHS DAIP Committee, whether direct, indirect, financial, material or otherwise are to declare the possible conflict of interest to the Chairperson.

8. CONFIDENTIALITY

The proceedings of any particular meeting are confidential to members and are not to be disclosed except to the extent requires of members to enable them to comply with any decisions and directions

9. FREQUENCY OF MEETINGS

WACHS DAIP Committee meetings will be held quarterly during working hours on a convenient date as arranged by the Chairperson, via teleconference or videoconference, and will generally be for approximately one hour as determined by the Chairperson.

The Chairperson has the authority to call an out of session meeting or to circulate items out of session if the need arises.

10. MEETINGS

The minutes, agenda and any supporting material will be distributed to the WACHS DAIP Committee at least 5 working days prior to the meetings.

11. SECRETARIAT

Secretariat assistance will be provided by the Primary Health & Engagement team, who will:

- prepare agenda papers for consideration
- distribute agendas and related documents to members to enable consideration before a meeting
- take minutes of each meeting
- circulate minutes of the meetings to members
- maintain records on behalf of the WACHS DAIP Committee
- maintain the WACHS DAIP intranet page.

12. ADOPTION, REVIEW AND AMENDMENT OF TERMS OF REFERENCE

The Terms of Reference shall be altered only with the approval of the Executive Director Primary Health & Engagement. These Terms of Reference were first adopted by the Executive Director Primary Health & Engagement on 19 November 2014.

Appendix 5 – WACHS Scope of Services

The WA Country Health Service is the major provider of hospital, health and aged care services across country WA, working in partnership with other service providers to improve service access and effectiveness.

WACHS is funded to provide:

- Emergency care in each of its 70 hospitals and many of its nursing posts.
- Hospital based acute services such as general medicine, general surgery, minor procedures, paediatrics, mental health, obstetrics and birthing, renal dialysis, orthopaedics and cancer services.
- Maternal and child health, public health including communicable disease surveillance and response, health promotion and chronic conditions services.
- Mental health, drug and alcohol services.
- Sub and post-acute services including palliative care, rehabilitation and wound care.

WACHS provides additional services in some regions where no other services exist, either wholly or in partnership with the Commonwealth or local government including:

- General practice, primary, environmental health and chronic conditions.
- Community and residential aged care.
- Pharmacy and medical imaging.

WACHS services and infrastructure includes:

- Six regional health campuses and 15 district health campuses.
- 49 small hospitals including 31 Commonwealth/State funded multi-purpose services.
- 26 community mental health services.
- 38 remote area nursing posts² and 13 gazetted³ nursing posts (including 5 gazetted multi-purpose centres³).
- Over 550 aged care beds including two WACHS operated residential aged care facilities (nursing homes) along with many home and community care and aged care services.
- More than 200 community health and child health service locations.
- 650 houses/units and 180 leased houses/units for staff accommodation.

² Non-gazetted but designated under the Poisons Regulations 1965.

³ Gazetted as officially recognised hospitals under the Hospitals and Health Services Act, 1927. Note 2 gazetted multi-purpose centres are currently managed by Silver Chain.

Appendix 6 – Legislation and References

The following is a list of relevant legislation and supporting documents used in development of the WACHS Disability Access and Inclusion Plan.

Legislation

- Australian Human Rights and Equal Opportunity Commission Act 1986
- Carers Recognition Act 2004
- Disability Discrimination Act 1992 (Commonwealth)
- Disability Services Act (Western Australia) 1993 (amended 2004)
- Disability Services Regulations 2004
- Equal Opportunity Act (Western Australia) 1984

Government and Department of Health Policy and Standards

- Department of Health (2015). *WA Health Writing Style Guide*, Communications Directorate, Department of Health, Perth
- Disability Services Commission Disability Access and Inclusion Plans Resource Manual for State Government
- Disability Standards on Access to Premises (2010)
- National Disability Strategy 2010-2020 – An initiative of the Council of Australian Governments
- State Government Access Guidelines for Information, Services and Facilities, updated 2009
- WA Health Disability Access and Inclusion Policy
- Western Australian Disability Health Framework 2015-2025: improving the health care of people with disability
- WA Health Equity and Diversity Plan 2010-2015
- Western Australian Public Sector Code of Ethics 2008
- Western Australian Public Sector Code of Conduct
- WACHS Implementation of the *WA Carers Recognition Act 2004* Guideline

Other Supporting Documents

- United Nations Convention of the Rights of Persons with Disability
- Australian Bureau of Statistics: Survey of Disability, Ageing and Carers (SDAC) 2012, Australia
- WA Tomorrow Population Report, WA Department of Planning 2012



This information is available in alternative formats for a person with a disability.

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