



Government of **Western Australia**
Department of **Health**



Annual Report 2020–2021

DEPARTMENT OF HEALTH



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Department of **Health**

Annual Report 2020–2021

This annual report provides an overview of the Department of Health operations for the financial year ended 30 June 2021.

Department of Health

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Statement of compliance

HON ROGER COOK MLA
DEPUTY PREMIER
MINISTER FOR HEALTH; MEDICAL RESEARCH; STATE DEVELOPMENT,
JOBS AND TRADE; SCIENCE.

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Department of Health for the financial year ending 30 June 2021.

The Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

The financial statements comply with Australian Accounting Standards – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board.



Dr D J Russell-Weisz
DIRECTOR GENERAL
DEPARTMENT OF HEALTH

13 September 2021

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From the Director General

Over the past year, the Department of Health has continued to lead and steward the WA health system as it responded to system pressures and the COVID-19 pandemic.

I am incredibly proud of the way our staff, in our capacity as System Manager, continue to strive for excellence in providing outstanding guidance for the delivery of health care in this state.

As COVID-19 continues to be a very real threat to the wellbeing of millions of people around the globe, our response to the pandemic has remained nimble and swift.

Earlier this year, the COVID-19 Vaccination Program was launched – the largest and most complex vaccine undertaking in the history of Western Australia.

This program continues to be agile and responsive to the needs of the community, as we encourage all Western Australians to do their part and “Roll up for WA”.

Over the past year, following the landmark legalisation of the *Voluntary Assisted Dying Act in 2019*, a huge amount of work went into planning its ongoing governance and delivery in advance of its implementation on 1 July 2021.

Enabling voluntary assisted dying will reform the way our health system delivers end-of-life care and embraces the Sustainable Health Review’s third Enduring Strategy: Great beginnings and a dignified end of life.

An independent review of palliative care service models from the consumer’s perspective was also completed at the end of 2020 and findings are now directly informing this ongoing program of work.

This includes community-centred models to integrate social approaches to dying, death and bereavement in everyday lives which are being supported through a \$1.75 million 5-year contract between the Department of Health and Palliative Care WA.

Like all health systems across the country, 2020–21 was also an extremely busy time for our Emergency Departments, as they managed ongoing system pressures attributed to higher demand and acuity, reduced ability to discharge long-stay patients and staffing shortages.

In response, the WA Government announced a major bed expansion program that will see 158 new beds open across the system by September 2021, of which 102 are already open.

These beds are among 500 additional hospital beds being added to our health system over the next 4 years, including 300 inpatient beds.

In addition, we have also increased our intake of graduate nurses and midwives with 1,100 graduate appointments in 2021 and a further 1,200 in 2022.

While responding to the increasing pressures on acute health services, the department has continued its quest to promote preventive health practises and minimise the impacts of chronic disease. Preventive health models are a key focus of the Sustainable Health Review, which targets the reduction of the incidence of avoidable chronic disease and illness in our community.

This year, to ensure our services reflect our vital preventive health principles, the Healthy Options policy was implemented across the system, making it easier for people to choose healthier food and drink when visiting public hospitals and healthcare facilities.

A new animated video resource – My Health in My Hands – was also launched to engage and empower young Western Australians in their healthcare journey from a young age and embed positive preventive health behaviours.

While COVID-19 has dominated as the primary public health issue, our Department continues to keep Western Australians across the state safe from other risks through dedicated public health awareness campaigns and response plans.

In mid-2020 the Chief Health Officer authorised a statewide public health response to infectious syphilis after increased cases emerged in the Perth metropolitan area and South West region. This has been facilitated in partnership with the Aboriginal Health Council WA, Health Services Providers, Aboriginal Community Controlled Health Services and other non-government organisations.

Key achievements include additional and innovative social marketing, increased availability of syphilis point-of-care testing, workforce development initiatives, clinical alerts to a range of health professionals and services settings and the review and update of clinical guidelines, including antenatal syphilis testing guidelines.

Throughout the year, the department has also focused on developing key infrastructure projects to enable our health system well into the future.

Preliminary planning has already begun for the new \$1.8 billion world-class Women and Babies Hospital, which will provide the best possible care to women and newborns from across the state.

A taskforce of 7 public sector leaders led by an independent Chair has been established to inform planning and investment decisions regarding the Graylands and Selby Hospital sites. This is a major step towards progressing the *WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025* and reconfiguration of mental health services to meet the needs of Western Australians with mental illness.

In addition to infrastructure needs, we have also been equipping our health system for the future with planning underway for a Western Australian Electronic Medical Record System – a key recommendation of the Sustainable Health Review. This system will enable a linked digital environment capable of providing rapid access to information and delivering state-of-the-art support to patients throughout their healthcare journey.

This work has been complemented by significant milestones in research, through the Western Australian Future Health Research and Innovation Fund.

The establishment of an advisory council and launch of the *Future Health Research and Innovation Fund Strategy 2020–2022: Activating Research and Innovation* will guide the Fund's application throughout the next 12 months.

In the department, we continue to remain focused on supporting our staff's health and wellbeing, and the *Learning and Development Plan 2020–2024* will help ensure staff at all levels have opportunities to grow their skills and abilities, while also supporting their aspirations throughout their professional career.

I would like to take this opportunity to acknowledge all department staff, and those who work throughout the WA health system, for the many achievements over the past year and for their ongoing dedication to supporting the health and wellbeing of Western Australians.

I'd also like to thank my extended leadership team who have continued to demonstrate outstanding innovation and leadership during a challenging year in the healthcare sector.

I look forward to working together to build on our successes and ensure we continue to overcome the many challenges that may come our way.



Dr D J Russell-Weisz
Director General



Key achievements 2020–21

In 2020–21, reduction in **blood cell wastage** reached an all-time low of 2.9% resulting in recognition of the Department of Health by winning a Silver Award at the recent IPAA WA awards



The **Manage My Care** app was successfully implemented with over 29,000 patients now linked via the app giving them, or their carer, 24/7 visibility of their outpatient appointments and referrals



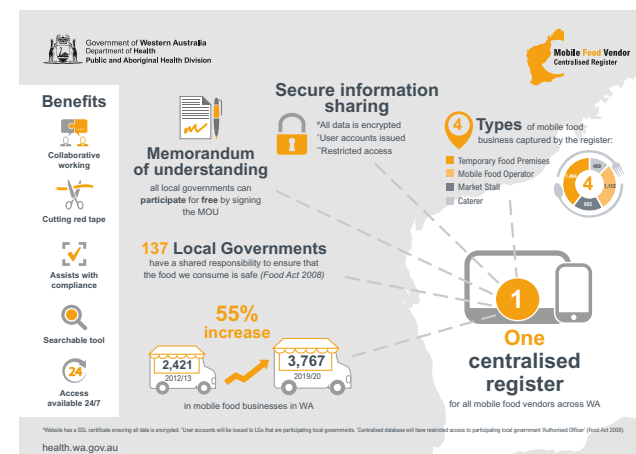
Release of the **Climate Health WA Inquiry Final Report** that sets a blueprint for the next 10 years of the WA health system's response to adapt to climate change

1,151

views of the **My Health in My Hands** animation series developed to support young people to become more independent with their healthcare

Over 8,000

West Australians responded to the **WA Health and Wellbeing Surveillance System** survey, to identify the health needs of our state and inform policy and program delivery



Over 3,500 mobile food vendors are captured on the new **Mobile Food Vendor Register** website to assist Local Government enact the *Food Act 2008*

198

healthcare workers trained in **Syphilis Point-of-Care Testing** and 7,300 testing kits distributed to health services across the state





Developed the **Aboriginal Patient Safety Card** as part of the Patient First program with Aboriginal and Torres Strait Islander groups

Contacted more than

2,000



patients to provide support in response to **breast implant-associated anaplastic large cell lymphoma** concerns

7 new **private health facility licence applications** were processed, paving the way for **104** new mental health, nephrology and day surgery beds. An additional **122** beds were also licensed for existing health facilities



Regulation of private sector to safeguard the health and wellbeing of over

6,800

patients cared for at any one time in WA's

121

private hospitals and health facilities



23

new building projects approved

with additional 82 active projects to expand capacity and services in emergency departments, cardiothoracic and other operating theatres, mental health behavioural assessment beds, acute mental health beds, isolation rooms and central sterilisation services.

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Significant issues

Significant issues

Health continues to lead the state's management of the COVID-19 pandemic, working to respond to the ever-changing situation to protect Western Australians from the virus and best maintain our much-loved way of life. Vaccinate WA was launched to enable eligible Western Australians to book an online COVID-19 vaccination appointment. The vaccines are providing good protection against the new strains and protecting people from becoming seriously ill. Western Australians are encouraged to roll up their sleeves and receive a COVID-19 vaccination to keep our families, friends and communities safe.

Over the past year, COVID-19 has also hindered efforts to attract staff from outside WA. In response, 2,300 graduate nurses will join the WA health system over the next 2 years. To complement the efforts of individual WA health services in recruiting experienced nursing staff, a dedicated landing page for nursing and midwifery employment opportunities has been created on the WA Health website. This will be supported by a State Government advertising campaign to target appropriately skilled and experienced health staff in the specialty areas of mental health, intensive care, emergency care, perioperative care and midwifery.

The [*Sustainable Health Review: Final Report to the Western Australian Government 2019*](#) provides an ambitious blueprint for reforming the Western Australian health system over the next decade. In 2020–21, the Sustainable Health Implementation Program remained a key priority for the Department of Health. While some recommendations have been delayed in response to COVID-19, others have been accelerated. With the Sustainable Health Review as the framework for the WA health system's COVID-19 response and recovery, and forward planning, the Department of Health will ensure Western Australians receive high quality health care that can be sustained for future generations.



The WA health system is experiencing unprecedented demand and pressure on emergency departments, mirroring the challenges being faced by health systems across Australia. To address this demand, a bed expansion program has been implemented to open 158 new beds by September 2021. These beds are among 500 additional hospital beds that will be added to the WA health system over the next 4 years and includes 95 new emergency department beds to ease pressure on emergency departments and support the ongoing delivery of high-quality care. The State Government has also committed to construction of a new world-class Women and Babies Hospital. Preliminary planning has commenced, with works estimated to begin in 2023. The proposed hospital will include new obstetric and birthing suites and specialist services to provide care to women and newborns from across the state.



The effects of climate change are being experienced in Western Australia, with a steady decline in rainfall in the south-west, drying interior, lengthening fire season, exposure to cyclones and extreme weather events, and a rate of sea-level rise almost 3 times the global average. The physical and mental health of Western Australians is already impacted by climate change and it is expected that this will increase over the coming decade¹. The [*Climate Health WA Inquiry Final Report*](#) sets a blueprint for the next 10 years of the WA health system's response to adapt to climate change to protect the health of the community and how health services can do more to reduce emissions and waste.

¹ [Climate change and WA](#)

COVID-19

As the COVID-19 crisis continued to escalate throughout the past year, it became clear to health authorities around the world that the virus and people affected by infection would endure on a pandemic scale. Countries began to experience recurring waves of infections, highly infectious new virus strains emerged, and health systems worldwide experienced levels of pressure never felt before.

Two response groups lead the department's public health response (see Figure 1):

- Public Health Emergency Operations Centre (PHEOC), led by Dr Paul Armstrong, Deputy Chief Health Officer – Public Health
- State Health Incident Coordination Centre (SHICC), led by Dr Robyn Lawrence, Incident Controller and Deputy Chief Health Officer – Clinical Services.



In his capacity as Chief Health Officer, **Dr Andrew Robertson's** public health advice to government has played a significant role in WA's overall success in combatting COVID-19.



Dr Robyn Lawrence, the WA State Health Incident Controller since the outbreak of the COVID-19 pandemic in March 2020, stepped down as controller on 18 June 2021 after providing advice and support around clinical matters related to COVID-19.

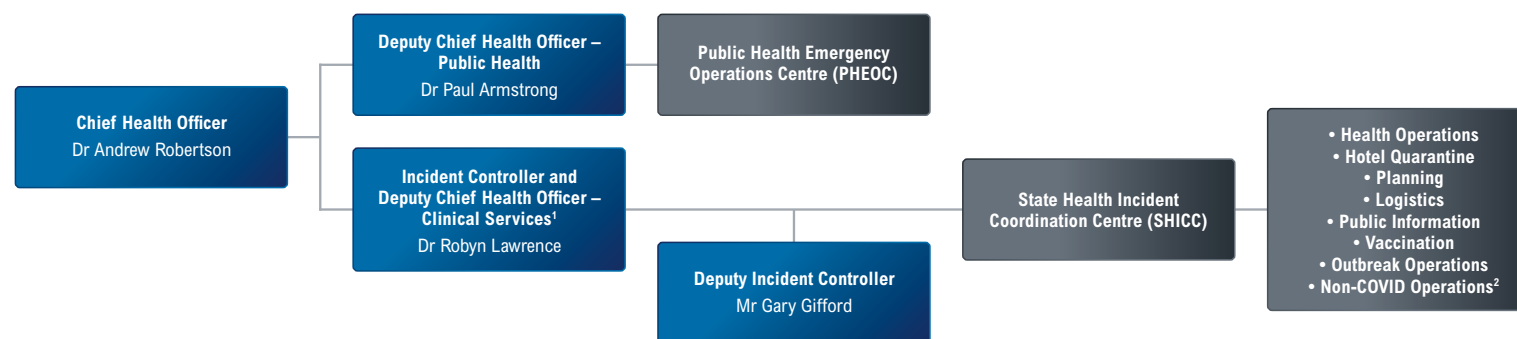


Dr Paul Armstrong, Director of the Communicable Disease Control Directorate, Deputy Chief Health Officer Public Health and the Chief Human Biosecurity Officer for WA, provided advice on outbreak management, particularly around those on-board ships entering WA ports with suspected cases of COVID-19.



Dr Tudor Codreanu was subsequently appointed as WA State Incident Controller after working as a medical advisor and WA Medical Assistance Team Divisional Commander with extensive disaster medicine experience in the SHICC during the COVID-19 response.

Figure 1: COVID-19 response senior management structure



Notes:

- Dr Tudor Codreanu was appointed to the role of Incident Controller in June 2021.
- SHICC is responsible for the strategic coordination of the WA Health response to incidents or emergencies, including those not related to the COVID-19 pandemic.

Hotel quarantine

Western Australia's border controls supported by the Department of Health's hotel quarantine program, continued to be the first line of defence against COVID-19. The defence was designed to protect our community from the risk of infection from international and interstate travellers returning to Western Australia. At the same time, it protected residents returning home. Importantly, it also offered a robust program which detected, managed and treated people with COVID-19 appropriately.

As we learned more about the virus and more contagious variant strains emerged, new strategies were considered and implemented. Protocols around the use of Personal Protective Equipment (PPE) were further strengthened, mandatory testing and mandatory vaccination of hotel quarantine workers was implemented, new hotels were acquired due to their enhanced suitability for hotel quarantine purposes, and air filtration strategies were implemented.

Providing aid

In August 2020, a cohort of 17 nurses volunteered for deployment to Victoria during the height of the COVID-19 crisis to provide support to residential aged care facilities which had been severely affected by COVID-19. During outbreak periods, expert public health teams from Western Australia also lent their support to other jurisdictions conducting remote contact tracing.

In June 2021, the Department of Health provided assistance to Sri Lanka and Nepal by offering close to \$2.2 million worth of PPE to aid their fight against COVID-19. Supplies in the region became limited as India and its neighbours experienced one of the most devastating waves of COVID-19 in the world, and smaller countries like Sri Lanka and Nepal required international aid from further afar.



Response to outbreaks

Throughout the last year, Western Australia has responded swiftly to COVID-19 outbreaks which threatened the health and wellbeing of our community. Agile public health advice to the State Government from the Chief Health Officer enabled us to successfully 'ring fence' outbreaks in the Perth and Peel regions, giving contact tracers valuable time to identify all close and casual contacts, isolate cases, allow time for rapid and extensive community testing, and ultimately, eliminate the virus in the community.

In addition to community outbreaks, swift action by the department to manage cases occurring in hotel quarantine and at sea has protected our borders from the virus.

Community lockdowns have been adopted worldwide to limit the spread of COVID-19, combined with other strategies, such as mandating the wearing of masks, limits on gatherings and major events, and border closures which have remained dynamic in Western Australia. Lockdowns in Perth and Peel in January (5 days), April (3 days) and June (4 days) have protected residents from broad community transmission.

Vaccination program

Notably, the race for a COVID-19 vaccine had a successful outcome with the first vaccines approved for use in Australia at the start of 2021. The vaccine program is being implemented in a phased approach with those most at risk of becoming very ill with COVID-19 and those at greater risk of becoming infected through their work being offered the vaccine as a priority. Those eligible for a COVID-19 vaccination are now able to access the vaccine via Perth metropolitan COVID-19 vaccination community clinics and a number of regional public hospital-based vaccination clinics. COVID-19 vaccination appointments can also be made with participating general practices, general practice respiratory clinics, pharmacies and Aboriginal Medical Services.

The department's response to the pandemic has stayed true to its mission and adapted to each new challenge.

COVID-19 snapshot 2020–21

6.9%



of the WA population is vaccinated following **305,701 vaccinations** administered by WA Health to 30 June 2021

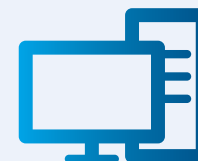
37,549



arrivals **completed hotel quarantine** between 1 July 2020 and 30 June 2021

5

new **ICT initiatives** were developed to respond to COVID-19 including Vaccinate WA, SafeWA and systems to support contract tracing and manage hotel quarantine



1,152,916



COVID-19 tests were collected between 1 July 2020 and 30 June 2021 across all laboratories

126



orientation and induction sessions provided to 713 baseline and surge surveillance officers (contact tracers) including assistance provided to South Australia and Victoria



Telehealth and Virtual Care was expanded to address increased patient demand of 200% per month at its peak

Total number of COVID-19 cases and contacts monitored at 30 June 2021:

385
cases

1,131
close contacts

4,583
casual contacts

Wastewater surveillance at 6 metropolitan and 10 regional locations to support early detection of COVID-19 in the community

WA was the first state in Australia to link **Commonwealth Immunisation Repository** data with other vaccination data to provide near real time reporting for Health, other WA Government agencies and the public through partnership with the Department of the Premier and Cabinet



Over

30

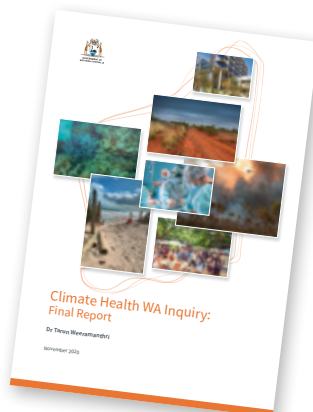
formal directions were issued under the *Public Health Act 2016* to prevent, control or abate the serious public health risk presented by COVID-19

Coordinated statewide responses to **COVID-19 induced medicines** and medical device shortages to ensure service continuity to WA patients



Climate change

In March 2019, the State Government announced a Chief Health Officer Inquiry to investigate the implications of climate change on health, including more frequent and intense weather events. This was the first statutory inquiry anywhere in the world that focused on the health impacts of climate change.



The aim of the inquiry was to review the current planning and response capacity of the health system in relation to the health impacts of climate change and make recommendations for improvement with respect to climate change mitigation and public health adaptation strategies.

The statutory inquiry was a key recommendation of the [Climate and Sustainability Forum](#) held in July 2018, and one of the key priorities within the [Sustainable Health Review](#).

The Department of Health's former Chief Health Officer, Professor Tarun Weeramanthri, was appointed by the department to conduct the inquiry.

The overarching principles of fairness, flexibility and transparency guided the conduct of the inquiry. The inquiry sought out Western Australian, Australian and international experts to obtain the best science, data and evidence to inform the final recommendations.

The views and experiences of Western Australians, particularly those living in rural and regional areas, were also actively sought to understand the current and future environmental and health impacts across the very different regions of WA and associated vulnerabilities. Input was sought via written submissions, public forums, targeted workshops and consultations, and formal public hearings (see Figure 2).

Figure 2: Climate Health WA consultation and communication



The [Climate Health WA Inquiry Final Report](#) was tabled in Parliament and its recommendations endorsed on 4 December 2020. The final report identified 10 findings of significance and made 10 recommendations to plan and respond to the health impacts of climate change. Overall, the report sets a blueprint for the next 10 years of the WA health system's response to adapt to climate change to protect the health of the community, and how health services can do more to reduce emissions and waste without compromising the quality of patient care.

About us

Our responsible Minister



The Department of Health is responsible to the Honourable Roger Cook MLA Deputy Premier; Minister for Health; Medical Research; State Development, Jobs and Trade; Science.

Our accountable authority

The Director General of Health is Dr D J Russell-Weisz. In accordance with the *Health Services Act 2016*, the Director General is established as the System Manager for the WA health system and is responsible for the strategic direction, oversight, management and performance of the WA health system. The Director General reports to the Minister for Health.

The Department of Health supports the Director General in the performance of all legislative functions, including his functions as System Manager.

Our enabling legislation

The Department of Health was established as a department by the Governor under section 35 of the *Public Sector Management Act 1994*.

Through the administration of key legislation, the Department of Health enacts authority over the WA health system and delivers its functions. The Director General, on behalf of the Minister, is responsible for ensuring this legislation is administered appropriately.

Administered legislation

- *Anatomy Act 1930*
- *Blood Donation (Limitation of Liability) Act 1985*
- *Cremation Act 1929*
- *Fluoridation of Public Water Supplies Act 1966*
- *Food Act 2008*
- *Health (Miscellaneous Provisions) Act 1911*
- *Health Legislation Administration Act 1984*
- *Health Practitioners Regulations National Law (WA) Act 2010*
- *Health Professionals (Special Events Exemption) Act 2000*
- *Health Services Act 2016*
- *Health Services (Quality Improvement) Act 1994*
- *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*
- *Private Hospitals and Health Services Act 1927*
- *Prostitution Act 2000* (except s.62 and Part 5, which are administered by the Department of the Attorney General)
- *Public Health Act 2016*
- *Radiation Safety Act 1975*
- *Royal Perth Hospital Protection Act 2016*
- *Surrogacy Act 2008*
- *Tobacco Products Control Act 2006*
- *University Medical School, Teaching Hospitals Act 1955*
- *Voluntary Assisted Dying Act 2019*
- *Western Australian Health Promotion Foundation Act 2016*
- *Western Australian Future Health Research and Innovation Fund Act 2012*

New legislation passed in 2020–21

- *Public Health Amendment (COVID-19 Response) Act 2020*

New bill in Parliament as at June 2021

- *Public Health Amendment (Safe Access Zones) Bill 2020*

Our System Manager function

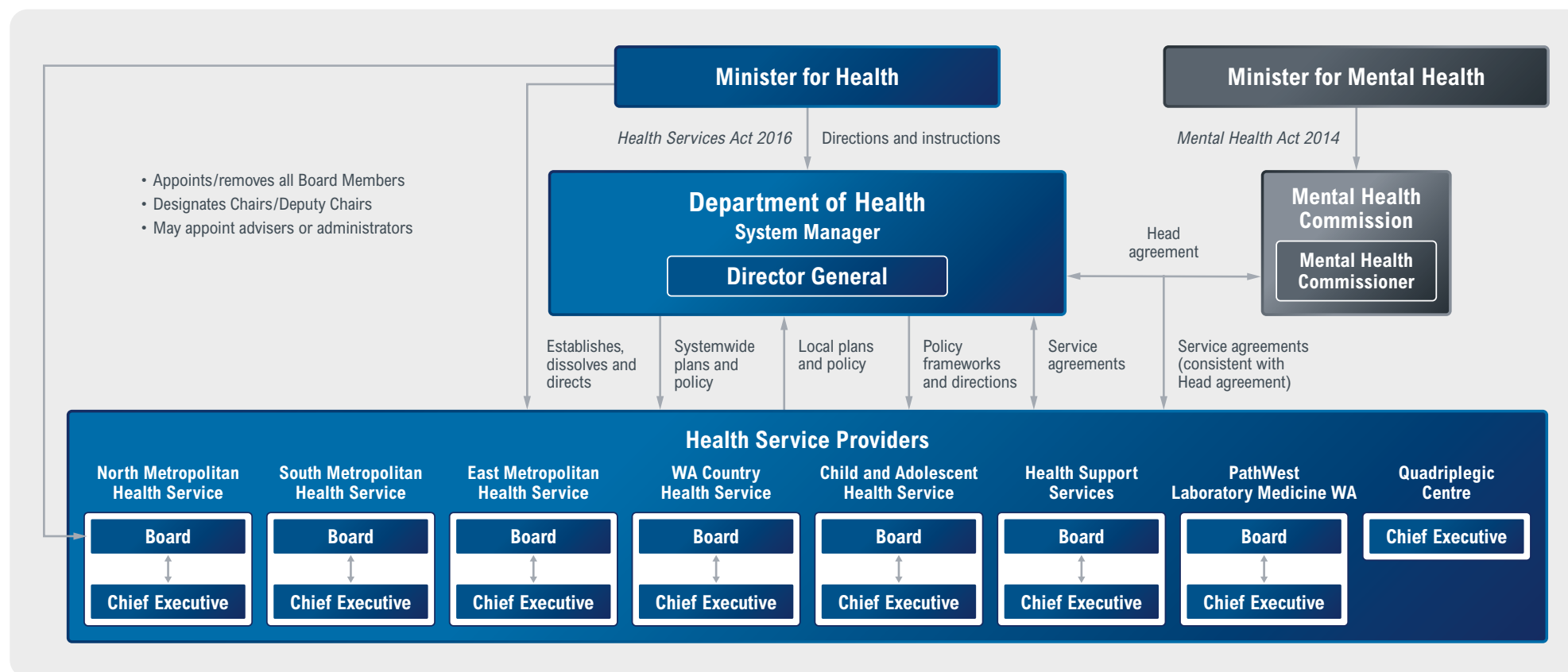
The *Health Services Act 2016* establishes the Chief Executive Officer of the Department of Health (the Director General) as the System Manager for the WA health system. At arm's length from health service delivery, the System Manager is responsible for the strategic direction, oversight and management of the WA health system.

The WA health system is comprised of the Department of Health and Health Service Providers. The Department of Health supports the Director General in performing the System Manager functions. Health Service Providers are established as statutory authorities and are each governed by a Board or Chief Executive. These statutory authorities are responsible and

accountable for delivering public health services or health support services as prescribed through service agreements between the Director General and each Health Service Provider. Mental health, alcohol and drug health services are purchased from Health Service Providers by the Mental Health Commission through service agreements. These agreements are enabled via a head agreement between the Department of Health and the Mental Health Commission, provided for within the *Health Services Act 2016*.

Figure 3 describes the governance relationships between the System Manager, the Department of Health, Health Service Providers and the Mental Health Commission.

Figure 3: WA health system governance structure

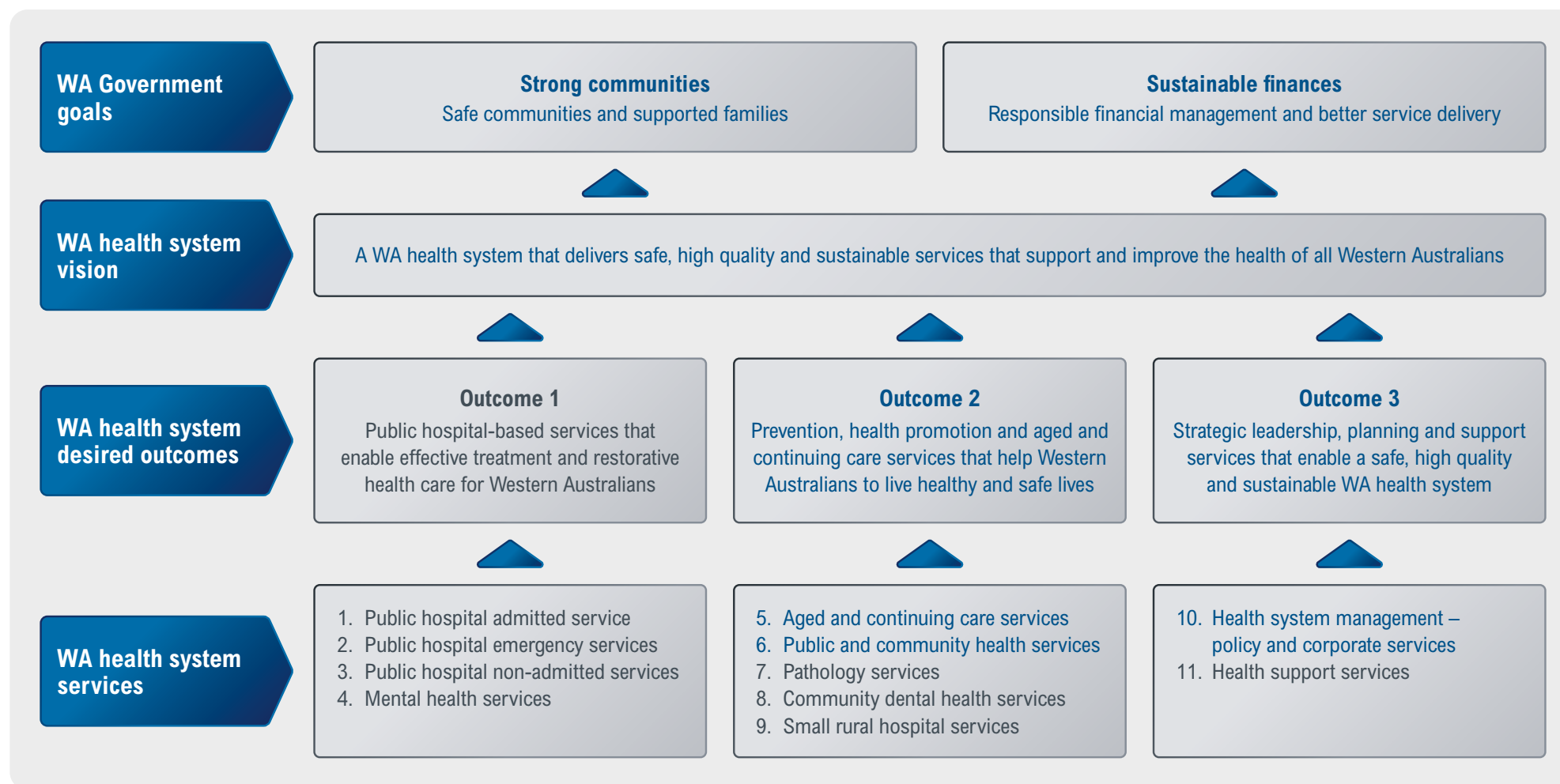


Performance management framework

The Department of Health operates under the WA health system Outcome Based Management Framework. This framework describes the relationship between outcomes, services and key performance indicators that measure how effective and efficient the organisation is in achieving relevant overarching WA Government goals.

Figure 4 describes the WA health system Outcome Based Management Framework and illustrates how the department contributes to achieving the WA health system vision and whole-of-government goals through outcomes and services, as marked in blue.

Figure 4: Outcome Based Management Framework for the WA health system



The Department of Health achieves Outcome 2 through the delivery of:

- **aged and continuing care services** that include programs that assess the care needs of older people, provide functional interim care or support for older, frail, aged and younger people with disabilities to continue living independently in the community and maintain independence. Aged and continuing care services is inclusive of community-based palliative care services that are delivered by private facilities under contract to the WA health system, which focus on the prevention and relief of suffering, quality of life and the choice of care close to home for patients.



- **public and community health services** that describes the provision of healthcare services and programs delivered to increase optimal health and wellbeing, encourage healthy lifestyles, reduce the onset of disease and disability, reduce the risk of long-term illness as well as detect, protect and monitor the incidence of disease in the population. Public and community health services includes public health programs, Aboriginal health programs, disaster management, environmental health, the provision of grants to non-government organisations for public and community health purposes, and emergency road ambulance services.

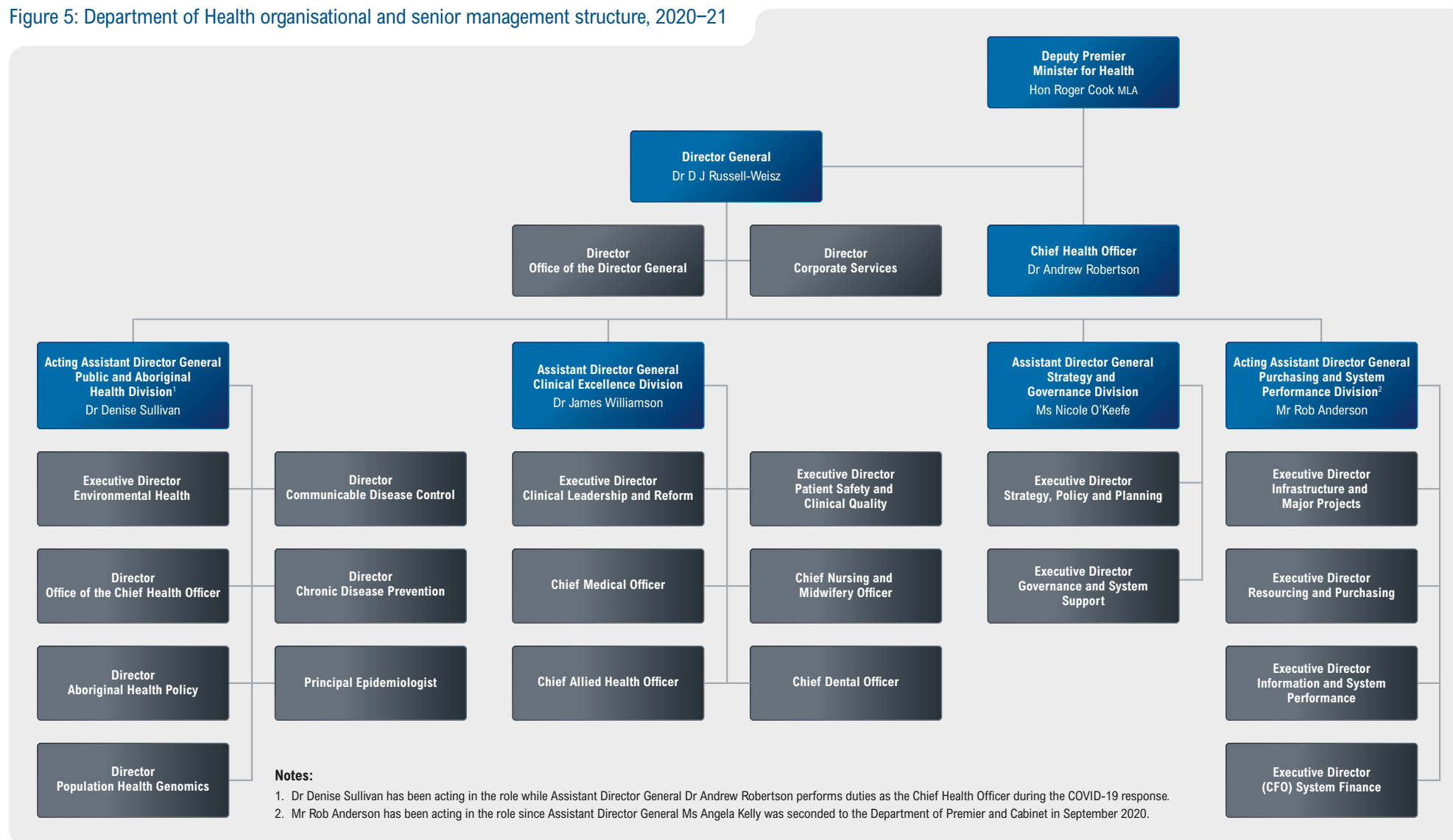
Outcome 3 is achieved through **health system management – policy and corporate services**. This is the provision of strategic leadership, policy and planning services, system performance management and purchasing linked to the statewide planning, budgeting and regulation processes. Health system policy and corporate services includes corporate services inclusive of statutory financial reporting requirements, overseeing, monitoring and promoting improvements in the safety and quality of health services, and systemwide infrastructure and asset management services.

The Department of Health reports performance towards achieving the WA health system vision through a suite of key performance indicators that form part of the WA health system Outcome Based Management Framework. Performance against targets for 2020–21 is summarised in the [Agency performance](#) section and described in detail in the [Key performance indicators](#) section of this annual report.

Our organisational structure

In the operation of the Department of Health, the Director General is supported by the Chief Health Officer and 4 Assistant Directors General, assisted by 21 senior staff (see Figure 5).

Figure 5: Department of Health organisational and senior management structure, 2020–21





Dr Andrew Robertson, Dr Denise Sullivan, Mr Rob Anderson, Dr D J Russell-Weisz, Ms Nicole O'Keefe and Dr James Williamson

Our Executive Leadership Team

In 2020–21, the Department of Health workforce comprised approximately 1,000 people working across 4 divisions and the Office of the Director General:

- Public and Aboriginal Health Division
- Clinical Excellence Division
- Strategy and Governance Division
- Purchasing and System Performance Division

Office of the Director General

The Office of the Director General provides strategic leadership and planning to the WA health system, an executive management function to the Department of Health and Health Service Providers, the facilitation of departmental and systemwide responses to external stakeholders, and administrative and operational support to the Director General. The Office of the Director General comprises 4 areas: Communications, Ministerial Liaison, Corporate Services and the Office of the Director General.



Dr D J Russell-Weisz
Director General

Since his appointment in August 2015, Dr D J Russell-Weisz has overseen the major reform to devolved governance, and the establishment of Health Service Provider Boards underpinned by the introduction of the *Health Services Act 2016*. Along with

the Department of Health, Health Service Providers and key external partners, he is responsible for delivering the recommendations of the *Sustainable Health Review: Final Report to the Western Australian Government 2019*.

Before his appointment as Director General at the Department of Health Dr Russell-Weisz oversaw the commissioning of the Perth Children's Hospital, led the commissioning of the State's flagship \$2 billion Fiona Stanley Hospital, served as the Chief Executive of the North Metropolitan Health Service where he led the \$1 billion redevelopment of the QEII Medical Centre, and oversaw 3 tertiary and 3 outer metropolitan hospitals.

Public and Aboriginal Health Division

The Public and Aboriginal Health Division provides strategic and operational direction for public health services in the WA health system. The division is responsible for fulfilling the legislative responsibilities of the *Public Health Act 2016* and related Acts. These responsibilities include the regulation of food and tobacco products, water and radiation safety, regulation of medicines and poisons, vector control, waste-water management, immunisation, infectious disease surveillance, outbreak investigation and disaster management.

The division also performs functions such as encouraging and enabling healthy lifestyles and Aboriginal health and wellbeing and collects and analyses statewide health information to survey and monitor the population's health status and aid planning and design of programs and health responses to protect and promote the health of Western Australians.



Dr Andrew Robertson CSC PSM
Assistant Director General,
Chief Health Officer

Dr Andrew Robertson provides expert leadership and advice to the Director General and Minister for Health on public and Aboriginal health matters and emerging issues. In his capacity as Chief Health Officer, Dr Robertson is a member

of the State Emergency Management Committee and the Australian Health Protection Principal Committee and has played a critical role in guiding the Western Australian and national response to the COVID-19 pandemic.

Dr Robertson has specialist qualifications in Public Health Medicine and Medical Administration. He served with the Royal Australian Navy (RAN) from 1984 until 2003 and remains in the RAN's Active Reserve.



Dr Denise Sullivan
Acting Assistant Director
General

Appointed by the Department of Health in 2010, Dr Sullivan was the founding Director of the Chronic Disease Prevention Directorate, where she has led the development of state chronic disease and injury prevention policy and planning

frameworks and contributed to the shaping of the national preventive health policy agenda.

Dr Sullivan holds a Master and a Doctor of Philosophy in Public Health and is a graduate of the Australian Institute of Company Directors and the Leadership WA Signature Program, and an Associate Fellow of the Australian Institute of Management and the Australian College of Health Service Managers.

Dr Denise Sullivan stepped in to the role of Assistant Director General while Dr Robertson performs additional duties as the Chief Health Officer during the COVID-19 response.

Clinical Excellence Division

The Clinical Excellence Division provides clinical advice to the WA health system. It is the focal point for clinical policy development and engagement with the clinical workforce and represents the interests of the professions nationally in addressing specific workforce issues.

The Clinical Excellence Division administers state-funded research programs and contributes to national research directions. It also implements systems to support the safety and quality of health care and oversees the licensing of over 6,100 beds in 121 private healthcare facilities, as well as licensing reproductive technologies.



Dr James Williamson Assistant Director General

Dr James Williamson is the Assistant Director General leading the Clinical Excellence Division. He is a general physician and rheumatologist with a PhD and post-doctoral experience in immunology, stem cell biology, gene targeting and scleroderma.

He has held clinical and executive positions in the North Metropolitan Health Service and has previously led the eHealth program and Musculoskeletal Health Network.

Strategy and Governance Division

The Strategy and Governance Division is responsible for the systemwide governance, strategy, policy and planning functions of the System Manager.

The division has 2 directorates. The Governance and System Support directorate is responsible for workforce and employment, industrial relations, integrity, governance and assurance, and policy frameworks for the WA health system. It provides legal and legislative services to the Department of Health.

The Strategy, Policy and Planning directorate supports negotiations on national agreements with the Commonwealth across disability, primary health, aged care and mental health portfolios. It also leads the system planning function for the WA health system, oversees aged care services and provides governance and assurance across information, communication and technology governance bodies.

A key deliverable for the Strategy and Governance Division is to work with Health Service Providers to support the implementation of the Sustainable Health Review Enduring Strategies and recommendations and deliver a systemwide Electronic Medical Record system.



Ms Nicole O'Keefe Assistant Director General

Ms Nicole O'Keefe commenced as Assistant Director General, Strategy and Governance in September 2019. Ms O'Keefe has significant experience in governance and strategy within the health sector, as well as a proven track record of developing enduring partnerships

across community, public and private sectors to deliver services, including those in rural and remote areas.

Ms O'Keefe joined the Department of Health from her position as State Manager WA of the National Disability and Insurance Agency (NDIA). Before joining the NDIA in February 2016, Ms O'Keefe held various senior positions, including WA State Manager for the Commonwealth Department of Health and Ageing; Executive Director Mental Health in the WA Department of Health; and Assistant Secretary, Office of Aged Care and Quality Compliance, Commonwealth Department of Health and Ageing.

Purchasing and System Performance Division

The Purchasing and System Performance Division comprises 4 key areas: Information and System Performance; System Finance; Resourcing and Purchasing; and Infrastructure and Major Capital Projects.

This division is the primary point of liaison between the Department of Health and Department of Treasury and is responsible for the strategic management of resource allocation. It also monitors, manages and analyses the performance of the WA health system in accordance with the *Health Services Act 2016*, with the underlying objective to ensure the continued provision of safe and quality public health care to all Western Australians.

The Purchasing and System Performance Division undertakes demand and capacity modelling, system analytics, data integrity and linkage and infrastructure planning and coordination. It oversees system performance and is responsible for the strategic management of financial operations, including financial reform and policy, and delivers national and public reporting for the Department of Health. The division also manages key community sector contracts for statewide services and undertakes budgeting and purchasing functions. This includes issuing of Service Agreements with Health Service Providers and stewarding the head agreement with the Mental Health Commission.



Ms Angela Kelly
Assistant Director General

Ms Angela Kelly has held the role of Assistant Director General Purchasing and System Performance since its creation in April 2015. Ms Kelly holds an economics qualification from the University of Western Australia and has more than 20 years of

experience in the public health system. She has held several senior executive positions within the Department of Health, including Executive Director Resourcing and Performance and Director of Health Infrastructure, and in 2018 spent 3 months as the acting Chief Executive at North Metropolitan Health Service.

In September 2020, Ms Kelly was seconded to the role of Deputy Director General, Recovery Implementation and State Services at the Department of Premier and Cabinet. Ms Kelly returned to the Department of Health to perform other functions in May 2021.



Mr Rob Anderson
Acting Assistant Director General

Mr Rob Anderson was appointed to the role of Acting Assistant Director General of the Purchasing and System Performance Division in September 2020 following the secondment of Ms Angela Kelly to a position external to the Department

of Health. Before this, Mr Anderson had been the Executive Director of System Performance, later Information and System Performance Directorate since July 2016.

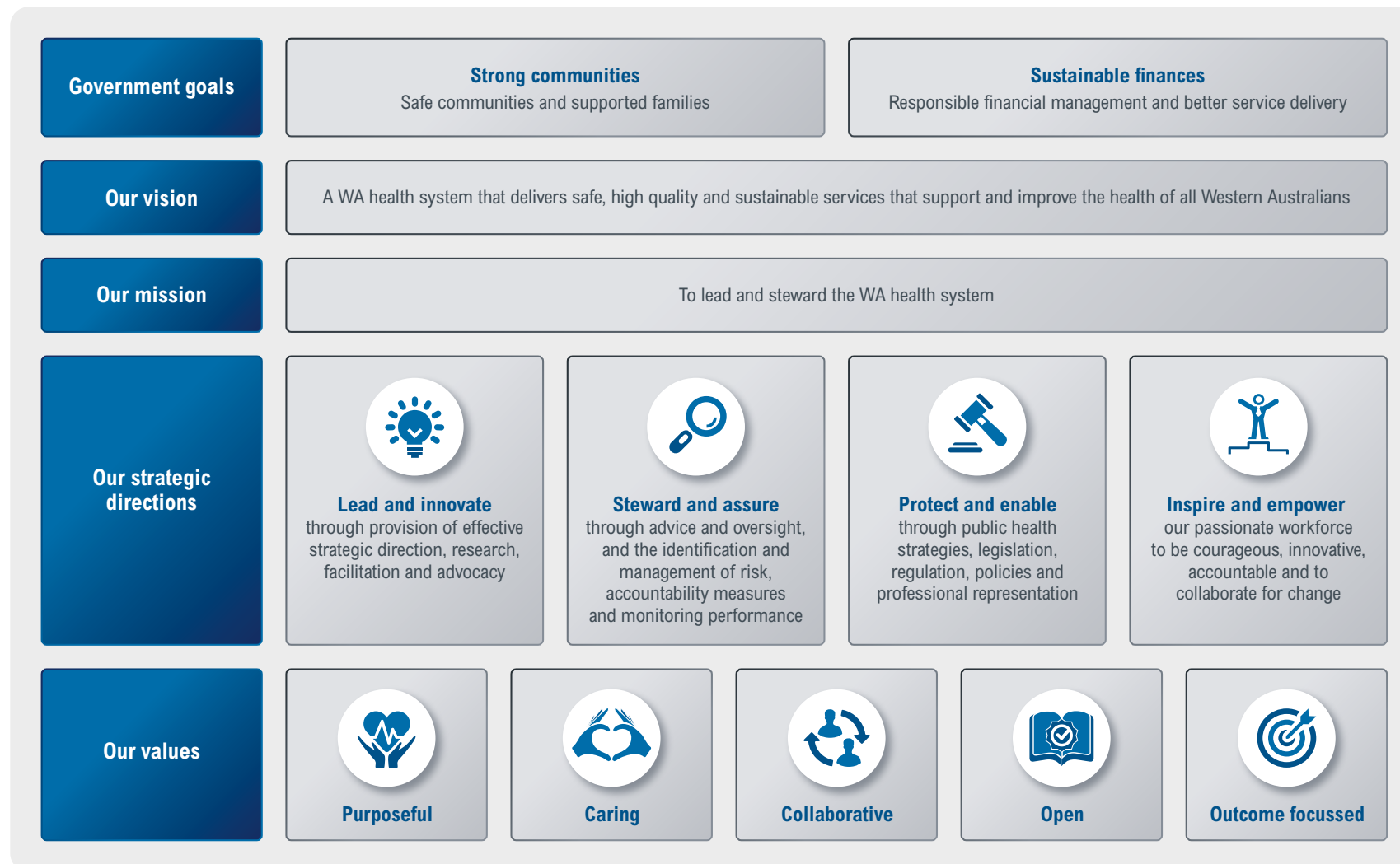
Throughout his 27 years in public service, Mr Anderson has held a variety of senior portfolios, was the Director of Activity Based Management (ABM) Reform and was involved in both the Fiona Stanley Hospital Commissioning Project and the Midland Health Campus Project.

Our strategic directions

Our strategic directions

The Department of Health's strategic directions outline a roadmap towards achieving the overarching WA health system vision. Our mission and values are aligned to support the delivery of safe, high quality, sustainable services that support and improve the health of all Western Australians, and the whole of Government goals of strong communities and sustainable finances.

Figure 6: Department of Health vision, mission and directions



Our values

The skills and dedication of our staff make it possible to achieve our overall mission and strategic directions. In 2020–21 an executive-led project defined the desired Department of Health culture and new values – purposeful, caring, collaborative, open and outcome-focussed (see Figure 7). Shaped by significant staff feedback and engagement (see Figure 8) the new values develop a meaningful and engaging set of values to shape a culture of courage, innovation and accountability that build on the existing pride and professionalism of staff and support the collaboration necessary for sustainable change (Enduring Strategy 7 of the Sustainable Health Review). The new values were endorsed by the Department Executive Committee in March 2021 and mark the next stage of our journey towards a values-aligned culture.

It is recognised that significant cultural change is a long-term objective and further actions will be required over time to realise the benefits of implementing the new values. Results from future Your Voice in Health staff surveys will be measured against the Department of Health Cultural Maturity Model, and in parallel, a proactive and strategic approach will be developed to support the continuing implementation of the desired culture over the next 5 years.

Figure 8: Staff engagement for desired culture project



Figure 7: Our desired Department of Health culture and values for implementation



Our Corporate Plan 2020–22

In 2020–21, the Department of Health launched the Corporate Plan 2020–22, which was developed to establish areas of focus aligned to our strategic directions.

Our key priorities

Supporting the 4 strategic directions are 19 key priorities and 89 corresponding deliverables. Many of the priorities identified (see Table 1) represent long-term commitments to effective change and require significant research, planning and stakeholder and community engagement. Our Corporate Plan is refreshed annually with quarterly reporting to the Department Executive Committee.

The key priorities of the Corporate Plan are closely aligned to the Sustainable Health Review Enduring Strategies to progress the sustainability agenda, so work reflects a commitment to patient-first, innovative and financially sustainable care.

Table 1: Department of Health directions and key priorities for 2020 to 2022

Direction 1	Direction 2
Lead and innovate through the provision of effective strategic direction, research, facilitation and advocacy	Steward and assure through advice and oversight, and the identification and management of risk, accountability measures and monitoring performance
Key Priorities  1.1 Implement Sustainable Health Review (SHR) recommendations 1.2 Deliver person-centred, equitable, seamless access 1.3 Deliver great beginnings and a dignified end of life 1.4 Innovate for sustainability 1.5 Deliver sustainable funding outcomes 1.6 Develop culture and workforce to support new models of care	Key Priorities  2.1 Implement government priorities 2.2 Conduct System Manager governance and assurance 2.3 Invest in digital healthcare 2.4 Use data wisely 2.5 Conduct system planning and health service commissioning
Direction 3	Direction 4
Protect and enable through legislation, regulation, policies and professional representation	Inspire and empower our passionate workforce to be courageous, innovative, accountable and to collaborate for change
Key Priorities  3.1 Implement legislative priorities 3.2 Implement strategies to address major public health issues 3.3 Prevent and reduce violent incidents in our hospitals 3.4 Implement WA health system policies and frameworks 3.5 Negotiate the 2019–20 WA health system industrial agreements	Key Priorities  4.1 Establish a modern work environment 4.2 Implement the Organisational Development Program 2020–25 4.3 Continue to integrate and embed risk management as an integral component of core business delivery

Key deliverables achieved

Direction 1: Lead and innovate through the provision of effective strategic direction, research, facilitation and advocacy



- ✓ *Voluntary Assisted Dying Act 2019* 18-month implementation completed
- ✓ Developed a system health and medical research and innovation strategy
- ✓ Delivered inaugural *Precision Health Ministerial Council Report* on opportunities to further develop and support precision health advances in Western Australia
- ✓ Developed a statewide Health Genomics Strategy
- ✓ Managed the transition of the WA Home and Community Care Program to the National Disability Insurance Scheme
- ✓ Reviewed the nursing and midwifery workload methodology
- ✓ Implemented centralised application and allocation process for Resident Medical Officers and Service Medical Registrars in collaboration with participating WA health services

Direction 2: Steward and assure through advice and oversight, and the identification and management of risk, accountability measures and monitoring performance



- ✓ Implemented enhanced Electronic Recording and Reporting of Controlled Drugs (ERRCD) system

- ✓ Aligned non-admitted data collection with Independent Hospital Pricing Authority (IHPA) Three Year Data Plan 2018–19 to 2020–21
- ✓ Ongoing reforms to enhance public performance reporting
- ✓ A COVID-19 Vaccination public dashboard providing visibility on WA's vaccination rollout was released in May 2021
- ✓ Implemented electronic patient-based reporting via REDCap for jurisdictional direct orders
- ✓ Implemented electronic patient-based reporting via REDCap for mandatory transfusion adverse event reporting
- ✓ Provided overview for Chief Health Officer of the population health impacts of COVID-19 interventions
- ✓ Updated the *Clinical Services Framework 2014–2024* to reflect current health service levels

Direction 3: Protect and enable through public health strategies, legislation, regulation, policies and professional representation



- ✓ Reviewed the *Tobacco Products Control Act 2006*
- ✓ Implemented the *WA Aboriginal Health and Wellbeing Framework 2015–2030*
- ✓ Developed an across agency approach to improving Aboriginal immunisation rates
- ✓ Progressed implementation of the WA Syphilis Outbreak Response Action Plan
- ✓ Established Food Fix Inter-Agency Committee
- ✓ Revised systemwide Healthy Options WA Food and Nutrition Policy and Smoke Free WA Policy

Direction 4: Inspire and empower our passionate workforce to be courageous, innovative, accountable and to collaborate for change



- ✓ Further one percentage point increase in staff engagement index to 67%
- ✓ Launched the new Learning Management System – My Learning
- ✓ Exceeded the SES target for women in Senior Executive Service and overall representation of women, with women occupying more than half of the SES positions and making up greater than 70% of the department's workforce
- ✓ 7% increase in staff receiving beneficial feedback about their performance
- ✓ Launched the *Learning and Development Plan 2020–2024*
- ✓ Launched a new interactive Introduction to Leadership Program

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Delivering on our strategic directions

Lead and innovate

Lead and innovate through effective strategic direction, research, facilitation and advocacy.

Throughout 2020–21, the Department of Health continued to provide leadership in responding to the COVID-19 pandemic and progressed other initiatives to deliver safe, high quality and sustainable health services for Western Australians.

Implementation of the [Sustainable Health Review Final Report to the Western Australian Government 2019](#) remained a key priority for the Department of Health.

A key commitment of the Sustainable Health Review is supporting people to have more choices and access to appropriate end-of-life care. As of 1 July 2021, voluntary assisted dying became a choice for eligible people under the *Voluntary Assisted Dying Act 2019*, following an 18-month implementation period. Western Australia was the second state in Australia to legalise voluntary assisted dying. A total of 37 practitioners have been approved to train to administer voluntary assisted dying services and an additional 59 practitioners have requested to access the required training. The recently appointed Board will have a monitoring and advisory function to ensure adherence to the legislation and report to government.

Recommendation 28 of the Sustainable Health Review is to enhance the Department of Health's reputation as a world leader in the emerging field of precision medicine and public health. In support of this, the *WA Genomics Strategy 2021–2031: Towards Precision Medicine and Precision Public Health* was developed to provide a systematic, statewide and strategic approach to the current and future applications of genomics in the WA health system.

The strategy also provides a framework to suitably consider and manage the ethical, legal and social issues that are presented by the predictive capability, familial implications, longevity and uniqueness of genomic data. The ability to apply health genomics across the human lifespan creates immense opportunity to transform and improve health service delivery outcomes. This inaugural strategy represents an exciting step in providing a shared vision for the WA health system to bring current strengths and assets to the forefront and maximise stakeholder efforts.

In another first, the department recently released the [Respiratory Health Policy Position](#) that provides guidance on the commissioning of community-based respiratory health services for Western Australians living with lung conditions in the community. It is the only policy of its type in Australia and has been supported by the Thoracic Society of Australia and New Zealand.

A key priority for the Department of Health is the strategic management of resource allocation, budgeting and financial management. For 2020–21, the annual budget for the WA health system was over \$10 billion, with a total of \$566 million allocated to the WA COVID-19 response and preparedness initiatives, including roll-out of the vaccination program.

Under the Commonwealth National Partnership arrangements, the Department of Health led negotiations to secure an extension to the Commonwealth National Partnership on Public Dental Services for Adults. This represents \$9.7 million in funding for public dental patients in Western Australia. The Department of Health also advocated for flexibility in setting targets for dental services that had been impacted by COVID-19 pandemic restrictions.

The Western Australian Private Hospital Cooperation Agreements that were established in 2019–20 to facilitate efficient and effective allocation of resources and services across the WA health sector to respond to the COVID-19 crisis, were concluded in 2020–21. The termination of all 27 agreements by 30 September 2020 included a focus on the acquittal of financial viability payments paid to private hospital operators from April to September 2020.

The Department of Health continues to work with home and community care providers to advocate for continuity of care for clients as they transition to the National Disability Insurance Scheme or Commonwealth Home Support Packages. New contractual arrangements have been put in place with continuing providers to ensure sustainable funding to support continuation of the program.

Patients who remain in hospital even though they are medically ready for discharge are referred to as long-stay patients. At any one time, there can be approximately 130 Western Australians with a disability who are experiencing barriers to hospital discharge as they are awaiting disability services, mental health support, or suitable accommodation, including Specialist Disability Accommodation.

To effect timely and safe discharge for long-stay patients, the Department of Health, Department of Communities, and the Mental Health Commission have been actively working together on patient-by-patient solutions and ways to address the systemic barriers to discharge. This collaborative approach has delivered significant benefits including patient access to appropriate supports and freeing up hospital beds.

In 2020–21, the department undertook comprehensive asset planning with Health Service Providers to finalise the WA health system's Strategic Asset Plan 2020–21 to strengthen the link between business decisions and future proof health assets. Comprehensive asset planning is essential to ensure that required health infrastructure is available at the right place and at the right time to support the delivery of safe and value for money clinical services to Western Australian communities.

Through the General Practice Project the Department of Health led work to identify and address current and predicted general practitioner workforce issues. This resulted in the implementation of the General Practice Hospital Training Pathway Pilot, which commenced in January 2020, aimed at enhancing general practice training in WA hospitals through:

- increasing the profile of general practice training among junior doctors and staff at WA hospitals
- optimising the hospital training time of current and future general practitioner registrars to prepare them for entry to community general practice training.

Currently, 78 participants are involved in the pilot pathway training. Future work will include recommendations to improve the sustainability of the generalist and proceduralist general practice workforces in rural and remote regions of Western Australia.



120 general practitioner trainees were provided with hospital training through the General Practice Pilot Pathway that aims to provide suitable clinical experience for current and future general practitioners



Approximately 50 junior clinicians participated in the multidisciplinary Clinical Service Improvement Program to enable them to acquire skills and experience in leadership and change management

The department also led improvements in the recruitment of the medical workforce – a centralised application and allocation process for resident medical officers and service medical registrars was trialled for 2021 in collaboration with participating WA health services. Of the 1,592 applications received, 843 were employed across Western Australia. A review of this pilot demonstrated a much-reduced workload for junior medical officers when applying for a job. Also, improvements occurred with respect to recruitment processes and transparency of job offers. The centralised recruitment process will be trialled for service surgical registrars in 2022.

The WA Nursing and Midwifery Workload Project was completed in November 2020 to support the nursing and midwifery business and the valuable contribution that the professions make to the people of WA. This included an external review to ensure a contemporary and appropriate nursing and midwifery workforce methodology to support safe staffing in line with complexity, acuity and activity, to ensure optimum patient and health outcomes.

The Department of Health has continued to implement and monitor the Aboriginal Workforce Policy to grow the Aboriginal workforce, with growth and expansion in Aboriginal workforce initiatives for the system continuing throughout 2021. An Aboriginal workforce dashboard was developed to support the monitoring of Aboriginal workforce data. The Aboriginal Health Workforce Partnership Working Group, whose membership comprises of the Aboriginal Health Policy Directorate, Aboriginal Health Council of WA and member Aboriginal Community Controlled Health Services, was established to collaborate on priority employment and workforce initiatives.

Leadership opportunities for Aboriginal employees in the WA health system have been provided in partnership with the Institute of Health Leadership, with 2 intakes of the Aboriginal Leadership Excellence and Development (LEAD) program provided in 2021 for 24 participants. The inaugural First Steps program was delivered in November 2020 with a total of 19 participants and a second program was delivered in May 2021 with a total of 17 participants.

The Aboriginal Cadetship Program led by the department is a systemwide program, with funding provided by the Department of Health to support a number of Health Service Provider places. The 2021 program placed 38 cadets across the health system with 8 positions offered within the Department of Health.

WA Future Health Research and Innovation Fund Strategy 2020–2022, activating research and innovation

In June 2020, the State Government, through the Department of Health, established the landmark Western Australia Future Health Research and Innovation (FHRI) Fund. Interest earned on the \$1.4 billion Fund provides a secure, perpetual source of funding with which to drive health and medical research and innovation in WA.

FHRI Fund grants focus on improving the health and wellbeing of the WA community, contributing to health system sustainability, increasing the state's prosperity, and elevating WA's position as a leader in research and innovation.

Significant achievements in 2020–21 include:

- appointment of an esteemed Advisory Council, chaired by John Van Der Wielen, Chief Executive Officer of HBF
- release of the [*FHRI Fund Strategy 2020–2022: Activating Research and Innovation*](#)
- nearly \$23 million awarded through grants.

The grants awarded included projects to respond to the challenges of COVID-19, support for emerging WA researchers to obtain highly competitive Commonwealth funding, co-funding for human research imaging infrastructure, funding for outstanding WA biobanks, and support towards the indirect costs of conducting research.

One example of the exciting and innovative work occurring as a result of the FHRI Fund is being undertaken by Dr Chris Brennan-Jones, from the Wesfarmers Centre for Vaccines and Infectious Diseases at the Telethon Kids Institute. Dr Brennan-Jones' vision is for Aboriginal children to have access to the earliest and the best treatments available for otitis media – a common middle ear infection which is the leading cause of preventable hearing loss in children. Earlier and more effective treatments reduce the impact of hearing loss on a child's early development, ensuring speech development is not delayed and a child can reach their potential at school. The FHRI Fund is supporting Dr Brennan-Jones to pursue this vision.



Sustainable health care

The *Sustainable Health Review: Final Report to the Western Australian Government 2019* set 33 outcomes to provide a clear, long-term vision and aspirational goals for each of the 8 Enduring Strategies. Staying true to the intent of the Sustainable Health Review, the Sustainable Health Implementation Program has been designed to ensure the diverse insights and experience of consumers, staff and external community stakeholders are embedded in the implementation process.

In 2020–21, a number of early milestones and key programs of work were achieved and include:

Strategy 1: Commit and collaborate to address major public health issues



- Whole of government targets for prevention of major public health issues have been agreed on and are in place.
- Evidence-based benchmarks are in place for public health and prevention initiatives, and public reporting.
- Improvements to Aboriginal workforce initiatives, including placing 38 cadets across the health system as part of the 2021 Aboriginal Cadetship Program and offering 31 candidates a Nursing and Midwifery position under GradConnect.
- The Climate Health WA Inquiry was released in December 2020 and provides a blueprint for the WA health system for the next 10 years to adapt to climate change, better protect the health of the community, and for health services to do more to reduce emissions and waste.

Strategy 2: Improve mental health outcomes



- The mental health service capacity review is complete and priority areas for investment have been identified.
- Safe Haven Cafes have opened at Royal Perth and Kununurra Hospitals, offering support for those who may otherwise attend emergency departments but do not need intensive clinical and medical support
- The Mental Health Co-Response Program has been rolled out regionally. The program partners senior mental health clinicians alongside police in responding to people experiencing a mental health crisis.
- The Mental Health Executive Committee has been established, leading the development of an efficient, sustainable, recovery-focused, consumer-led and integrated mental health and alcohol and other drugs (AOD) system.

Strategy 3: Great beginnings and a dignified end of life



- Key initiatives to support implementation of the landmark *Voluntary Assisted Dying Act 2019* are in place.
- Telethon Kids Institute 'Early Years Initiative' has been rolled out to priority communities. This 10-year partnership brings communities, business leaders, researchers and government agencies together to achieve better outcomes for Western Australian children and families.
- The 'My Baby WA' app has been launched, providing a digital platform for pregnancy-tracking, birth and baby information. Collaboratively designed, the features, tools and information are applicable to pregnant women and new parents regardless of where they live and how they access healthcare.

Strategy 4: Person-centred, equitable, seamless access



- The WA Country Health Service Command Centre was launched providing rural and remote doctors and nurses with 24/7 access to a dedicated team of clinical specialists.
- Telehealth has been expanded in regional and metropolitan areas, with regional outpatients now able to access more telehealth or virtual consultations.

- The Mental Health Emergency Telehealth Service (ETS) has expanded to provide more support to sites across country WA. The ETS is available 24 hours a day, 7 days a week and provides specialist emergency mental health support via high definition videoconferencing equipment to clinicians treating patients in country WA.
- The Home First Model of Care is fully operational delivering clinical assessments at home and early discharge for older patients. Early data is demonstrating reduced length of stay and an increase in the number of patients returning to their own home.

Strategy 5: Drive safety, quality and value through transparency, funding and planning



- Patient Safety Dashboards are complete, and public reporting of financial and performance information is available to the public.
- The National Health Reform Agreement was signed by all states and territories on 29 May 2020 and the Medicare Benefits Schedule telehealth arrangements have been extended.
- Planning is underway for the co-location and integration of maternity and neonatal services currently provided by King Edward Memorial Hospital to the Queen Elizabeth II Medical Centre.
- Significant investment has been made in infrastructure to support hospital service delivery, ensure sites are fit-for-purpose and compliant with required safety and quality standards, and equipped with up-to-date medical equipment to enable core service delivery.

Strategy 6: Invest in digital healthcare and use data wisely



- Planning for the Electronic Medical Record (EMR) has commenced. The EMR will improve safety, efficiency and patient experience across the WA health system. It will enable clinicians to view information such as patient notes, assessments, medical histories and diagnostic test results all in one place.
- The 'Manage My Care' outpatient appointment app has been launched. The app and web portal support patients to manage their WA Health appointments and referrals online. Patients and their carers can be less reliant on receiving posted appointment letters, can access real time outpatient appointment and referral information, and can update their personal details at a time convenient to them.

Strategy 7: Culture and workforce to support new models of care



- Mechanisms to foster collaboration within and beyond the WA health system are in place.
- The Your Voice in Health Staff Engagement Survey process and benchmark findings have been completed with regular public reporting of the survey findings.
- From 1 July 2020, boards were established for PathWest Laboratory Medicine WA and Health Support Services. These additional boards join the already established Health Service Provider Boards to bring uniformity of governance and accountability across the WA health system.

Strategy 8: Innovate for sustainability



- The Future Health Research and Innovation Fund has been established to accelerate innovation across the sector and is now fully operational.
- A first round of Innovation Programs and Initiatives have been developed.
- In 2020–21, 11 programs and initiatives were implemented, 6 of which have concluded selection, awarding nearly \$23 million in funding to approximately 200 recipients.

Measuring Sustainable Health Review outcomes requires identification of both aspirational long-term indicators reflective of each Enduring Strategy, vision and goal, as well as indicators that are mapped more closely to activities to deliver recommendations. A starting suite of high-level system indicators has been developed and consultation continues with the community service sector, ensuring that social determinants of health and measurement of partnerships are included, and that there is a strong alignment to the WA Outcome Based Management Framework.

Responding to COVID-19 using digital technology

Over the past 12 months the Department of Health has been instrumental in providing data and technical support as part of the state's COVID-19 response, resulting in several initiatives to protect, maintain, promote and improve the health of individuals and the community.

The SafeWA application was released in November 2020 as a secure and convenient way for venue operators and patrons to register attendance at a venue by scanning a unique QR code generated by the venue operator. SafeWA supports efficient COVID-19 contract tracing through integration with PHOCUS (Public Health Operations COVID-19 Unified System), the statewide COVID-19 contact tracing application developed by the Department of Health.

The COVID Linked Data Repository was developed to consolidate and link data from critical public and private health systems to inform and support the state's pandemic response. Real time linkage of disparate data sets has not previously been attempted and the methods trialled will provide enormous opportunities for improved clinical, analytic and research data. Data from the COVID Linked Data Repository is used by contact tracers and the Public Health Emergency Operations Centre to enable a rapid response to an outbreak and reduce the period in which a lockdown occurs.

In addition to the Linked Data Repository, Vaccinate WA was launched in April 2021. This vaccine management system was developed to support the roll-out of the COVID-19 vaccine in Western Australia. The system provides regular information on doses administered in WA, and the number of people and proportion of the population that are vaccinated. Western Australia is the first state in Australia to link Commonwealth Australian Immunisation Register data with COVID-19 vaccination data to provide near real time statistical reporting for the WA health system, other WA Government agencies, and the public.

The Department of Health has continued to promote the use of the Research Electronic Data Capture (REDCap) throughout the WA health system to assist in the state's COVID-19 response. The Department of Health deploys and manages the REDCap which is a secure web application for building and managing online surveys and databases. It is an internationally established model specifically set up to empower users to easily develop and deploy online and offline data capture projects for research, quality improvement and operational support. This tool has been pivotal in supporting data capture across the WA health system for initiatives such as the General Practitioner COVID-19 Response Decision tool and as a digital platform, significantly increasing the contactless collection of hotel quarantine billing information.



Steward and assure

Steward and assure through advice and oversight, and the identification and management of risk, accountability measures and monitoring performance.

The Department of Health is responsible for the stewardship of the WA health system by determining the overall health needs of the WA population and the prioritisation of these needs in relation to available resources.

In December 2020, the [Clinical Services Framework 2020 Addendum](#) was released providing an interim, guiding resource for whole of health system planning that is representative of our current environment including a number of significant changes and reforms.

Over the next 2 years the Department of Health will develop a contemporary clinical service plan informed by the ongoing and changing health needs of the community and reflective of the roles and responsibilities of the System Manager and Health Service Provider Boards.

In 2020–21, detailed planning continued to progress in relation to the reconfiguration of Mental Health Services to best support the WA community. Critical to this was the establishment of the Graylands Reconfiguration and Forensic Taskforce in January 2021, formed to advise the Government's planning and investment decisions regarding the Graylands Hospital site, forensics services and the Selby Older Adult Mental Health Service. The Cabinet-appointed taskforce is made up of 7 public sector leaders, including the Director General Department of Health, and is led by an Independent Chair, the Hon Jim McGinty, AM.

In support of the *WA Recovery Plan* that outlines how the state will bounce back from the impacts of COVID-19, the WA health system is implementing 32 key initiatives. These initiatives aim to strengthen the WA health system's capability and capacity to support the community, and to respond to surges of COVID-19. The majority of initiatives have commenced, with 16 projects completed within the financial year.

Responsible governance and assurance have continued to be a focus despite the challenges posed by COVID-19. The 2020–21 annual Health Service Agreement and Deed of Amendment processes defined the funding and health service delivery arrangements between the System Manager and Health Service Providers and provided the basis for financial and public service accountability. Critical to the Department of Health's governance role is monitoring and managing Health Service Provider performance against these Service Agreements, as well as ensuring transparency of health service delivery. The monthly WA Health Service Performance Report and quarterly performance review meetings, held with Health Service Providers to monitor performance, were pivotal in undertaking this function.

The Department of Health is committed to providing transparent and accountable reporting of its health-care system to the community and WA health system staff. This information is showcased in several [reports](#) and resources to enable the public and WA health system staff to compare and evaluate the WA health system's [performance](#).

In 2020–21, a [COVID-19 Vaccination dashboard](#) was launched by the Premier and Minister for Health to provide visibility of WA's vaccination rollout. A series of [COVID-19 in WA bulletins](#) have also been published to highlight the impact of COVID-19 control measures on the health and wellbeing of Western Australians. Also, information on elective surgery, emergency department and inpatient activity was published monthly. A mental health public dashboard is currently being developed with the support of the Mental Health Commission.

To progress the [WA Health Digital Strategy 2020–30](#), the Department of Health commenced work on a Stage 1 Business Case to support foundational infrastructure activities required to commission a full Electronic Medical Record solution. This functionality is a cornerstone initiative of the Digital Strategy and a priority emphasised in the Sustainable Health Review. Extensive engagement has occurred across the WA health system and with central WA Government agencies to ensure alignment with clinical and patient care outcomes and other stakeholder expectations.

An enhanced Electronic Recording and Reporting of Controlled Drugs system was also implemented in February 2021 and provides a contemporary platform to manage regulatory functions for Schedule 8 (controlled drugs) and related high-risk medicines. Data links between the system and the national data exchange were established in May 2021 and June 2021, providing the foundation for a Real Time Prescription Monitoring system for controlled drugs to be rolled out later in 2021.



214 people attended the Voluntary Assisted Dying Implementation Conference that included speakers from Canada and Victoria



A WA Voluntary Assisted Dying Statewide Pharmacy Service was established to ensure that the voluntary assisted dying substance is provided in a safe, equitable and patient-centred manner

With the implementation of the *Voluntary Assisted Dying Act 2019* an information management system has been developed as the online platform for the management of voluntary assisted dying in WA. The Voluntary Assisted Dying process requires that multiple forms and declarations be submitted to the Voluntary Assisted Dying Board to document the process and confirm compliance with the Act. This can be done online through the new system enabling the Board to investigate any suspected breaches of the Act and support quality improvements.

WA health system policy frameworks

The Department of Health develops policies that are issued to Health Service Providers through binding [policy frameworks](#) that are established under the *Health Services Act 2016*. In 2020–21 the Department of Health developed or updated the following policies to ensure service coordination, integration, effectiveness, efficiency and accountability in the provision of health services:

- Aboriginal Health Impact Statement Declaration
- Cloud
- COVID-19 Vaccination Program
- Emergency Department Data Collection and Reporting
- Establishment and Workforce Data
- Healthy Options WA Food and Nutrition
- Information Classification
- Information Management Governance
- Information Retention and Disposal
- Information Storage
- Intellectual Property
- Managing Voluntary Assisted Dying
- Payment for Patient Escorting Duties for Nurses
- Procurement and Contract Management
- Public Home Birth Program
- Research Governance
- Smoke Free
- Statewide Standardised Clinical Documentation for Mental Health Services
- Terms of Employment for Interpreters
- Travelling Allowance: Categories of Accommodation
- Unauthorised Stoppages: Payment of Wages and Effect on Entitlements
- WA Newborn Bloodspot Screening Program
- Workplace Aggression and Violence

In addition, all remaining historical Operational Directive/Information Circulars were removed from the policy frameworks in 2020–21 to ensure all Health Service Provider policies are contemporary and appropriate to support strong governance within the context of the *Health Services Act 2016*.

Protect and enable

Protect and enable through public health strategies, legislation, regulation, policies and professional representation.

In 2020–21, the Department of Health made significant achievements in the implementation of legislative priorities for the WA health system. The *Public Health Amendment (Safe Access Zones) Bill 2021* passed through the Legislative Assembly on 26 May 2021. This proposed legislation aims to create safe zones around premises at which abortions are provided, to ensure that patients who want to access abortion services can do so in a safe and private manner. The Bill also aims to prohibit publication and distribution of certain recordings to protect the privacy and dignity of those who access abortion clinics. If passed it will bring Western Australia's laws in line with other jurisdictions in the country.

The department is progressing amendments to the *Health Services Act 2016* to address operational and legal issues that have arisen since the Act first commenced in 2016. The *Health Services Amendment Bill 2021* is expected to be introduced and passed by Parliament in 2021 and will overcome administrative burdens and increase the effectiveness of the Act.

Public consultation for a review of the operation and effectiveness of the *Tobacco Products Control Act 2006* was completed in November 2020. The review was facilitated by the release of a discussion paper and an online questionnaire. A report on the public consultation was tabled in Parliament by the Minister for Health on 24 June 2021.

The department continues to support the WA health system to implement strategies that address major public health issues. A comprehensive evaluation of the first 5-year cycle of the [*WA Aboriginal Health and Wellbeing Framework 2015–30*](#) has been completed. This evaluation was informed by a successful planning day held in February 2020 followed by extensive key stakeholder interviews and analysis of relevant data. The final evaluation report will identify key drivers and enablers as well as barriers to the implementation of the Framework. It will also set key priorities for the next 5-year implementation cycle.

Immunisation rates for Aboriginal children aged 12 and 24 months and adolescents aged 15 years have historically not met national immunisation coverage targets of 95 per cent and 80 per cent respectively. To investigate the reasons for low childhood and adolescent Aboriginal immunisation rates in Western Australia, a network of government and research organisations has been established. This network will pilot and implement projects to improve overall Aboriginal immunisation rates. Current projects include investigating increasing hesitancy in Aboriginal mothers, early engagement of Aboriginal families through maternity services, and interventions to increase immunisation for Aboriginal adolescents.





94,156 children up to the age of 5 were fully immunised against vaccine-preventable diseases in 2020



26,266 youth received the human papilloma virus (HPV) vaccination in 2020



53 submissions from industry stakeholders, State Government agencies, local government authorities, non-government organisations, universities and individuals contributed to the statutory review of the *Tobacco Products Control Act 2006*



30% reduction in Salmonella rates since 2017, following implementation of initiatives under the *Foodborne Illness Reduction Strategy 2018–2021+*



23,376 water monitoring samples were collected and analysed, including aquatic facilities, drinking water, environmental waters, wastewater and recycling schemes



2,027 food samples were analysed as part of routine sampling, chemical surveys, and food poisoning and outbreak investigation

The Department of Health provided the [WA Syphilis Outbreak Response Action Plan Annual Report 2019–20](#) to the Minister for Health. This report provided an overview of the syphilis epidemiology and activities and progress made in response to the syphilis outbreak via implementation of the action plan during 2019–20. A post implementation review of the action plan is underway to ensure it aligns with current epidemiology, and that appropriate resources are being directed into regions and populations affected by the ongoing syphilis outbreaks across Western Australia.

Following the release of the [Western Australian Government's response](#) to the parliamentary Education and Health Standing Committee [Report 6 The Food Fix – The role of diet in type 2 diabetes prevention and management](#), an interagency advisory group was established. The focus of this group is to coordinate interagency collaboration to achieve required outcomes and to provide expertise on the appropriate implementation of recommendations. This group, chaired by the Department of Health, is currently working on developing an implementation plan for the state in alignment with other key policy documents relating to the type 2 diabetes recommendations.



As part of the systemwide initiative to prevent and reduce violent incidents in hospitals, the Department of Health published the Workplace Aggression and Violence Policy on 9 May 2021 to enable safe working environments for employees. Also, funding was provided for Health Service Providers to purchase additional duress alarms and CCTV equipment, as well as dedicated Alcohol and other Drug Clinical Liaison positions at 6 metropolitan hospital sites.

In 2020–21, the Research Governance Policy was revised to guide effective and efficient research governance to support and facilitate the responsible conduct of human research within the WA health system. An Intellectual Property Policy was also published for implementation by Health Service Providers.

A revised mandatory systemwide Smoke Free Policy was released in July 2021 to protect staff, patients and visitors from the dangers of exposure to second hand smoke. Under the policy, smoking will continue to be prohibited on all Department of Health and Health Service Provider premises and in vehicles. The revised policy phases out the current partial exemption available to involuntary mental health inpatients by July 2022. All inpatients who smoke will be assessed for nicotine dependence and offered support to manage any withdrawal symptoms during their stay, including with medications and other assistance, if appropriate.

Creating healthy food environments across the WA health system

Overweight and obesity are major challenges for the WA community and health system.

From 1 February 2021, a revised [Healthy Options WA Food and Nutrition Policy](#) came into effect to ensure that the Department of Health and WA hospitals are taking steps to increase healthy food and drink options for staff and visitors at their sites.

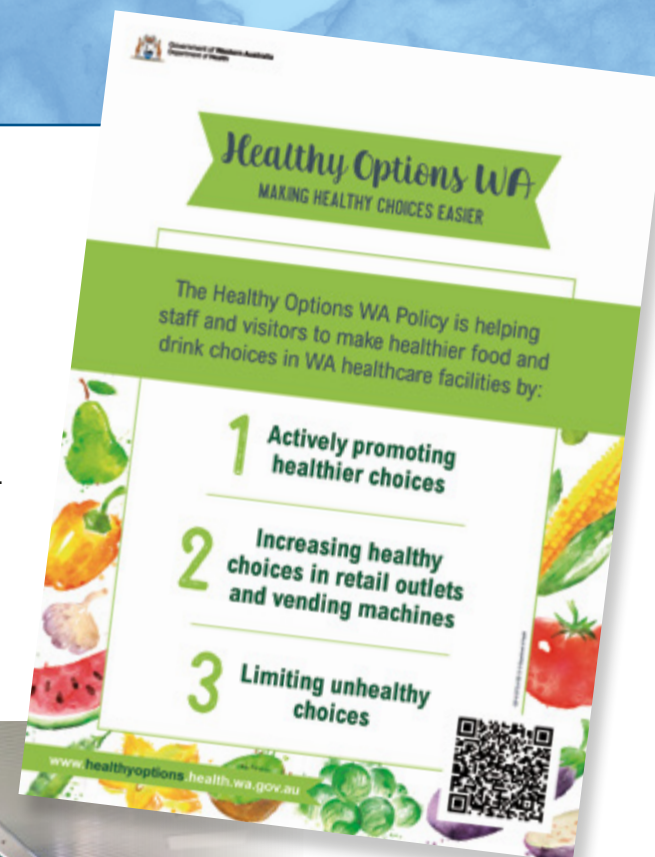
This policy was first mandated in 2008 and applies to all WA health system entities, staff and contracted retailers. The policy has been strengthened in alignment with current recommendations to ensure that in the WA health system the majority of food and drinks available for purchase, as well as those used in fundraising and in business catering, are healthy choices that are consistent with health promotion initiatives and messages supported by the Department of Health.

The policy uses a 'traffic light' classification system based on the Australian Dietary Guidelines. Under this system, all food and drinks are classified as Green, Amber or Red (from healthiest to least healthy). At least half of all food and drinks on offer and on display at WA health system entity premises must be Green and a maximum of 20 per cent of food may be Red.

Under the policy, all vending machines and retail outlets including cafes, gift shops, florists, newsagents, and kiosks, can no longer sell Red drinks as these are sugar-sweetened and have low or no nutritional value. Red drinks include soft drinks, iced teas, energy and sports drinks, and some fruit juices, flavoured waters and milks.

Since the introduction of the policy, major metropolitan hospitals have moved quickly to remove the sale of sugary drinks from their premises.

To find out more go to [Healthy Options WA: Making health choices easier](#).



My Health in My Hands animation

The Child and Youth Health Network, in partnership with the project's youth advisory team, launched the [My Health in My Hands](#) animation in preparation for Youth Week in April 2021.

The animation aims to support young people to become more independent with their health care and was created in response to information requested by young people involved in the community consultations undertaken during the development of the WA Youth Health Policy 2018–2023. The animation is also a helpful tool for health professionals, parents and carers.

My Health in My Hands is aimed at young people residing in Western Australia aged 12 to 18 and summarises:

- how young people can expect to be treated by health professionals
- information on their health privacy and confidentiality
- how to access Medicare
- tips on choosing a general practitioner
- how to give feedback in relation to the health service received.

The animation has been viewed 1,151 times and has received positive feedback from both young people and service providers working with young people.



'I've just watched the full animation and I think it's really well done, congrats to the whole team and the young people who were involved in putting it together. I'll certainly be posting these videos onto our social media, and I'll share it with our clinical team.'

Service Provider

'This video is fantastic – the use of accessible features is great and the language is easy to understand.'

Consumer

Inspire and empower

Inspire and empower our passionate workforce to be courageous, innovative, accountable and to collaborate for change.

The Department of Health is committed to developing and supporting a dedicated workforce to deliver better outcomes for the community. People are at the heart of everything the department does and are a key enabler to achieving the mission to lead and steward the WA health system.

The Department of Health is also committed to developing a contemporary and sustainable workforce that will support better health outcomes that are based on community health needs and interdisciplinary models of care.

The department has invested in learning and development to build a highly skilled, agile and digital-ready workforce. *The Learning and Development Plan 2020–2024* was developed to support the learning and growth of the department's staff. It is based on the Centre for Creative Leadership's 70:20:10 Model, with the focus areas in the plan informed by the Sustainable Health Review, [Health Leadership Strategic Intent](#) and other key priorities to ensure the department continues to meet the needs of the community into the future. Annual learning calendars for staff and managers have been implemented, with learning opportunities tailored to support staff to reach their full potential.

To further support learning and growth, in 2021 the Department of Health launched MyLearning – a new online Learning Management System. Aligned with the [WA Health Digital Strategy 2020–2030](#), this joint initiative across the WA health system empowers staff to proactively manage their mandatory training and development needs. The Department of Health was one of the first WA health system entities to go live with MyLearning. MyLearning provides a platform for knowledge sharing and online learning, including the new Aboriginal Cultural eLearning module. Launched in 2021, this module builds on the success of the department's earlier cultural learning to provide an updated and contemporary cultural learning opportunity as the department continues to promote a culturally competent and responsive workforce.

Feedback from staff is a key driver in all these initiatives. The third annual Minister for Health Your Voice in Health Employee Engagement Survey was undertaken in April 2021 to measure staff engagement and support proactive strategies for future workplace planning. The Department of Health achieved a response rate of 73 per cent, up from 61 per cent in 2020, providing rich and diverse feedback from the department's people. Staff engagement increased a further one per centage point to 67 per cent on the back of a 6 per cent increase the previous year. The results from this survey will be used to guide efforts to increase employee engagement through the areas of leadership, improved communications, enhanced technology and tools, investment in health and wellbeing, diversification, learning and development, and integrity.



Approximately 80 WA health system staff attended a Back to Basics Training Event which raised awareness of the history and current issues affecting the LGBTIQ+ community



180 responses from people with disability, carers or family members, were received providing feedback on the department's draft DAIP 2021–2025



170 people attended an International Day of People with Disability event run by the Disability Health Network



More than 55 staff across the WA health system participated in the accredited International Coaching Federation training course in 2020–21



9,124 WA health system staff completed the new Aboriginal Cultural eLearning training

In pursuing a courageous, values-aligned, collaborative and system-focused vision for health leadership, the Department of Health has taken several actions to ensure leaders are equipped to better support their staff through these changing times. The department has offered leaders targeted support including access to coaching to navigate the changing environment in 2020, empowering leaders through the sharing of knowledge and championing people initiatives across the department. The department endorsed the use of PRINT as the preferred development tool to support managers to be effective in creating high performing teams and delivering leadership excellence.

Coordinated by the Institute for Health Leadership, the Graduate Development Program seeks to recruit highly motivated and talented university graduates into the public health sector. In 2020, the Department of Health welcomed its largest cohort of graduates to date with 24 graduates across the program's 4 streams: Finance and Business, Information and Communication Technology, Data Analysis, and General Corporate. Significant changes were required to the 2020 program in response to the COVID-19 pandemic. Many graduates found themselves undertaking new and different roles to the one they expected. The graduates displayed exemplary agility and professionalism during this period, and their efforts formed a significant contribution to the collective response to protect the WA community. As a result of their hard work and tenacity, 21 of the 2020 graduates secured ongoing employment within the WA public health system. The program continues to be fiercely competitive with 948 applications received for the 2021 program from a diverse pool of applicants with Section 51 embedded across the graduate recruitment process. The diverse backgrounds of the 23 new graduates successful in the 2021 recruitment process will bring a broad perspective to the program, and ultimately health service delivery, during their tenure within the WA health system.



The Department of Health recognises the importance of a healthy workforce and in 2020–21 continued to support its staff in maintaining a healthy lifestyle with an upgrade completed to the end of trip facilities. Prior to the upgrade, the end of trip facilities hadn't undergone any works in the past 20 years. The upgrade is anticipated to reduce the number of staff driving to work and subsequently ease increasing demand for parking and reduce overall vehicle emissions to support climate change mitigation.

Other strategies aimed at enhancing staff health and wellbeing included offering staff health checks, skin checks, on-site musculoskeletal screening, flu vaccinations, and staff awareness raising events such as World Mental Health Day, National Safe Work Month, Live Well for Life workshop, and a Sleep Health Seminar.

Spotlight on performance development

Launched in 2020, the Department of Health's new performance development approach promotes a culture of openness and transparency and is a mechanism for supporting staff in their personal and professional development.

The approach adopts a shared responsibility model whereby staff and managers work together to identify role expectations and discuss capability assessment possibilities and development planning.

Staff feedback from the 2019 Your Voice in Health Survey guided the development of the new approach. The survey feedback was clear – the Department of Health needed to do better when it came to providing feedback to staff and setting clearer expectations for work.

Representatives from all divisions formed a working group to review current practice and provide a consistent approach to performance development across the department. The working group engaged with staff throughout the development and piloting of the new approach, running face-to-face consultation sessions and an online feedback survey to shape the final products and process.

The result has been the implementation of a consistent performance development approach that has encouraged manager and staff engagement. The process has enabled greater flexibility to accommodate high achievers with stretch and succession opportunities and the continuous nature of the new approach, with regular touch points embedded, has allowed for greater agility and adaptability through times of change.

Following the launch in August 2020, staff engagement has continued to build staff confidence and foster continuous process improvement. Further enhancements to the products have improved accessibility for people with disability, as well as capturing learning and development needs to inform future training opportunities, and more focused development opportunities that are fit for the business.



Our partnerships

The Department of Health believes in the need for strong partnerships with other government agencies, non-government organisations, consumers, community groups, private providers and others, and continued protection of public health and safety through a mix of legislation, community education and targeted programs.

In 2020–21, the Department of Health partnered with a number of organisations to achieve a range of key priorities.

Aboriginal Health Council of WA

Supporting people living in metropolitan, regional and remote areas of Western Australia to access health services as close as possible to family, home and country through development of Mappa, a free-to-use online mapping tool that helps people find the closest service to any given town or community.

Aboriginal Health Council of WA, WA Country Health Service and key stakeholders

Coordinating a statewide public health response to infectious syphilis in identified at-risk populations.

Australian Government

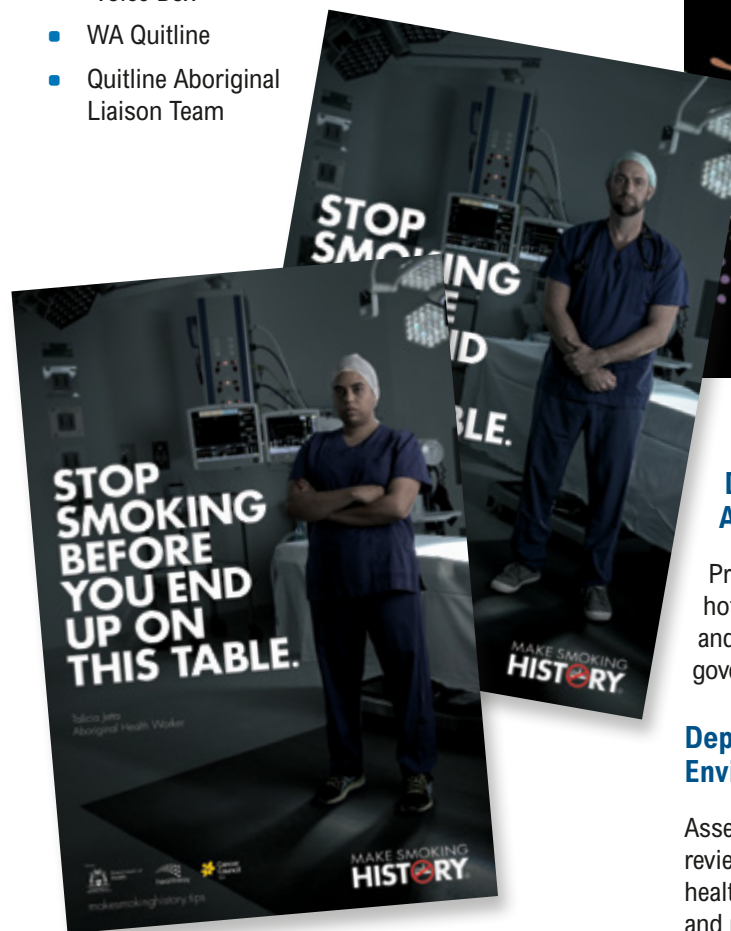
Continuing to deliver aged and continuing care services through the joint federal/state:

- Aged Care Assessment Program
- Transition Care Program.

Cancer Council WA, Cancer Council Victoria, Aboriginal Health Council of WA

Reducing tobacco smoking through delivery of high-quality evidence-based health promotion programs including:

- Tobacco Control Program – Make Smoking History including new statewide mass media campaign, 'Voice Box'
- WA Quitline
- Quitline Aboriginal Liaison Team



Department of the Premier and Cabinet, Department of Finance, Public Transport Authority, WA Police, and independent experts

Providing strategic oversight of Western Australia's hotel quarantine system including looking at the safety and wellbeing of guests and staff, as well as corporate governance aspects.

Department of Water and Environmental Regulation

Assessing 317 contaminated sites, including 115 detailed reviews, to identify and prevent potential impacts on public health, as required under the *Contaminated Sites Act 2003* and memorandum of understanding.



Cancer Council WA, Foodbank WA

Promoting healthy eating and lifestyle behaviours to prevent obesity through:

- LiveLighter® campaign to encourage Australian adults to lead healthier lifestyles, including the 'Menu App' mass media campaign to raise awareness of the link between junk food consumption and weight gain, and the increased risk of cancer for those who are above a healthy weight
- Healthier Workplace WA resources and training to assist workplaces to develop programs, policies and practices that support healthy behaviours for employees.
- Food Sensations® for Adults, a statewide community-based food literacy and food skills development program for adults from low to middle income households



Department of Education, Foodbank WA, Better Health Company, Edith Cowan University, WA School Canteen Association

Improving nutrition in schools and teaching kids to make healthy food and lifestyle choices through:

- School Breakfast and Nutrition Education Program
- Better Health Program for families with children aged 7 to 13 who are above a healthy weight
- Refresh.ED online K-10 online nutrition education and food literacy curriculum for teachers
- Healthy Food and Drink Project supporting schools to implement the Department of Education's Healthy Food and Drink Policy.



Department of Fire and Emergency Services

Customising the Emergency WA platform to allow for publication of public health alerts and warnings and providing geographically targeted information to communities affected by a localised outbreak of COVID-19.



Department of Primary Industries and Regional Development, Local Governments

Reducing the incidence of foodborne illness through continued implementation of the *WA Foodborne Illness Reduction Strategy 2018–2021+* including:

- on-farm surveillance
- vaccination trials
- community and industry education campaigns.



Injury Matters, Kidsafe WA, Royal Life Saving Society WA

Raising awareness and developing skills within the WA community through targeted injury prevention and safety promotion programs/events, including:

- Child Safety Program to increase the knowledge, awareness and skills of parents, children and professionals on the prevention of intentional and unintentional childhood injury

- Stay On Your Feet® falls prevention program to reduce falls and falls-related injuries among older people living in the community across Western Australia
- Know Injury Program supporting practitioners to deliver evidence-informed injury prevention activities
- Water Safety Program, including the mass media campaigns Keep Watch (toddler drowning prevention), Be a Mermate (youth water safety) and Make the Right Call (adult water safety).

Institute of Health Leadership, Aboriginal Health Council of WA, Aboriginal Community Controlled Health Services, WA Universities, Health Service Providers

Delivering Aboriginal workforce initiatives for the WA health system, including:

- Aboriginal Leadership Excellence and Development (LEAD) program
- First Steps program
- Aboriginal Cadetship Program.

Local governments, Health Service Providers, Population Health Units, WA Local Government Association

Supporting public health planning in and by local governments to comply with the *Public Health Act 2016* and providing data and information about jurisdictional health status to inform public health priorities and management.

Local governments

Reducing the prevalence of mosquito-borne disease in WA by supporting the Contiguous Local Authorities Group, including local government mosquito management programs and activities, such as a regional mosquito management training course in the Kimberley region to upskill local officers, with a focus on supporting improved mosquito management in Aboriginal communities.

National Disability Services

Identifying barriers to timely and appropriate hospital discharge of people with disability through the Ready to Go Home Project, including commencement of trial projects at 2 hospital sites to improve the experience of people with disability in hospital.

Peer Based Harm Reduction WA

Reducing the transmission of blood-borne viruses through:

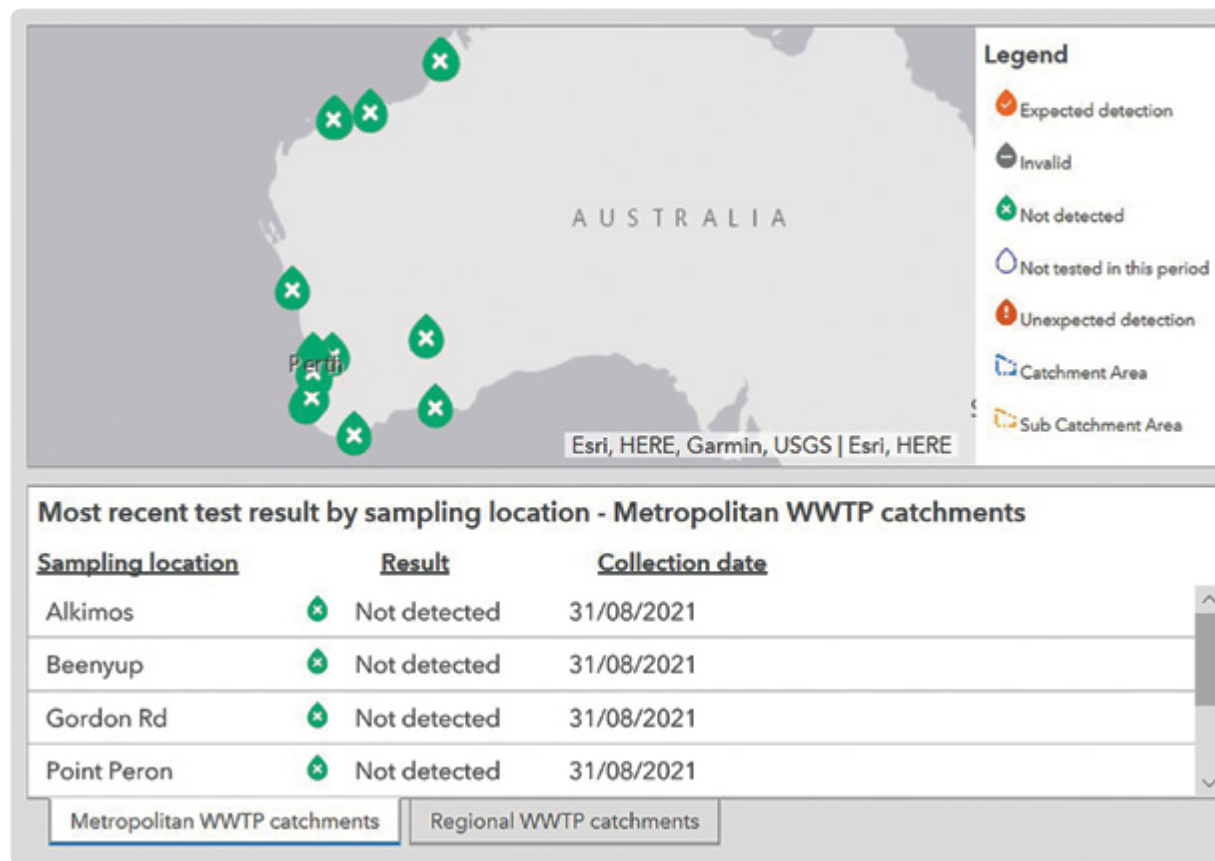
- the distribution of over 1.5 million needles and syringes through exchange services at metropolitan and southwest sites
- expansion of hepatitis testing and treatment services in the southwest region.

Public Sector Commission, public and private high schools

Supporting school students as they work towards their Certificate II in Government (Public Administration) and Western Australian Certificate of Education through the School-based Trainee program.

WA Police, WA Country Health Service, City of Busselton, non-government organisations

Coordinating a medical zone for end of school-leavers under COVID-19 restrictions through deployment of a WA Medical Assistance Team and supporting harm minimisation measures.



Water Corporation, PathWest, WA Country Health Service

Undertaking wastewater surveillance at 6 metropolitan and 10 regional locations to support early detection of COVID-19 in the community, informing further wastewater testing and public health messaging as required, and developing an [online dashboard](#) showing the most recent wastewater testing results for metropolitan and regional areas.

Agency performance

Performance summary

Summary of financial performance

Table 2 provides the financial and performance information of the Department of Health for 2020–21.

Full details of the Department of Health's financial performance are provided in the Financial statements section of this report.

Table 2: Actual results versus budget targets for the Department of Health

	2020–21 Target (\$'000)	2020–21 Actual (\$'000)	2020–21 (+ / -) (\$'000)
Total cost of services	7,949,439	8,478,776	529,337
Net cost of services	5,332,945	5,870,353	537,408
Total Equity	481,324	262,804	-218,520
Net increase/decrease in cash held	8,213	-249,489	-257,702
Approved salary expense level	123,757	161,804	25,980
Approved borrowing limit	0	0	0

Note: Variance explanations can be found in the notes to the Financial Statements.

Agencies are required to operate within an agreed working cash limit, defined as 5 per cent of budgeted cash payments. The approved working cash limit is the maximum level of cash required to meet commitments associated with payments for recurrent services. For 2020–21, the cash limit target and actual for the Department of Health are provided in Table 3.

Table 3: Agreed working cash limit for the Department of Health

	2020–21 Agreed Limit (\$'000)	2020–21 Target / Actual (\$'000)	2020–21 (+ / -) (\$'000)
Agreed working cash limit (at budget)	379,517	379,517	0
Agreed working cash limit (at actuals)	423,317	80,638	-342,679

Note: Variance explanations can be found in the notes to the Financial Statements.

Summary of key performance indicators

The Department of Health reports performance towards achieving the WA health system vision through a suite of key performance indicators. Actual results are reported against targets to help assess effectiveness of performance against desired outcomes and efficiency of service delivery.

Effectiveness results are summarised in Table 4 and efficiency results are summarised in Table 5.

Key

Achieved target

+/- 10% from target

>10% from target

Table 4: Actual results versus key effectiveness performance indicator targets

Page	Desired outcomes and related effectiveness indicators	2020–21 Target	2020–21 Actual	Variation (actual minus target)
Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives				
70	1. Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Program	≥65%	87%	22%
71	2. Percentage of people accessing specialist community-based palliative care who are supported to die at home	≥76%	76%	0%
72	3. Loss of life from premature death due to identifiable causes of preventable disease or injury			
	a. Lung cancer	1.7	1.3	-0.4
	b. Breast cancer	2.0	1.9	-0.1
	c. Ischaemic heart disease	2.2	2.0	-0.2
	d. Falls	0.3	0.3	0.0
	e. Melanoma	0.3	0.3	0.0
73	4. Percentage of fully immunised children			
	a. 12 months	≥95%	94%	-1%
	b. 2 years	≥95%	92%	-3%
	c. 5 years	≥95%	94%	-1%
75	5. Percentage of 15 year olds in Western Australia that complete their HPV vaccination series			
	a. Males	≥80%	82%	2%
	b. Females	≥80%	84%	4%
77	6. Response times for emergency road-based ambulance services (Percentage of priority 1 calls attended to within 15 minutes in the metropolitan area)	≥90%	88%	-2%
Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system				
78	7. Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of System Manager functions	≥85%	62%	-23%

Table 5: Actual results versus key efficiency performance indicator targets

Page	Services delivered and related efficiency indicators	2020–21 Target	2020–21 Actual	Variation (actual minus target)
Aged and Continuing Care Services				
79	1. Average cost of a transition care day provided by contracted non-government organisations/ service providers	\$346	\$329	\$17
80	2. Average cost per home-based			
	a. hospital day of care	\$293	\$294	\$1
	b. occasion of service	\$131	\$138	\$7
81	3. Average cost per day of care for non-acute admitted continuing care	\$804	\$808	\$4
82	4. Average cost to support patients who suffer specific chronic illness and other clients who require continuing care	\$25	\$19	-\$6
Palliative and Cancer Care Services				
83	5. Average cost per client receiving contracted palliative care services	\$6,590	\$7,636	\$1,046
Public Health Services				
84	6. Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury	\$62	\$158	\$96
Patient Transport Services				
85	7. Cost per trip for road-based ambulance services, based on the total accrued costs of these services for the total number of trips	\$494	\$508	\$14
Policy and Corporate Services				
86	8. Average cost of Public Health Regulatory Services per head of population	\$6	\$8	\$2
87	9. Average cost per full time equivalent worker to undertake the System Manager role of providing strategic leadership, planning and support services to Health Service Providers	\$5,632	\$6,899	\$1,267

Summary of patient evaluation of health services

Background

The Patient Evaluation of Health Services survey is conducted annually to gauge patient satisfaction levels with the WA health system. In 2020–21, the Department of Health surveyed over 8,000² people asking them about their healthcare experiences during their stay in hospital, or their attendance as an outpatient.

Patient satisfaction is influenced by 7 stable aspects of health care:

- 1. **Access** – getting into hospital (wait times, admission, parking)
- 2. **Time and care** – the time and attention paid to patient care
- 3. **Consistency** – co-ordination and consistency of care
- 4. **Needs** – meeting the patient’s personal as well as clinical needs
- 5. **Informed** – information and communication
- 6. **Involvement** – involvement in decisions about care and treatment
- 7. **Residential** – residential aspects of the hospital (food, room, ward).

The relative importance a patient places on each of these aspects can vary over time and across patient groups. At the beginning of each Patient Evaluation of Health Services survey, the patient is asked to rank these 7 aspects of health care from most important (7) to least important (1). This helps determine the relative importance that the patients placed on each aspect of care. The patient is then asked a series of questions that relate to these 7 aspects of health care. Responses from these questions are used to calculate:

- **mean (average) satisfaction scores** – representing how patients in Western Australian hospitals rate each of the 7 aspects of hospital service, presented as a score out of 100³
- **overall indicator of satisfaction** – determined by the average of the 7 aspect scores, weighted by their importance as ranked by patients
- **outcome scale** – reflecting how patients rate the outcome of their hospital stay (i.e. the impact on physical health and wellbeing).

2 Respondents Include both adults and children (less than 16 years of age).

3 The mean scale scores do not represent the percentage of people who are satisfied with the service; rather they represent how patients in WA state hospitals rated a particular aspect of health service. If all the patients thought the service was average and that some improvements could be made, the score would be 50, and if they were totally satisfied with the service the score would be 100.

Results

In this year’s annual report, results from the following patient groups are presented for all respondents in Western Australia:

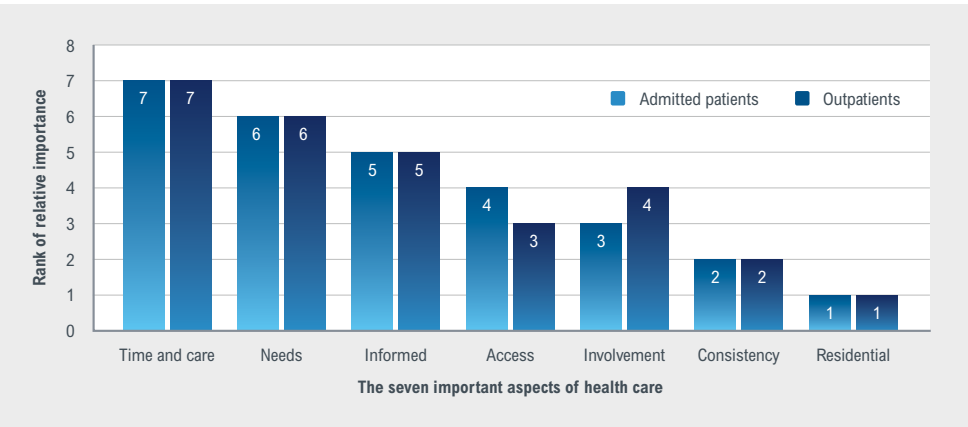
- outpatients aged 16 to 74 years
- admitted patients aged 16 to 74 years who were in hospital from 0 to 34 nights.

In 2020–21, the outpatient participation rate was 95 per cent with 1,265 adult outpatients interviewed. The admitted patient participation rate was 95 per cent with 4,408 adult patients interviewed.

Order of importance of aspects of health care

In 2020–21, both patient groups ranked **Time and care** as the most important aspect of health care followed by **Needs** and **Informed**. Admitted patients ranked **Access** as more important than **Involvement**, while outpatients ranked **Involvement** as more important than **Access**. Both patient groups ranked **Residential** as being the least important aspect of health care (see Figure 9).

Figure 9: Seven aspects of health care ranked by patient group from most important (7) to least important (1), 2020–21



Satisfaction with the aspects of health care

To determine whether patient satisfaction with all aspects of health care is increasing, decreasing, or remaining the same over time, comparisons are made with results from previous years by patient group.

In 2020–21, mean satisfaction scores rated by outpatients were highest for **Needs** and lowest for **Residential** (see Table 6). The 2020–21 outpatient **Involvement** score was significantly higher when compared with 2018–19 and 2016–17, while the 2020–21 outpatient **Access** score was significantly lower when compared with 2018–19 (see Table 6). There were no other statistically significant differences.

Table 6: Outpatients' mean scale scores, by aspect of health care, 2016–17, 2018–19 and 2020–21

Outpatients (16–74 years)			
Aspect	2016–17	2018–19	2020–21
Time and care	80.4	82.8	80.9
Needs	91.2	92.8	91.8
Informed	80.9	83.3	82.2
Involvement	69.2 ↑	71.2 ↑	82.9
Access	62.8	65.2 ↓	62.7
Consistency	77.4	79.6	79.4
Residential	63.7	63.6	61.6

Notes:

- ↑ Indicates that the mean score for 2020–21 is significantly higher than the comparison score.
- ↓ Indicates that the mean score for 2020–21 is significantly lower than the comparison score.
- Outpatients are surveyed every second year, alternating with emergency department patients.

Admitted patients' mean satisfaction scores in 2020–21 were highest for **Needs** and lowest for **Residential**. The 2020–21 **Involvement** score was significantly higher when compared with 2018–19 and 2019–20, while the 2020–21 **Time and care** and **Access** scores were significantly lower when compared with 2018–19 (see Table 7). There were no other statistically significant differences.

Table 7: Admitted patients' mean scale scores, by aspect of health care, 2018–19 to 2020–21

Admitted patients (16–74 years)			
Aspect	2018–19	2019–20	2020–21
Time and care	89.7 ↓	89.2	88.8
Needs	92.6	92.3	91.7
Informed	85.7	85.0	85.2
Access	74.9 ↓	74.4	73.5
Involvement	76.7 ↑	79.7 ↑	81.6
Consistency	74.2	73.8	73.6
Residential	67.2	67.2	66.5

Notes:

- ↑ Indicates that the mean score for 2020–21 is significantly higher than the comparison score.
- ↓ Indicates that the mean score for 2020–21 is significantly lower than the comparison score.

The mean satisfaction scores for patients admitted to a hospital in Western Australia in 2020–21 were highest for **Needs** and **Time and care**. Scores for **Access** and **Residential** were significantly lower for patients attending metropolitan hospitals when compared to the state, and for patients attending country hospitals the **Access** and **Residential** scores were significantly higher when compared to the state (see Table 8). There were no other statistically significant differences.

Table 8: Admitted patients' mean scale scores, by location, 2020–21

Admitted patients (16–74 years), by location			
Aspect	State	Metropolitan	Country
Time and care	88.8	88.3	89.3
Needs	91.7	91.1	92.3
Informed	85.2	84.8	85.7
Access	73.5	71.6 ↓	75.5 ↑
Involvement	81.6	81.2	82.1
Consistency	73.6	71.9	75.4
Residential	66.5	65.1 ↓	68.0 ↑

Notes:

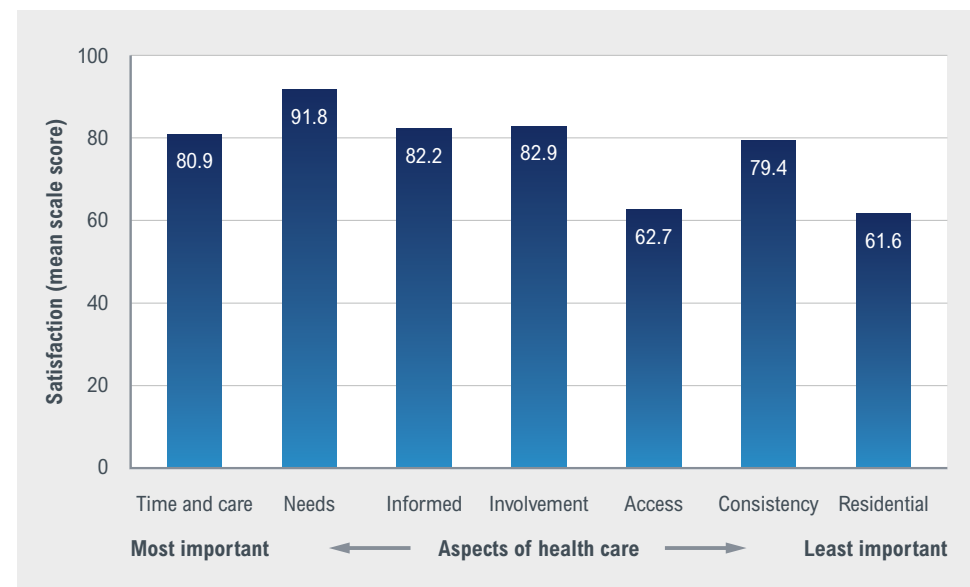
1. Mean scores by location are only presented for admitted adult patients.
2. ↑ Indicates that the location mean score for 2020–21 is significantly higher than the state comparison score.
3. ↓ Indicates that the location mean score for 2020–21 is significantly lower than the state comparison score.

Comparing importance with the satisfaction of aspects of health care

Areas where changes or improvements might be most beneficial and appreciated by patients can be identified by comparing the relationship between how patients rank the importance of the aspects of health care and their satisfaction with those aspects.

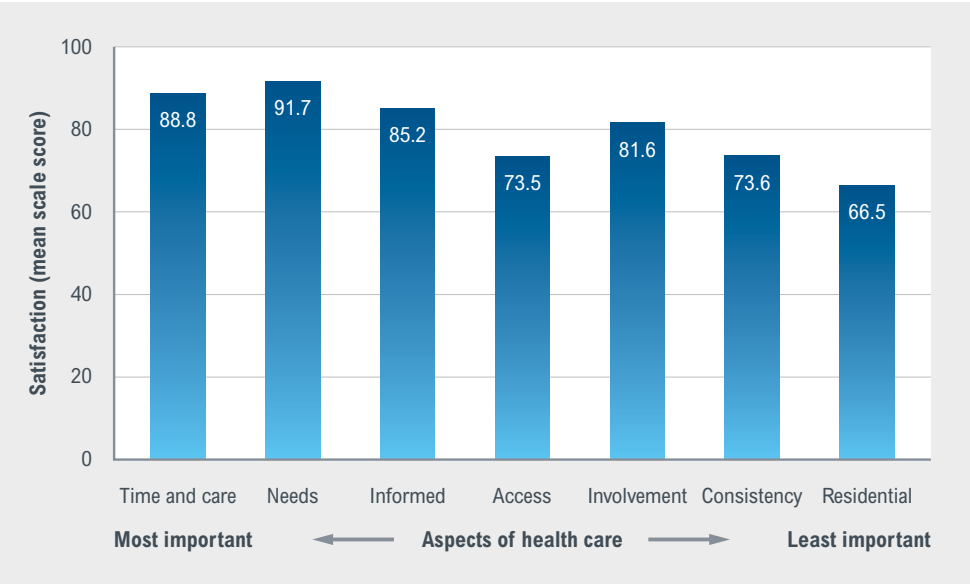
In 2020–21, outpatients ranked **Time and care** as the most important aspect of health care, however in terms of satisfaction, this aspect was rated fourth. This patient group ranked **Residential** as the least important aspect of health care and it was also rated as the aspect of health care with which they were least satisfied (see Figure 10).

Figure 10: Satisfaction with aspects of health care by rank of importance, Outpatients, 16 to 74 years, 2020–21



In 2020–21, admitted patients ranked **Time and care** as the most important aspect of health care, however in terms of satisfaction, this aspect was rated second. Admitted patients ranked **Residential** as the least important aspect of health care and it was also rated as the aspect of health care with which they were least satisfied (see Figure 11).

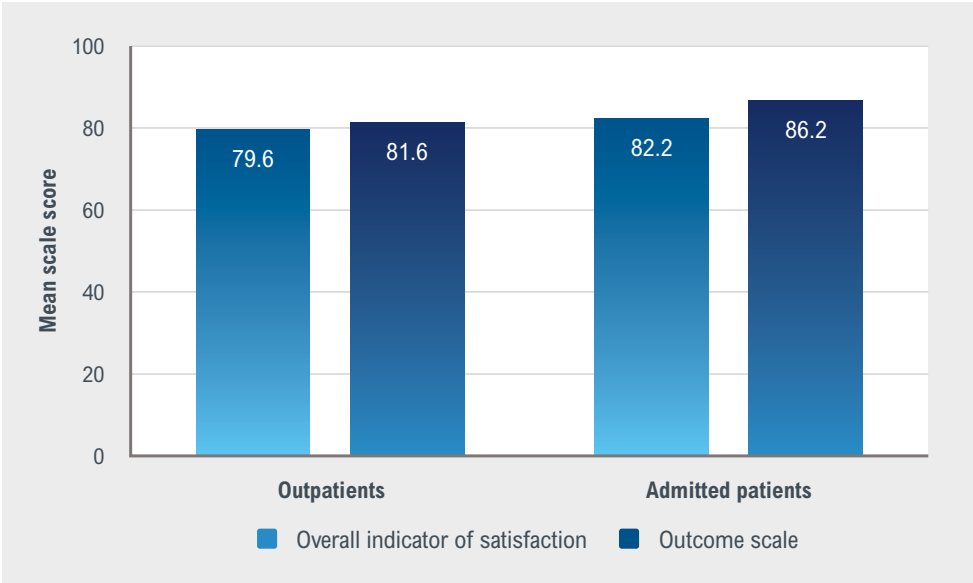
Figure 11: Satisfaction with aspects of health care by rank of importance, Admitted patients, 16 to 74 years, 2020–21



Comparing overall satisfaction with patient rated outcomes

There is a relationship between patients' overall satisfaction with health care and how patients rate the outcome of their hospital visit. Figure 12 shows that outpatients and admitted patients rated the outcome of their visit similar to their overall indicator of satisfaction. This signifies that while patients were satisfied with their experience in Western Australian hospitals, they were also similarly satisfied with the outcome of their hospital visit and the improvement in their condition.

Figure 12: The overall indicator of satisfaction compared with the patient rated outcome, outpatients and admitted patients, 2020–21



No Jab, No Play

Rationale

In 2019, changes to the *Public Health Act 2016* and *School Education Act 1999* required a child's immunisation status to be up-to-date to enrol into long day care, family day care, pre-kindergarten, and/or kindergarten. These legislative changes, referred to as 'No Jab No Play', were effective from 22 July 2019.

There are a limited number of circumstances in which a child may be exempt from this requirement. Child care services and schools were directed to report these exempt children for follow-up.

Child care services were directed to report a child's immunisation status at the time of enrolment, while schools were directed to report a student's immunisation status by the end of Term 1 each year. The different reporting requirements of child care services and schools has resulted in 2 reporting cohorts. These are:

- children enrolled in child care services during a full financial year (i.e. between 1 July and 30 June) that are not up-to-date with their immunisations
- children enrolled in schools in Term 1 of a calendar year (i.e. between 1 January and 31 March) that are not up-to-date with their immunisations.

The immunisation records of the children reported as not up-to-date by child care services and schools are confirmed by comparing to the Australian Immunisation Register. Children that are not up-to-date are referred to public health staff to provide immunisation support to the families to get their children 'up to date'. This may involve but is not limited to:

- having overseas immunisation records translated and entered onto the Australian Immunisation Register
- ensuring the child is on an appropriate catch-up schedule
- providing information to parents on immunisation clinics in their area.

Parents are also able to request support through the school or child care service regardless of their child's immunisation status.



Results

Of the 679 children who were not fully immunised and reported in the 2019–20 financial year, 342 (50.4 per cent) became up-to-date and 2 children were on a catch-up schedule as of 30 June 2021.

For the 2020–21 financial year, 586 children were reported as not fully immunised at enrolment into child care services (n=57) and schools (n=529). Overall, 81 (13.8 per cent) of the 586 not up-to-date children became up-to-date as of 30 June 2021 while 36 children (6.1 per cent) were on a catch-up schedule. Follow up of children reported in 2021 is ongoing.

Table 9: Immunisation status of children who were not fully immunised by enrolment cohort, 2019–2020 and 2020–2021

Enrolment Cohort	Reported as not up-to-date at enrolment	Immunisation status as at 30 June 2021			
		Up-to-date	On a catch-up schedule	Not up-to-date	Unable to find on Australian Immunisation Register
2019–20					
Children enrolled in child care between 22 July 2019 and 30 June 2020	146	107	0	28	6
Children enrolled in school between 1 January and 31 March 2020	533	235	2	242	54
Total	679	342	2	270	60
2020–21					
Children enrolled in child care between 1 July 2020 and 30 June 2021	57	8	9	35	5
Children enrolled in school between 1 January and 31 March 2021	529	73	27	347	79
Total	586	81	36	382	84

Notes:

1. Data is based on children enrolled at long day care, family day care, pre-kindergarten, and/or kindergarten including children in WA on a temporary basis, who are not registered with Medicare but have a record on the Australian Immunisation Register (AIR), and whose immunisation status was unknown as their registration on AIR was pending at the time of reporting.
2. 'Unable to find on Australian Immunisation Register' denotes children whose immunisation records may not be visible to third parties.
3. Due to the time lag between reporting, data cleaning, and follow up activity the immunisation status of both cohorts as at 2019–2020 is considered final and for 2020–21 the findings are considered preliminary. Updated 2020–2021 results on changes in immunisation status will be provided in the 2021–22 Annual Report.

Data sources: Department of Health database, Communicable Disease Control Directorate; Student Information System (SIS) Database, WA Department of Education; Australian Immunisation Register, Services Australia.

Palliative care in Western Australia

The Department of Health is committed to ensuring the highest quality end-of-life and palliative care for all Western Australians.

With an ever-growing and ageing population, a renewed focus on these issues is vital so that people with life-limiting or terminal illness can live their lives fully and as comfortably as possible.

In November 2020, the [Final Report of the Joint Select Committee on Palliative Care in Western Australia](#) was released. Key recommendations for implementation addressed:

- advanced care planning
- end-of-life and palliative care
- voluntary assisted dying.

Progress toward implementation of recommendations for 2020–21 include:

- allocation of \$6.3 million for the expansion of community-based services across both metropolitan and regional Western Australia to better meet demand
- establishment of a specialist palliative care unit service in north metropolitan Perth
- progression toward developing comprehensive specialist palliative care services in rural and remote Western Australia
- approval of a \$1.75 million 5-year contract between the Department of Health and Palliative Care WA
- launch of the [WA End-of-Life and Palliative Care Strategy 2018–2028, Implementation Plan One \(IP1\) 2020–2022](#), and the revised Palliative Care Admissions Policy
- establishment of an Education and Training Reference Group to develop education and training material to support knowledge sharing by palliative care specialists with their generalist colleagues
- establishment of a palliative care information and community hotline.

Recommendations 13, 15, 21 and 24 of the report include a requirement to provide information in the Department of Health Annual Report. Detailed updates for each of these recommendations are provided in [Appendix 1](#).



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Operational disclosures

Ministerial directives

The Department of Health did not receive any Ministerial directives relevant to the setting of desired outcomes or operational directives, the achievement of desired outcomes or operational directives, investment activities, or financing activities.

Employee disclosures

Employment profile

As at 30 June 2021, the Department of Health employed the equivalent of 927 full-time employees (FTE). The increase from 831 in 2019–20 is attributable to recruitment to fill vacancies and for the delivery of government priorities, including the recommendations in the *Sustainable Health Review Final Report to the Western Australian Government 2019*.

The Department of Health also employed 214 FTE to support the State Health Incident Coordination Centre (SHICC) and Public Health Emergency Operations Centre (PHEOC) to respond to COVID-19. There are 29 permanent Department of Health FTE currently working full time for SHICC/PHEOC while the remainder are contracted or seconded-in employees.

A summary of the number of full-time equivalent employees, by category, for 2020–21 compared with 2019–20 is shown in Table 10.

Table 10: Total full-time employees by category

Category	Department of Health		SHICC/PHEOC	
	2019–20	2020–21	2019–20	2020–21
Full-time permanent	493	569	10	29
Full-time contract	154	170	10	83
Part-time measured as full-time equivalent	142	156	9	32
Secondment – In	30	23	0	11
Secondment – Out	1	1	0	0
Other	11	8	15	60
Total	831	927	44	214

Notes:

1. The total of full-time equivalent employees was calculated as the monthly average full-time equivalent employees and is the average hours worked during a period of time divided by the Award full-time hours for the same period. Hours include ordinary time, overtime, all leave categories, public holidays, time off in lieu and workers' compensation.
2. Full-time equivalent employee figures provided are based on actual (paid) month-to-date, full-time equivalent employees.
3. Excludes staff employed under the Health Services Union award.
4. Secondment – Out figures may not accurately represent actual secondments out due to data capture limitations in the Human Resource Data Warehouse.
5. The Other category includes casuals, agency and sessional employees.

Data Source: Human Resource Data Warehouse, Department of Health.

Industrial relations

The Department of Health supports the System Manager in the management of industrial relations across the WA health system, including negotiation, registration, modernisation, monitoring and evaluation of specific industrial agreements and subsidiary agreements.

In 2020–21, the Department of Health negotiated, registered and implemented the following WA health system industrial agreements and subsidiary agreements:

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2020
- WA Health System – Engineering and Building Services Industrial Agreement 2021
- WA Health System – HSUWA – PACTS Industrial Agreement 2020
- WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2020
- CAHS – HSUWA – Multisystemic Therapy Program Agreement 2021.

Negotiations continue concerning the following industrial agreements:

- WA Health System – Medical Practitioners – AMA Industrial Agreement 2016
- WA Health System – Medical Practitioners (Clinical Academics) AMA Industrial Agreement 2016.

In addition, the Department of Health facilitated the completion of conversions to permanency for applicable fixed term contract and casual employees across the WA health system under [Commissioner's Instruction No. 23: Conversion and appointment of fixed term contract and casual employees to permanency](#).

Occupational safety, health and injury management

Commitment to occupational safety, health and injury management

The Department of Health is committed to occupational safety and health management in line with the *Occupational Safety and Health Act 1984* and the injury management requirements of the *Workers' Compensation and Injury Management Act 1981*.

The Department of Health has a Safety and Health Committee which is responsible for ongoing monitoring and review of occupational safety and health management requirements, strategic initiatives and action plans for the department. Members of the committee include elected safety representatives and divisional management representatives.

All Department of Health staff have access to safety and health representatives for assistance and advice and can keep abreast of the Safety and Health Committee activity via minutes of meetings. New staff receive an overview of the Safety and Health Committee and their safety and health representatives as part of their induction.

The Department of Health is also committed to supporting staff to achieve good health and a sense of wellbeing. To this end, the department established a Health and Wellbeing Committee whose role it is to scope, design and propose initiatives that promote health and wellbeing. The Health and Wellbeing Committee delivered the following initiatives in 2020–21:

- Mental health seminars preseted by the Employee Assistance Program provider to promote World Mental Health Day 2020.
- General health programs including Sleep Health seminar, Live Well for Life seminar, REACH health checks and flu vaccinations.
- Superannuation and salary sacrificing seminars to support financial wellbeing.
- National Safe Work Month 2020 webinars.

Compliance with occupational safety, health and injury management

Department of Health occupational safety and health policies, procedures and safe work practices support compliance with all relevant occupational safety and health legislation and regulations to ensure the safety, health and wellbeing of staff.

Workplace inspections are conducted 6-monthly and issues identified are progressively resolved according to the risk assessment of the identified hazards.

To support compliance with occupational safety, health and injury management, the Department of Health provides relevant training to employees. In 2020–21, this included:

- first aid training
- floor and stair warden training
- occupational safety and health for managers (mandatory) training
- occupational safety and health training for elected safety and health representatives, including refresher courses.

In addition, online occupational safety and health and wellness training modules were provided for all employees. These included:

- building resilience
- ergonomics
- fatigue management
- hazard identification
- injury management
- mental health and safety
- stress management.

Employee consultation

The Department of Health strives to improve the effectiveness and performance of the occupational safety and health management system by consulting with staff and elected safety and health representatives, and by establishing measurable objectives and targets.

Employee rehabilitation

In the event of a work-related injury or illness, the Department of Health is committed to assisting injured staff to return to work as soon as medically appropriate through the Return to Work Program. The Occupational Safety and Health Coordinator and Senior Human Resource Consultants work with accredited external rehabilitation providers to facilitate the staff member's return to the workplace. This includes support and guidance through compensation claims and return to work processes.

A WorkSafe plan reinforces the continuous improvement of safety performance as part of a best practice approach to safety management.

Occupational safety and health assessment and performance indicators

The annual performance for the Department of Health in relation to occupational safety, health and injury management for 2020–21 is summarised in Table 11.

The Department of Health has experienced an overall increase in the number and severity of lost time injuries this year. Of the 7 claims, 5 were lost time injuries of which 2 were classified as severe. The severity of the injury of one claimant has resulted in a delay in returning to work beyond 26 weeks.

The proportion of managers trained was below the target due to the cancellation of training sessions associated with responding to COVID-19.

Table 11: Occupational safety, health and injury management performance, 2018–19 to 2020–21

Measure	Actual results			Results against targets	
	2018–19 (Base year)	2019–20	2020–21	Target	Comments
Fatalities (number of deaths)	0	0	0	0	Achieved
Lost time injury/diseases (LTI/D) incidence rate (per 100)	0	0.36	0.38	0 or 10% reduction	Not achieved
Lost time injury severity rate (per 100)	0.00	25.00	40.00	0 or 10% reduction	Not achieved
Percentage of injured workers returned to work ¹ :					
(i) within 13 weeks	100%	75%	67%	N/A	N/A
(ii) within 26 weeks	100%	100%	67%	Greater than or equal to 80%	Not achieved
Percentage of managers trained in occupational safety, health and injury management responsibilities	44.1%	67.3%	76.0%	Greater than or equal to 80%	Not achieved

¹ Includes injured workers with a claim and known return to work status within the reporting period (1 July 2020 to 30 June 2021).

Workers' compensation

The WA workers' compensation system is set up by the State Government and exists under the statute of the *Workers' Compensation and Injury Management Act 1981*.

The Department of Health is committed to providing staff with a safe and healthy work environment. In 2020–21, a total of 7 workers' compensation claims were made. This is consistent with the number of workers' compensation claims made in 2019–20.

Internal governance

Risk, compliance and internal audit

The Department of Health has a Risk and Audit Committee which meets regularly to provide oversight and review systems relating to risk management, control, and governance processes. The committee also provides independent advice and assurance to the Director General to confirm whether operations are efficient, effective, economical and ethical. The committee members include 4 external members, including the Chair, and 2 senior leaders from the Department of Health. This representation assures the committee's independence as well as the combination of skills that enable the committee to effectively fulfil its role.

The Department of Health also has a dedicated Risk and Audit team which facilitates the identification, recording and evaluation of risks and evaluates the effectiveness of the department's risk management strategies and internal controls.

The Risk and Audit team is leading the implementation of the Department of Health Risk Management Roadmap which outlines key work required to improve risk governance and the oversight of strategic and operational risks.

In 2020–21, the Risk and Audit team enhanced risk management and internal audit operations by:

- completing audits focused on Tobacco Control, State Supply Commission partial exemptions, Patient Safety and Clinical Quality Assurance activities, and the Integrity, Fraud and Corruption Risk Assessment
- revising the Enterprise Risk Management Framework and embedding in organisational procedures
- developing risk profiles for the Department of Health and each division
- commencing risk reporting to the Department Executive Committee
- improving the availability of risk information for the Risk and Audit Committee.

Risk and Audit Committee

External members



Kaylene Gulich PSM (Chair) is the Chief Executive Officer of the WA Treasury Corporation. Kaylene brings extensive experience in financial management of the WA public sector and oversight of the state's economy to benefit the Committee. Kaylene also has extensive experience in asset management, policy

development, strategic planning and Ministerial communication. Kaylene is a Certified Practicing Accountant and a member of the Australian Institute of Company Directors.



Jay Peckitt is Acting Deputy Director General, Education Business Services with the WA Department of Education. Jay is a recognised public sector leader with extensive experience in financial management, budgeting and resource allocation, strategy development and business planning. Jay is a Certified Practicing Accountant and a

recipient of the Chief Financial Officer of the Year and Young Leader of the Year awards with the Institute of Public Administration WA.



Kathlene Oliver is the Assistant Director General, Business and Corporate Services with the WA Department of Planning, Lands and Heritage. Kathlene is an experienced executive leader of private and public sector organisations with extensive experience in operational performance, governance and strategy. Kathlene brings to the

Committee her strong understanding of risk, governance and integrity management garnered from executive leadership roles held across the private and public sectors. Kathlene is a graduate of the Australian Institute of Company Directors (AICD) Company Directors Course.



Beata Bialozor-Kurtis is the General Manager of the Health Customer Team with the WA Department of Finance. Beata is a public sector professional with over 15 years of experience with the Department of Finance and 10 years in the private sector. Beata has significant experience in shaping, influencing and implementing strategic-level

decisions to achieve business goals. Beata brings to the Committee her expertise in strategic procurement, project governance, business transformation, data analysis and customer service.

Internal members



Dr Denise Sullivan,
A/Assistant Director General,
Public and Aboriginal Health



Dr James Williamson,
Assistant Director General,
Clinical Excellence

Department of Health policies

The Department of Health issues local policies to ensure delivery against the department's key strategic goals and outcomes.

Policy supports and promotes efficient and effective administration by providing consistent operational rules and procedures containing administrative and other compliance requirements.

Of the policies applicable to the Department of Health, 3 new policies were developed (see Table 12) and 7 existing policies were updated (see Table 13) in 2020–21.

Table 12: Policies and procedures developed in 2020–21

Hazard and Incident Investigation Procedure
National COVIDSafe Application Data Privacy Policy
Prevention of Workplace Bullying Policy

Table 13: Policies and procedures reviewed and updated during 2020–21

Performance Development Policy
Policy Framework Governance Procedure
Policy Governance Procedure
Record of Attendance Policy and Procedure
Retirement on the Grounds of Ill Health Procedure
Risk Management Policy
Working from home during COVID-19 Policy

Enquiry and complaints management

The Department of Health website provides contact details so enquiries and complaints can be raised via phone, email, letter or in person. Upon receipt, enquiries and complaints are referred to the appropriate business area within the Department of Health or to a Health Service Provider for a response.

General enquires and complaints received by the Department of Health regarding all aspects of the COVID-19 pandemic, including the SafeWA contact tracing app, the vaccination program, and hotel quarantine are referred to the State Health Incident Coordination Centre. A new complaints management procedure has been developed for the State Quarantine System and will be implemented in 2021–22. The procedure will provide guidance to staff in complaint management handling to ensure all complaints are managed consistently and within agreed timeframes.

Complaints received by the Department of Health regarding health practitioners or Health Service Providers are referred to the relevant Health Service Provider consumer liaison team. Should a complainant be dissatisfied with the feedback provided to them they may be referred to the Health and Disability Services Complaints Office, an independent statutory authority offering a free and impartial resolution service for complaints relating to health, disability and mental health services in Western Australia. This process is clearly outlined on the Department of Health website. The Department of Health also requires that Health Service Providers manage patient feedback following the WA Health Complaints Management Policy.

The Ministerial Liaison Unit, Department of Health, coordinates all correspondence received from the public via the Office of the Minister for Health.

The Ministerial Liaison Unit implemented a new records management process in 2020–21 which has improved reporting of ministerial correspondence. Between 21 January and 30 June 2021, 3,192 items of correspondence were received, and of these 651 referenced a complaint or issue of concern requiring a response.

Table 14: Summary of responsibility for correspondence referencing a complaint received by the Ministerial Liaison Unit, January to June 2021

Proportion of correspondence that referenced a complaint or issue of concern requiring a response by:	(n=651)
Health Service Provider	38%
Department of Health	23%
State Health Incident Coordination Centre or Public Health Emergency Operations Centre	39%

Compliance reporting

Compliance with public sector standards

The WA Health Code of Conduct complies with principles of appropriate behaviour outlined in the Public Sector Commission's Code of Ethics. All employees of the Department of Health are responsible for ensuring their behaviour reflects standards of conduct embodied in this Code. Policies and policy frameworks relating to public sector standards are in place and are reviewed regularly to ensure currency.

To help staff understand and comply with the principles of workplace behaviour and conduct, Department of Health employees are inducted, informed and educated through various online communications, eLearning and face-to-face programs. Mandatory Accountable and Ethical Decision Making training is delivered online to all new employees and forms an integral part of employee training in this area. The majority (94.5 per cent) of all Department of Health staff have completed the course.

During 2020–21, WA Health's Accountable and Ethical Decision Making training was reviewed and the content of the course was refreshed and contemporised. The revised training was launched for Department of Health employees in March 2021.

Employee compliance with the Code of Conduct is assessed by:

- monitoring Accountable and Ethical Decision Making course completion rates
- reviewing and monitoring employee declaration of conflicts of interest and gifts accepted
- integrity reporting through the Department of Health Integrity Group.

The Department of Health is required to review and investigate all complaints alleging non-compliance with the Code of Ethics or Code of Conduct. Of the 6 misconduct matters raised during 2020–21, only one matter found that misconduct had occurred and resulted in disciplinary action.

The Department of Health maintains compliance with the principles of the Public Sector Commission's Standards in Human Resource Management through:

- providing a centralised advisory and support service for recruitment and selection
- ensuring all recruitment and selection processes are quality assured by the Human Resources team prior to appointments progressing
- communicating policies and procedures with respect to performance, grievance resolution and termination
- providing a comprehensive redeployment case management service which aims to secure alternative placements for displaced staff
- incorporating the standards in employment policies, procedures and processes.

In 2020–21, the Department of Health developed a Recruitment and Selection Training module and several tools and templates to help managers navigate advertising, assessment and appointment processes within a public sector setting. The training module and resources will be rolled out in 2021–22 to raise awareness, provide practical guidance and strengthen compliance with the Employment and Redeployment Standards.

The Department of Health is required to review and investigate all breach of Standard claims and refer unresolved claims to the Public Sector Commission for assessment, if necessary. Of the 6 breach of Standard claims received during 2020–21, 5 related to recruitment, selection and appointment and one related to termination. Two claims were withdrawn, 2 were resolved and 2 matters which were referred to the Public Sector Commission remain unresolved.

Compliance with public sector policy

Substantive equality

The Department of Health continues to contribute towards substantive equality to meet the diverse needs and sensitivities of the Western Australian community when developing and implementing health policies, programs and services to ensure inclusion and improve health equity.

In 2020–21, the Department of Health contributed to substantive equality in the following ways:

- provided policy input to the State Government's Multicultural Policy Framework and the WA Language Services Policy 2020
- monitored and evaluated patients' access to high quality interpreter services and improved staff awareness of the WA Language Services Policy 2020 through eLearning and the development of new resources
- ensured provision of equitable and accessible information by reviewing patient consent forms, developing support materials for voluntary assisted dying, and developing multilingual resources relating to the COVID-19 pandemic
- commissioned the University of Western Australia to investigate and report on options to improve access to appropriate health care for people at risk or experiencing homelessness
- in accordance with the WA Health Aboriginal Workforce Policy, applied Section 51 of the *Equal Opportunity Act 1984* to recruitment processes to support the growth of a strong and skilled Aboriginal workforce including clinical, non-clinical and leadership roles

- provided opportunities for the WA health system workforce to hone their skills in working with and supporting the needs of people from culturally and linguistically diverse backgrounds by hosting the Health Equity webinar series, covering topical issues such as engaging effectively during COVID-19, increasing uptake of cancer screening, mental health and refugee health
- included staff training opportunities as part of events to acknowledge the International Day of People with Disability and IDAHOBIT, the International Day Against Homophobia, Intersexism and Transphobia Discrimination.

Disability access and inclusion plan

In compliance with the *Disability Services Act 1993*, the Department of Health aims to ensure that people with disability have the same opportunities to fully access health services, facilities and information made available by the WA health system, and to participate in public consultation regarding Western Australian health services.

In 2020–21, the Department of Health Disability Access and Inclusion Plan was reviewed and a new plan was developed for 2020–2025. The plan was developed in partnership with a specialist stakeholder group comprising people with disability and people with knowledge of disability and was informed by a community consultation survey. The new Disability Access and Inclusion Plan will be launched in 2021–22 to coincide with updates to the broader Department of Health diversity and inclusion framework.

Other key activities undertaken in 2020–21 included:

- providing an Auslan interpreter for COVID-19 communication sessions presented by the WA Premier and Minister for Health from Department of Health premises
- developing resources in response to the COVID-19 pandemic, including guidelines for Western Australian community-based care, checklists for health clinicians and carers, resource lists and frequently asked questions for people with disability
- improving the accessibility of internal resources, including providing online modules in the Learning Management System with closed captions, video and in Word format
- actively seeking people with disability to participate in consultation relating to:
 - development of the My Health in My Hands animation series
 - development of the *WA Health Genomics Strategy 2021*
 - Sustainable Health Review recommendations
 - review of the WA Advance Health Directive
 - review of the *Tobacco Products Control Act 2006*
- introducing an online option for participating in the monthly WA Health and Wellbeing Surveillance survey, in addition to existing Computer Assisted Telephone Interviewing
- partnering with the South Metropolitan Health Service to host a public event to commemorate the International Day of People with Disability, with speakers presenting on a wide range of topics addressing areas such as living with disability, using the Disability Health Framework, and services available for people with disability
- engaging with Maxima, a not for profit employment agency specialising in supporting job seekers with disabilities, to provide employment opportunities for 8 part-time clerical and administrative staff in the Business Services team.

Diversity and Inclusion Framework

The Department of Health recognises that a diverse and inclusive workforce brings a better understanding of community needs and expectations. The outcome is service delivery that is responsive to change and appropriate to the community we serve.

In January 2021, the Department of Health submitted its *Multicultural Plan 2021–2023* to the Office of Multicultural Interests. The plan is a living document that will evolve as initiatives are implemented and reviewed. The first iteration of the plan comprises 19 initiatives to address the following 3 policy priority areas:

- harmonious and inclusive communities
- culturally responsive policies, programs and services
- economic, social, cultural, civic and political participation.

To maximise impact, the Department of Health has committed to a framework approach to diversity and inclusion. The outcomes detailed within the Multicultural Plan are being consolidated with the department's *Equal Employment Opportunity Management Plan 2020–2024* and the *Disability Access and Inclusion Plan 2020–2025*, and these plans are being aligned with other government priorities and public sector initiatives, including *Stronger Together: WA's Plan for Gender Equity* and the Public Sector Commission *Workforce Diversification and Inclusion Strategy 2020–2025*.

This framework approach has brought increased focus to diversity and inclusion across the Department of Health and consolidating the outcomes will provide a vehicle for the Diversity and Inclusion Working Group, to be established during 2021, to monitor, manage and ensure a collective and consistent implementation process.

The Department of Health has taken steps towards growing the Aboriginal and youth workforce in line with public sector targets by identifying approaches to recruiting and retaining a diverse workforce, valuing and celebrating diversity, and building knowledge of diversity groups and cultural awareness.

The Aboriginal Workforce Policy and *WA Health Aboriginal Workforce Strategy 2014–2024* aim to increase representation of Aboriginal people in the Department of Health workforce to improve Aboriginal health outcomes, in alignment with key guiding principles, strategic directions and priority areas identified in the *WA Aboriginal Health and Wellbeing Framework 2015–2030*.

In 2021, the Department of Health welcomed 4 school-based trainees. As a part of the Public Sector School-Based Traineeship, the trainees spend 18 months at the department bringing new ideas and fresh talent, while developing future career prospects.

In March 2021, the department explored the 2021 International Women's Day theme of #ChooseToChallenge with a keynote lecture by Professor Helen Milroy, Western Australia's 2021 Australian of the Year. As at 30 June 2021, women made up more than 70 per cent of the department's workforce and occupied more than 60 per cent of the senior management structure, exceeding the public sector targets for women in management.

To acknowledge the International Day of People with Disability, the Organisational Development unit hosted an in person and live streamed workshop titled 'The Curious Case of Connor Campbell' which explored disability discrimination in the workplace. The facilitated theatre-based learning experience encouraged attendees to reflect on the barriers people with disability experience and how these can be removed.

In partnership with the East Metropolitan Health Service, the Department of Health acknowledged International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT) by hosting a Back to Basics Training session. The session aimed to raise awareness of the history and issues impacting the LGBTIQ+ community and to provide practical guidelines for being more inclusive.

Record keeping plans

The Department of Health *Recordkeeping Plan 2019* documents the recordkeeping program for the department, including which records are to be created and how long these records are to be kept. The Recordkeeping Plan and associated policies and procedures incorporate the best practice principles and standards developed by the State Records Commission under the *State Records Act 2000*. The Recordkeeping Plan is due for review in 2024.

The Records Management team provides additional support to assist staff to meet their recordkeeping requirements and a dashboard has been created to monitor the usage of the Recordkeeping System.

In 2020–21, 439 Department of Health employees were trained in the use of the recordkeeping system and 94 per cent of employees have completed the online mandatory Recordkeeping Awareness training. Recordkeeping roles and responsibilities are included in the Department of Health's induction program.

In response to staff feedback, the recordkeeping training program was reviewed and updated in 2020–21 to simplify and clarify the information being provided, make it more engaging, and ensure that key messages are delivered. Quick help guides were also updated and links to the State Records Commission Standards are now available from the Records Management Services intranet page.

Freedom of information

The Western Australian *Freedom of Information Act 1992* gives all Western Australians a right of access to information held by the Department of Health.

The types of information held by the Department of Health include:

- reports on health programs and projects
- Minister for Health and executive staff briefings
- health circulars, policies, standards and guidelines
- health articles and discussion papers
- departmental magazines, bulletins and pamphlets
- health research and evaluation reports
- epidemiological, survey and statistical data/information
- publications relating to health planning and management
- committee meeting minutes
- general administrative correspondence
- financial and budget reports
- staff personnel records.

Members of the public can access some of the above information from the Department of Health [website](#). Hard copy documents are also available at zero or nominal cost by calling (08) 9222 6411.

Requests for information access may be made through a Freedom of Information application. This involves lodging a written request via email, post or in person.

Contact details to obtain information or send an application can be sourced via the [WA Health freedom of information contacts](#) list.

All requests for information can be granted, partially granted or may be refused in accordance with the *Freedom of Information Act 1992*.

For the year ended 30 June 2021, the Department of Health dealt with 87 applications for information, of which 53 applications were granted full or partial access and 16 applications were denied access (see Table 15).

Table 15: Freedom of Information applications dealt with by the Department of Health in 2020–21

Summary of number of applications	Number
Applications carried over from 2019–20	12
Applications received 2020–21 ¹	75
Total number of applications active in 2020–21	87
Applications granted – full access	21
Applications granted – partial or edited access	32
Applications withdrawn by applicant ²	6
Applications refused ³	16
Applications in progress	9
Other applications ⁴	3
Total number of applications dealt with in 2020–21	87

Notes

1. Includes 4 matters partially transferred to another agency.
2. Includes 5 matters dealt with outside of the *Freedom of Information Act 1992* (WA).
3. Includes 14 matters where no records were found and 2 matters where the documents were exempt from release.
4. Includes 3 matters fully transferred to another agency.

Key performance indicators

Certification of key performance indicators

DEPARTMENT OF HEALTH

CERTIFICATION OF KEY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2021

I hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Department of Health's performance, and fairly represent the performance of the Department of Health for the financial year ended 30 June 2021.



Dr D J Russell-Weisz
DIRECTOR GENERAL
DEPARTMENT OF HEALTH
ACCOUNTABLE AUTHORITY

13 September 2021

Key performance indicators

Key performance indicators assist the Department of Health to assess and monitor achievement of the outcomes outlined in the Outcome Based Management Framework (see Table 16).

Table 16: Key performance indicators reported by the Department of Health

WA health system desired outcomes	Measuring effectiveness Key performance indicators	Services	Measuring efficiency Key performance indicators
Outcome 2 Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives	1. Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Program 2. Percentage of people accessing community-based palliative care who are supported to die at home 3. Loss of life from premature death due to identifiable causes of preventable disease or injury: (a) Lung cancer; (b) Ischaemic heart disease; (c) Falls; (d) Melanoma; (e) Breast cancer 4. Percentage of fully immunised children: (a) 12 months; (b) 2 years; (c) 5 years 5. Percentage of 15-year olds in Western Australia that complete their HPV vaccination series 6. Response times for emergency road-based ambulance services (Percentage of priority 1 calls attended to within 15 minutes in the metropolitan area)	5. Aged and continuing care services	Aged and continuing services 1. Average cost of a transition care day provided by contracted non-government organisations/service providers 2. Average cost per home-based hospital day of care and occasion of service 3. Average cost per day of care for non-acute admitted continuing care 4. Average cost to support patients who suffer specific chronic illness and other clients who require continuing care Palliative and cancer care services 5. Average cost per client receiving contracted palliative care services
		6. Public and community health services	Public health services 6. Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury Patient transport services 7. Cost per trip for road-based ambulance services, based on the total accrued costs of these services for the total number of trips
Outcome 3 Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system	7. Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of System Manager functions	10. Health system management – policy and corporate services	Policy services 8. Average cost of public health regulatory services per head of population Corporate services 9. Average cost for the Department of Health to undertake System Manager functions per Health Service Provider full time equivalent

Key effectiveness performance indicators

Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Program

Outcome 2

Effectiveness KPI

Rationale

The Transition Care Program is a joint federal, state and territory initiative that aims to optimise the functioning and independence of eligible clients after a hospital stay and enable them to return home or allow time to make decisions on longer term care arrangements, including residential care. Transition Care Program services take place in either a residential or a community setting, including a client's home. A number of care options are available, designed to be flexible in helping meet individual needs. Services may include:

- case management, including establishing community support and services, and where required, identifying residential care options
- medical services provided by a general practitioner
- low intensity therapy such as physiotherapy and occupational therapy
- emotional support and future care planning via a social worker
- nursing support
- personal care
- domestic help
- other therapies as required.

This indicator measures the effectiveness of the Transition Care Program by measuring functional ability improvements in clients utilising the program. Monitoring the success of this indicator can enable improvements in service planning and the development of targeted strategies and interventions that focus on improving the program's effectiveness and ensuring the provision of the most appropriate care to those in need. This enhances the health and wellbeing of Western Australians.

Target

The 2020–21 target for the percentage of clients maintaining or improving functional ability is 65 per cent or above.

Improved or maintained performance is demonstrated by a result equal to or above the target.

Results

In 2020–21, the percentage of transition care clients maintaining or improving functional ability was 87 per cent, exceeding the target of 65 per cent (see Table 17).

Table 17: Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Program, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Clients maintaining or improving functional ability	73%	74%	80%	84%	87%
Target	≥65%	≥65%	≥65%	≥65%	≥65%

Data sources: Unpublished data, Department of Health.

Percentage of people accessing specialist community-based palliative care who are supported to die at home

Outcome 2
Effectiveness KPI

Rationale

The preference of the majority of Australians to die in their home and not in a hospital has been well documented. Whilst between 60 and 70 per cent of people state they want to die at home, only about 14 per cent do so.⁴ In addition to potential distress for patients and families, acute hospital admissions in some patients' final days of life may create avoidable pressures on the hospital system. This is likely to become an increasingly significant issue as the population ages and as an increasing proportion of people live with chronic disease.

The Department of Health contracts Silver Chain to provide specialist community-based palliative care services in the Perth metropolitan area. This indicator aims to measure the effectiveness of these services in allowing patients to die in the comfort of their home, where it is their wish to do so. A high proportion of people realising their wish to die at home indicates that the service has appropriate strategies in place to provide in-home care appropriate to patients' needs and to avoid unplanned hospital admissions.

Target

The 2020–21 target for the percentage of people accessing community based palliative care who opted to die at home and who were supported to die at home is 76 per cent or above.

Improved or maintained performance is demonstrated by a result equal to or above the target.

Results

In 2020–21, 76 per cent of clients requiring end-of-life care who opted to die at home were supported to do so through the provision of in-home specialist palliative care (see Table 18). This result meets the specified target and is consistent with previous years.

Table 18: Percentage of people accessing specialist community-based palliative care who opted to die at home and who were supported to die at home, 2018–19 to 2020–21

	2018–19	2019–20	2020–21
Percentage of people accessing specialist community-based palliative care	76%	76%	76%
Target	≥85%	≥85%	≥76%

Notes:

1. There is currently no national target for this indicator. The 2020–21 target is based on an average of prior year data results.
2. Specialist community-based palliative care refers to palliative care that is provided by a multidisciplinary team within a private residence (i.e. 'in-home' care), but not a residential care facility.
3. The calculation of this indicator is based on:
 - a. People living in the Perth metropolitan area who have an active, progressive and advanced disease, who require access to specialist palliative care services.
 - b. Access to services where a medical opinion has been obtained resulting in the client being referred for specialist palliative care.
 - c. People who accessed the community palliative care service provided by Silver Chain and who died at home after nominating this as their desired place of death.
4. There are some community-based palliative care services provided outside of the metropolitan area; however, this activity data is not available within the Non-Admitted Patient Activity and Wait List Data Collection system used to source data for calculation of this KPI.

Data source: Non-Admitted Patient Activity and Wait List Data Collection, Department of Health.

4 Dying Well, Grattan Institute Report No. 2014-10, September 2014, 2. Available from: <https://grattan.edu.au/report/dying-well/>

Loss of life from premature death due to identifiable causes of preventable disease or injury: (a) Lung cancer; (b) Ischaemic heart disease; (c) Falls; (d) Melanoma; (e) Breast cancer

Outcome 2
Effectiveness KPI

Rationale

This indicator measures the potential years of life lost for the most common causes of premature deaths, which is one of the most important means of monitoring and evaluating the effectiveness, quality and productivity of health systems. The WA health system aims to reduce the loss of life from preventable disease or injury, through the delivery of public health and medical interventions.

The rates of potential years of life lost from premature death are measured for lung cancer, ischaemic heart disease, falls, melanoma and breast cancer. These conditions contribute significantly to the burden of disease and injury within the community and are conditions for which the Department of Health believes premature death should be largely preventable and for which screening or health promotion programs are in place. The data obtained from this indicator assists health system managers to best determine effective and quality targeted promotion and prevention initiatives, which in turn contribute to a reduction in the loss of life from these preventable conditions.

Target

The 2019 target per preventable condition is based on the 2018 National Person Years of Life Lost per 1,000 population:

Preventable condition	Target (in years)
a. Lung cancer	1.7
b. Breast Cancer	2.0
c. Ischaemic heart disease	2.2
d. Falls	0.3
e. Melanoma	0.3

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

In 2019, the result for potential years of life lost due to lung cancer was 1.3, breast cancer 1.9 and ischaemic heart disease 2.0; all below set targets (see Table 19). The years of life lost from premature death due to falls and melanoma were both 0.3, equal to the target.

Table 19: Person years of life lost due to premature death associated with preventable conditions, 2010 to 2019

Condition	Calendar years										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Target
Lung cancer	1.7	1.8	1.8	1.6	1.7	1.8	1.6	1.4	1.5	1.3	1.7
Breast Cancer	2.3	2.3	2.1	2.3	1.9	2.0	2.0	2.0	2.2	1.9	2.0
Ischaemic heart disease	3.0	3.0	2.5	2.7	2.7	2.6	2.4	2.4	2.6	2.0	2.2
Falls	0.3	0.3	0.3	0.4	0.3	0.4	0.5	0.4	0.2	0.3	0.3
Melanoma	0.5	0.6	0.6	0.4	0.4	0.5	0.3	0.5	0.3	0.3	0.3

Notes:

1. Age-standardised Person Years of Life Lost (PYLL) per 1,000 population.
2. 2010–2017 deaths are final, 2018 deaths are revised, and 2019 deaths are preliminary.
3. The following ICD 10 Codes were used:
 - a. Lung cancer C33.0 to C34.9
 - b. Breast cancer C50.0 – C50.9 (females only)
 - c. Ischaemic heart disease I20.0 to I25.9
 - d. Falls W00.0 to W19.9 or X59.0 to X59.9 (with any multiple cause codes of S02 or S12 or S22 or S32 or S42 or S52 or S62 or S72 or S82 or S92 or T02 or T08 or T10 or T12 or T14.2)
 - e. Melanoma C43.0 to C43.9
4. Targets are based on national figures from the most recent revised National PYLL/1,000 population estimates, derived from data provided by the Australian Bureau of Statistics.
5. Minor methodological improvements and updates to death data mean that figures are not directly comparable with previous reports.

Data sources: Mortality database; Estimated resident population based on Australian Bureau of Statistics data, Epidemiology Branch Department of Health.

Percentage of fully immunised children: (a) 12 months; (b) 2 years; (c) 5 years

Outcome 2

Effectiveness KPI

Rationale

In accordance with the National Partnership Agreement on Essential Vaccines, the WA Health system aims to minimise the incidence of major vaccine preventable diseases in Australia by sustaining high levels of immunisation coverage across Western Australia, with equity of access to vaccines and immunisation services. Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease. Without access to immunisation, the consequences of illness are likely to be more disabling and more likely to contribute to a premature death.

This indicator measures the percentage of fully immunised children that have received age appropriate immunisations in order to facilitate the effectiveness of strategies that aim to reduce the overall incidence of potentially serious disease.

Target

The target for children fully immunised at 12 months, 2 years, and 5 years of age is 95 per cent or above, based on the National aspirational immunisation coverage target of 95 per cent⁵.

Improved or maintained performance is demonstrated by a result equal to or above the target.

Results

In 2020, 93.5 per cent of children in Western Australia had received all recommended vaccines at 12 months, 2 years, and 5 years of age (see Table 20). This is slightly below the immunisation coverage target of 95 per cent.

In 2020, the proportion of vaccinated children at 12 months and 2 years were lower among Aboriginal children when compared to non-Aboriginal children. However, 96.7 per cent of Aboriginal children residing in country Western Australia and 95.4 per cent of Aboriginal children residing in metropolitan areas were fully immunised at 5 years, exceeding the target.

Immunisation rates in Western Australia have increased over the last 5 years in all age cohorts except non-Aboriginal children residing in country Western Australia at the age of 2 years.

To investigate the reasons for low childhood Aboriginal immunisation rates in Western Australia, a network of government and research organisations has been established. This network will pilot and implement projects to improve overall Aboriginal immunisation rates. Current projects include investigation of increasing hesitancy in Aboriginal mothers and early engagement of Aboriginal families through maternity services.

5 The national aspirational immunisation coverage target has been set at 95%. Available from: <https://beta.health.gov.au/topics/immunisation/childhood-immunisation-coverage> and http://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/essential_vaccines_2017-1.pdf

Table 20: Percentage of children fully immunised, by selected age cohort, by Aboriginality, 2016 to 2020

Children fully immunised		2016	2017	2018	2019	2020	Target
Total of all children (12 months, 2 years, and 5 years) (%)		91.5	91.7	92.3	92.4	93.5	≥95%
12 months (%)							
Total						94.4	≥95%
State	Aboriginal	88.0	87.7	89.0	89.1	89.2	
	Non-Aboriginal	93.2	93.9	93.8	94.3	94.8	
Metropolitan	Aboriginal	83.7	84.4	87.9	87.2	86.5	
	Non-Aboriginal	93.1	93.9	93.9	94.5	94.9	
Country	Aboriginal	91.1	90.3	90.0	90.9	92.2	
	Non-Aboriginal	93.7	94.0	93.2	93.3	94.6	
2 years (%)							
Total						91.8	≥95%
State	Aboriginal	83.8	82.6	82.2	84.6	87.1	
	Non-Aboriginal	90.5	89.5	90.7	90.2	92.2	
Metropolitan	Aboriginal	80.7	81.0	80.8	83.0	86.7	
	Non-Aboriginal	90.1	89.3	90.8	90.3	92.4	
Country	Aboriginal	86.0	83.8	83.4	86.2	87.5	
	Non-Aboriginal	92.2	90.7	90.5	89.6	91.0	
5 years (%)							
Total						94.2	≥95%
State	Aboriginal	94.1	95.9	95.1	95.5	96.1	
	Non-Aboriginal	91.3	92.3	93.3	93.4	94.0	
Metropolitan	Aboriginal	91.3	95.1	93.9	94.0	95.4	
	Non-Aboriginal	90.8	92.0	93.2	93.2	94.0	
Country	Aboriginal	95.9	96.5	96.3	96.9	96.7	
	Non-Aboriginal	93.7	93.4	93.8	94.1	94.1	

Notes:

1. Data is based on children aged 12 ≤ 15 months, 24 ≤ 27 months and 60 ≤ 63 months between 1 January 2020 – 31 December 2020.
2. 'Fully immunised' for children aged 4 years and under includes immunisation for hepatitis B, diphtheria, tetanus, pertussis, pneumococcus, haemophilus influenzae type B, poliomyelitis, measles, mumps, rubella, varicella (chicken pox) meningococcal ACWY and rotavirus.
3. National data for immunisation coverage for all children per age cohort can be accessed at: <https://beta.health.gov.au/topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children>

Data source: Australian Immunisation Register, Communicable Disease Control, Public and Aboriginal Health Division Department of Health.

Percentage of 15 year olds in Western Australia that complete their HPV vaccination series

Outcome 2
Effectiveness KPI

Rationale

This indicator measures uptake of the human papilloma virus (HPV) vaccination among youth, which is the most effective public health intervention for reducing the risk of developing HPV-related illnesses, including cervical cancer.

HPV is a common virus that affects both females and males and is associated with HPV-related illnesses including cancer of the cervix. HPV vaccination can significantly decrease the chances of people developing HPV-related illnesses. As HPV is primarily sexually transmitted both males and females should have the HPV vaccine, preferably before they become sexually active. Providing vaccination at 14 years and under is also known to increase antibody persistence.

The HPV vaccine is provided free in schools to all males and females in years 7 and 8 under the Western Australian school-based immunisation program. General practitioners, community health clinics and central immunisation clinics also offer vaccination to maximise coverage of older adolescents or those who opted out of the school program.

This indicator measures the effectiveness of the WA health system's delivery of vaccination programs and health promotion strategies in maximising the proportion of adolescents who have completed the HPV series.

Target

The target for 2020 for the percentage of 15 year old Western Australian males and females that completed their HPV vaccination series is 80 per cent or above.

Improved or maintained performance is demonstrated by a result equal to or above the target.

Results

In 2020, 82.0 per cent of 15 year old males and 83.5 per cent of 15 year old females had completed their HPV vaccination series, exceeding the target of 80 per cent (see Table 21).

The HPV vaccine coverage rates in Aboriginal youth aged 15 years in 2020 was 68.7 per cent compared to non-Aboriginal youth at 83.7 per cent coverage. However, compared to 2019, there has been a 6 per cent increase in the vaccination rates of Aboriginal youth, with the most significant improvement attributable to Aboriginal female uptake in country Western Australia.

In 2020, the Department of Health continued key strategies aimed at increasing overall vaccination rates among students with a key focus on Aboriginal students. Based on evidence that absenteeism is lower in younger students, delivery of HPV vaccinations to year 7 students rather than year 8 students commenced in 2019 and outcomes will be observed when these students are assessed at 15 years of age, in 2022.

Table 21: Percentage of 15 year old Western Australians that completed their HPV vaccination series, by gender, 2018 to 2020

Percentage of 15 year olds who completed their HPV vaccination series		2018	2019	2020	Target
Males		79.8	81.2	82.0	≥80.0%
State	Aboriginal	65.0	63.5	65.6	
	Non-Aboriginal	80.6	82.2	83.1	
Metropolitan	Aboriginal	62.0	63.6	66.7	
	Non-Aboriginal	80.7	82.4	83.3	
Country	Aboriginal	67.0	63.4	64.5	
	Non-Aboriginal	80.0	81.3	82.1	
Females		81.3	81.8	83.5	≥80.0%
State	Aboriginal	70.6	66.0	71.8	
	Non-Aboriginal	82.0	82.8	84.3	
Metropolitan	Aboriginal	70.9	65.4	70.6	
	Non-Aboriginal	81.6	82.9	84.4	
Country	Aboriginal	70.3	66.5	73.0	
	Non-Aboriginal	83.4	82.4	83.9	

Notes:

1. This indicator is based on 15 year olds who are registered on the Australian Immunisation Register (AIR). All individuals enrolled in Medicare are automatically registered on the AIR.
2. Fully immunised status is determined in the year the student turns 15 to align with national reporting by the Australian Institute of Health and Welfare and the National Partnership on Essential Vaccines.
3. The target is based on HPV immunisation rates reported in the Australian Institute of Health and Welfare *Australia's health 2020*. Australia's health series no. 17. Canberra: AIHW.

Data source: Australian Immunisation Register, Services Australia.

Response times for emergency road-based ambulance services (Percentage of priority 1 calls attended to within 15 minutes in the metropolitan area)

Outcome 2

Effectiveness KPI

Rationale

To ensure Western Australians receive the care and medical transport services they need, when they need it, the Department of Health has entered into a collaborative arrangement with a service provider to deliver emergency road-based patient transport services to the Perth metropolitan area. This collaboration ensures that patients have access to an effective and rapid response ambulance service to ensure the best possible health outcomes for patients requiring urgent medical treatment.

Response times for emergency patient transport services have a direct impact on the speed with which a patient receives appropriate medical care and can provide a good indication of the effectiveness of road-based patient transport services. It is understood that adverse effects on patients and the community are reduced if response times are decreased.

This indicator measures the timeliness of attendance by a patient transport vehicle and crew within the Perth metropolitan area to patients with the highest need (dispatch priority 1) of emergency medical treatment. Through surveillance of this measure over time, the effectiveness of emergency road-based patient transport services can be determined. This facilitates further development of targeted strategies and improvements to operational management practices aimed at ensuring optimal restoration to health for patients in need of emergency medical care.

Target

The target for 2020–21 is 90 per cent or above of priority 1 calls attended to within 15 minutes in the metropolitan area by the contracted health entity.

Improved or maintained performance is demonstrated by a result equal to or above the target.

Results

In 2020–21, 87.8 per cent of all priority 1 calls in the metropolitan area were attended to within 15 minutes by emergency patient transport services (see Table 22), below the target of 90 per cent.

The variance to target is associated with an increase in the time ambulance staff are required to wait to handover the care of a patient to emergency department staff at a hospital. Hospitals aim to receive a patient being transported to an emergency department by ambulance within 30 minutes. In 2020–21, the unprecedented increase in wait times for the transfer of care of patients to an emergency department has resulted in reduced ambulance response capacity and increased response times.

The Department of Health in conjunction with St John Ambulance are developing several initiatives to address transfer of care, ambulance distribution and inter-hospital patient transport. Initiatives to provide emergency care alternatives in the community are also being considered.

Table 22: Percentage of Priority 1 calls attended to within 15 minutes in the metropolitan area by the contracted service provider, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21	Target
Percentage of priority 1 calls attended within 15 minutes	93.0%	94.1%	92.9%	90.5%	87.8%	≥90.0%

Note: KPI results are based on dispatch priority 1 patients requiring emergency attention who reside in Metropolitan Perth.

Data source: Unpublished data, Department of Health.

Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of System Manager functions

Outcome 3
Effectiveness KPI

Rationale

The Department of Health, in supporting a System Manager function, sets the vision and direction for the WA health system, as well as providing executive oversight of strategic decision making, identifying health system priorities, and guiding, overseeing and managing the statewide health system. This includes the delivery of government priorities and responding to the emerging and current needs of the Western Australian community. Overall, the aim is to ensure the delivery of high quality, safe and timely health services.

This indicator measures stakeholders' perceptions of the Department of Health and its delivery of services as a System Manager.

Target

The 20120–21 target for the percentage of stakeholders who indicate that the Department of Health is meeting or exceeding expectations of the delivery of System Manager functions is 85 per cent or above.

Improved or maintained performance is demonstrated by a result equal to or above the target.

Results

In 2020–21, 62 per cent of respondents agreed the Department of Health had met the expectations of their organisation in the delivery of the functions of the System Manager (see Table 23). This is below the target and prior year results.

The majority of respondents identified the Department of Health as demonstrating strengths in regulation of the WA health system (94%) and in providing governance and oversight (81%) to ensure consistent best practice standards. Respondents also commended the Department of Health for effective leadership, communication and collaboration, particularly in relation to the COVID-19 pandemic.

Respondents identified the Department of Health could improve on budget and resource allocation, in particular by advocating for budget growth to support health services and by improving clarity and transparency concerning the budget preparation process. Respondents also identified a need for improvement in providing strategic leadership and direction for the provision of public health services in the state.

The Department Executive Committee considers the results and feedback from this survey in their forward planning and as part of their continuous improvement efforts.

Table 23: Department of Health stakeholder survey results, 2018–19 to 2021–21

	2018–19	2019–20	2020–21	Target
Percentage of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of System Manager functions	72%	75%	62%	≥85%

- Notes:
1. The number of respondents interviewed was 16 with a response rate of 100 per cent.
 2. Stakeholders were identified as individuals who have contact with the Department of Health and are best positioned to accurately assess its performance against its functions.
 3. The survey involved inviting participants to provide their responses to prescribed questions through telephone interviewing conducted by an independent research agency.
 4. Results are based on respondents providing feedback on the delivery of 11 System Manager functions delivered by the Department of Health. Respondents rated the 11 System Manager functions using a 5 point Likert scale from well below expectations (1) to well above expectations (5).
 5. The target is considered aspirational and was developed based on a jurisdictional review of targets and performance results of agencies with similar or comparative effectiveness survey KPIs. In subsequent reporting years historical data will be used to develop baseline measures for performance improvement purposes.

Data Source: Unpublished data, Department of Health.

Key efficiency performance indicators

Average cost of a transition care day provided by contracted non-government organisations/service providers

Outcome 2
Aged and continuing care services

Efficiency KPI

Rationale

The Transition Care Program is a joint federal, state and territory initiative that aims to optimise the functioning and independence of older people after a hospital stay and enable them to return home rather than prematurely enter residential care. Transition Care Program services take place in either a residential or a community setting, including in a client's home.

The Transition Care Program is tailored to meet the needs of the individual and aims to facilitate a continuum of care for older people in a non-hospital environment while giving them more time and support to make a decision on their longer-term care arrangements.

Target

The 2020–21 target unit cost is \$346 per transition care day.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

In 2020–21, the average cost per transition care day was \$329, below the target of \$346 (see Table 24). The variance to target is associated with a shift towards community transition care due to COVID-19.

Table 24: Average cost per transition care day provided by contracted non-government organisations/service providers, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Average cost	\$308	\$312	\$312	\$328	\$329
Target	\$308	\$277	\$348	\$321	\$346

Data sources: Unpublished data, Department of Health; Oracle 11i Financial System, Department of Health.

Average cost per home-based hospital day of care and occasion of service

Outcome 2 Aged and continuing care services

Efficiency KPI

Rationale

Home-based hospital services have been implemented as a means of ensuring patients have timely access to effective healthcare. These services aim to provide safe and effective medical care for WA patients in their homes, where they may otherwise require a hospital admission.

The Department of Health has entered into collaborative arrangements with service providers to provide home-based hospital services that may be delivered as in-home acute medical care, measured by days of care, or as post-discharge, acute or sub-acute medical and nursing intervention, delivered as occasions of service.

Target

The 2020–21 target unit costs for:

- home based hospital day of care is \$293
- home based hospital occasion of service is \$131.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

The average cost per home-based hospital day of care in 2020–21 was \$294 (see Table 25).

Table 25: Average cost per home-based hospital day of care, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Average cost	\$316	\$314	\$291	\$293	\$294
Target	\$293	\$323	\$319	\$321	\$293

The average cost per home-based hospital occasion of service in 2020–21 was \$138 (see Table 26).

Table 26: Average cost per home-based hospital occasion of service, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Average cost	\$121	\$129	\$129	\$137	\$138
Target	\$125	\$130	\$119	\$129	\$131

Note: Days of care are defined as the number of days where a patient has received one or more occasions of care that includes a face-to-face visit or phone call with significant clinical content and is recorded in the patient record.

Data sources: Unpublished data, Department of Health; Oracle 11i Financial System, Department of Health.

Average cost per day of care for non-acute admitted continuing care

Rationale

The goal of non-acute care is the prevention of deterioration in the functional and health status of patients, such as adults with a complex disability. Non-acute care is usually provided in a hospital while patients are awaiting placement into residential care, waiting for the services they will need at home to be organised or for vital modifications to be made to their homes, or when requiring respite care. Non-acute care is also provided in purpose-built facilities where patients with complex care needs receive support to optimise their physical and psychological functioning in order to maximise their ability to enter long term supported accommodation or return to their own home.

Target

The 2020–21 target unit cost is \$804 per day of care for non-acute admitted continuing care. Improved or maintained performance is demonstrated by a result below or equal to the target.

Outcome 2

Aged and continuing care services

Efficiency KPI

Results

The average cost per day of care for non-acute admitted continuing care was \$808. (see Table 27).

Table 27: Average cost per day of care for non-acute admitted continuing care, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Average cost	\$714	\$474	\$714	\$759	\$808
Target	\$780	\$552	\$710	\$666	\$804

Data sources: Unpublished data, Department of Health; Oracle 11i Financial System, Department of Health.

Average cost to support patients who suffer specific chronic illness and other clients who require continuing care

Outcome 2 Aged and continuing care services

Efficiency KPI

Rationale

Chronic conditions pose a significant burden on the healthcare system in Western Australia. Most chronic conditions do not resolve spontaneously and require ongoing treatment, health care and support. As such, the Government has identified several chronic conditions that require health service support to people with long term chronic conditions to optimise their quality of life (refer to National Strategic Framework for Chronic Conditions⁶).

In addition, ongoing care and support is also required for those who have a complex disability, which aims to improve their health and well-being. To achieve this, the Department of Health has entered into collaborative arrangements with service providers to deliver residential, community and respite care.

Target

The 2020–21 target unit cost is \$25 to support patients who suffer specific chronic conditions and people who require continuing care.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

The average cost to support patients who suffer specific chronic illness and other clients who require continuing care in 2020–21 was \$19, below the target of \$25 (see Table 28). The variance to target is attributable to the transfer of rural and remote contracted services to a Health Service Provider.

Table 28: Average cost to support patients who suffer specific chronic illness and other clients who require continuing care, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Average cost	\$36	\$21	\$22	\$21	\$19
Target	\$42	\$30	\$27	\$27	\$25

Data sources: Unpublished data, Department of Health; Australian Bureau of Statistics 2018 Survey of Disability, Ageing and Carers (Cat. No. 4430.02018); Oracle 11i Financial System, Department of Health.

6 Available at: <http://www.health.gov.au/internet/main/publishing.nsf/content/nsfcc>

Average cost per client receiving contracted palliative care services

Rationale

Palliative care is aimed at improving the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life. In addition to palliative care services that are provided through the public health system, the Department of Health has entered into collaborative arrangements with service providers to provide palliative care services for those in need.

Target

The 2020–21 target unit cost is \$6,590 per client receiving contracted palliative care services.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Outcome 2
Aged and continuing
care services

Efficiency KPI

Results

In 2020–21, the average cost per client receiving contracted palliative care services was \$7,636 (see Table 29). The result is over the target value of \$6,590.

The higher expenditure to target is primarily attributable to an overestimation of activity when deriving the 2020–21 budget target.

Table 29: Average cost per client receiving contracted palliative care services, 2017–18 to 2020–21

	2017–18	2018–19	2019–20	2020–21
Average cost	\$6,700	\$7,460	\$7,787	\$7,636
Target	-	-	\$5,900	\$6,590

Notes

1. In 2019–20 a new methodology was applied to the denominator for this indicator. Activity counts were refined to better reflect activity related specifically to the delivery of palliative care services to the client. Prior year data was rebased and as a result prior year targets are not applicable
2. Effective palliative care requires a broad multidisciplinary approach and may be provided in hospital or at home. The services include nursing and medical services at home, respite care, care in designated inpatient palliative care facilities, and community care and support.

Data sources: Unpublished data, Department of Health; Oracle 11i Financial System, Department of Health.

Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury

Outcome 2 Public and community health services

Efficiency KPI

Rationale

In order to improve, promote and protect the health of Western Australians it is critical that the WA health system is sustainable by providing effective and efficient care that best uses allocated funds and resources. The delivery of effective targeted preventative interventions, health promotion and health protection activities aims at reducing disease or injury within the community, and fostering the ongoing health and wellbeing of Western Australians.

Target

The target unit cost for 2020–21 is \$62 per person to provide preventative interventions, health promotion and health protection activities.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

In 2020–21, the average cost per person providing preventative interventions, health promotion and health protection activities was \$158 (see Table 30). Approximately, a third of total expenditure was associated with the response and incident management of COVID-19, including implementation of the vaccination program, contact tracing and hotel quarantine. The variance to target is attributable to the differing methodological approach used to derive the budget target versus calculation of expenditure.

Table 30: Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury, 2018–19 to 2020–21

	2018–19	2019–20	2020–21
Average cost	\$47	\$66	\$158
Target	-	-	\$62

Notes:

1. In 2020–21, expenditure associated with the delivery of preventative interventions, health promotion and health prevention were reviewed resulting in cost centre reallocation. Expenditure associated with the delivery of services aligned with the response and incident management of COVID-19 were also assessed and allocated against the appropriate program. Prior year results have been recalculated using the same methodological approach to enable a comparison to current year findings.
2. Previously reported results for this indicator are as follows:

	2018–19	2019–20
Average cost	\$45	\$51
Target	\$38	\$37

Data sources: Estimated resident population based on Australian Bureau of Statistics data, Epidemiology Branch Department of Health; Unpublished data, Department of Health; Oracle 11i Financial System, Department of Health.

Cost per trip for road-based ambulance services, based on the total accrued costs of these services for the total number of trips

Outcome 2
Public and community health services

Efficiency KPI

Rationale

To ensure Western Australians receive the care and ambulance services they need, when they need it, the Department of Health has entered into collaborative arrangements with service providers to deliver road-based patient transport services in WA. This collaboration ensures that patients have access to effective and rapid response ambulance services to ensure the best possible health outcomes for patients requiring medical treatment.

Target

The target unit cost for 2020–21 is \$494 per trip for road-based patient transport services in the Perth metropolitan area.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

In 2020–21, the cost per trip for road-based ambulance services was \$508 (see Table 31).

Table 31: Cost per trip for road-based ambulance services, based on the total accrued costs of these services for the total number of trips, 2017–18 to 2020–21

	2017–18	2018–19	2019–20	2020–21
Cost per trip for road-based ambulance services	\$465	\$455	\$469	\$508
Target	\$455	\$433	\$494	\$494

Note: Road-based ambulance services include emergency and non-emergency patient transport services.

Data sources: Unpublished data, Department of Health; Oracle 11i Financial System, Department of Health.

Average cost of Public Health Regulatory Services per head of population

Outcome 3
Health system management – policy and corporate services

Efficiency KPI

Rationale

The Department of Health performs system wide regulatory functions including the regulation of food safety, vector control, waste water management, tobacco licensing, radiation safety and medicines and poisons in order to promote health in the community; prevent disease before it occurs; and manage risks to human health, whether natural or man-made.

This indicator measures the department's ability to regulate these functions in an efficient manner and aligns with a key provision of the *Public Health Act 2016* to consolidate and streamline regulatory tools to regulate any given risk to public health.

Target

The target unit cost for 2020–21 is \$6 per head of population to provide public regulatory services.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

In 2020–21, the cost of public health regulatory services per head of population was \$8 (see Table 32). The variance to target is attributable to the differing methodological approach used to derive the budget target versus calculation of expenditure.

Table 32: Average cost of public health regulatory services per head of population, 2018–19 to 2020–21

	2018–19	2019–20	2020–21
Average cost	\$7	\$7	\$8
Target	-	-	\$6

Notes:

1. Regulatory services are defined as the delivery of functions by the Public and Aboriginal Health Division, Department of Health in the administration, monitoring or enforcing of legislation or regulations.
2. In 2020–21, the apportionment of cost centre expenditure associated with the delivery of public health regulatory services was reviewed. Prior year results have been recalculated using the same methodological approach to enable a comparison to current year findings.
3. Previously reported results for this indicator are as follows:

	2018–19	2019–20
Average cost	\$6	\$7
Target	\$4	\$4

Data Sources: Oracle 11i Financial System, Department of Health; Human Resource Data Warehouse, Department of Health; Estimated resident population based on Australian Bureau of Statistics data, Epidemiology Branch Department of Health.

Average cost for the Department of Health to undertake System Manager functions per Health Service Provider full time equivalent

Outcome 3 Health system management – policy and corporate services
Efficiency KPI

Rationale

The Department of Health, in supporting the System Manager, sets the vision and direction for the WA health system. It also provides executive oversight of strategic decision making, identifies health system priorities, and guides, oversees and manages the statewide health system. This includes the delivery of government priorities and responding to the emerging and current needs of the Western Australian community. Overall, the aim is to ensure the delivery of high quality, safe and timely health services.

This indicator measures the efficiency with which the Department of Health undertakes its role in supporting the System Manager.

Target

The target unit cost for 2020–21 is \$5,632 per full time equivalent worker to undertake the System Manager functions.

Improved or maintained performance is demonstrated by a result below or equal to the target.

Results

In 2020–21, the cost of the Department of Health to undertake System Manager functions per Health Service Provider full time equivalent was \$6,899 (see Table 33). The variance to target is attributable to the differing methodological approach used to derive the budget target versus calculation of expenditure.

Table 33: Average cost for the Department of Health to undertake System Manager functions per Health Service Provider full time equivalent, 2018–19 to 2020–21

	2018–19	2019–20	2020–21
Average cost	\$4,770	\$6,167	\$6,899
Target	-	-	\$5,632

Notes:

1. Health Service Providers include North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, Health Support Services, PathWest Laboratory Medicine WA and Department of Health staff that provide a public health regulatory function.
2. Full Time Equivalent (FTE) figures used in the calculation of this indicator are based on Actual (Paid) month to date FTE.
3. In 2020–21, expenditure associated with the delivery of System Manager functions were reviewed resulting in cost centre reallocation. Prior year results have been recalculated using the same methodological approach to enable a comparison to current year findings.
4. 2020–21 costs include \$2,483,757 in Commonwealth funds distributed by the Department of Health to support private hospital viability during the COVID-19 pandemic.
5. Previously reported results for this indicator are as follows:

	2018–19	2019–20
Average cost	\$5,090	\$7,310
Target	\$5,069	\$5,042

Data sources: Oracle 11i Financial System, Department of Health; Human Resource Data Warehouse, Department of Health.

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Financial disclosures and compliance

Financial disclosures

Summary of board and committee remuneration

The total annual remuneration in 2020–21 for all Department of Health boards and committees was \$373,391 (see Table 34).

The increase from the total annual remuneration of \$201,857 reported in 2019–20 is attributable to:

- 13 boards or committees reporting a slight increase in remuneration of members
- operation of the Implementation Leadership Team – Voluntary Assisted Dying for the full financial year, increasing remuneration by approximately \$100,000 when compared to last year
- establishment of the Graylands Reconfiguration and Forensic Taskforce and the Western Australian Future Health Research and Innovation Fund Advisory Council, with a combined remuneration to members of \$33,111.

For details of individual board and committee members refer to Appendix 2.

Table 34: Summary of Department of Health boards and committees, 2020–21

Board/Committee name	Total remuneration
Animal Resources Authority Board (Board remuneration is reported in the Animal Resources Centre annual report)	\$0
Cardiovascular Health Network Executive Advisory Group	\$2,024
Department of Health WA Human Research Ethics Committee	\$38,900
Diabetes and Endocrine Health Network Executive Advisory Group	\$3,615
Falls Prevention Health Network Executive Advisory Group (No meetings held in 2020–21)	\$0
Fluoridation of Public Water Supplies Advisory Committee	\$300
Graylands Reconfiguration and Forensic Taskforce	\$20,159
Implementation Leadership Team – Voluntary Assisted Dying	\$155,329
Local Health Authorities Analytical Committee	\$158
Musculoskeletal Health Network Executive Advisory Group (No meetings held in 2020–21)	\$0
Northern Territory, South Australia and Western Australia Board of the Psychology Board of Australia (Board members are not remunerated by the Department of Health)	\$0
Perinatal and Infant Mortality Committee	\$73,646
Pharmacy Registration Board of Western Australia	\$16,940
Radiological Council	\$5,600
Renal Health Network Executive Advisory Group (No meetings were held in 2020–21)	\$0
Respiratory Health Network Executive Advisory Group	\$4,328

Board/Committee name	Total remuneration
State Perinatal Mental Health Reference Group (Ceased in 2013)	\$0
Stimulant Assessment Panel	\$3,202
Sustainable Health Independent Oversight Committee	\$9,666
Western Australian Board of the Medical Board of Australia (Board members are not remunerated by the Department of Health)	\$0
Western Australian Board of the Nursing and Midwifery Board of Australia (Board members are not remunerated by the Department of Health)	\$0
Western Australian Child and Youth Health Network Executive Advisory Group	\$6,282
Western Australian Future Health Research and Innovation Fund Advisory Council	\$12,952
WA Reproductive Technology Council	\$20,006
WA Reproductive Technology Council Counselling Committee (Discharged 19 May 2020)	\$0
WA Reproductive Technology Council Embryo Storage Committee (Discharged 18 February 2020)	\$0
WA Reproductive Technology Council Licensing and Administration Advisory Committee (Discharged 21 January 2020)	\$0
WA Reproductive Technology Council Preimplantation Genetic Diagnosis Technical Advisory Committee	\$284
WA Reproductive Technology Council Scientific Advisory Committee (Discharged 21 January 2020)	\$0
Women's and Newborns' Health Network Executive Advisory Group (No meetings held during 2020–21)	\$0
Total	\$373,391

Pricing policy

The National Health Reform Agreement sets the policy framework for the charging of public hospital fees and charges. Under the Agreement, an eligible person who receives public hospital services as a public patient in a public hospital or a publicly contracted bed in a private hospital is treated 'free of charge'. This arrangement is consistent with the Medicare principles which are embedded in the *Health Services Act 2016* (WA).

The majority of hospital fees and charges for public hospitals are set under Schedule 1 of the [Health Services \(Fees and Charges\) Order 2016](#) and are reviewed annually. The following informs WA public hospital patients' fees and charges for:

- **Nursing Home Type Patients**

The State charges public patients who require nursing care and/or accommodation after the 35th day of their stay in hospital, providing they no longer need acute care and they are deemed to be Nursing Home Type Patients. The total daily amount charged is no greater than 87.5 per cent of the current daily rate of the single aged pension and the maximum daily rate of rental assistance.

- **Compensable or Medicare ineligible patients**

Patients who are either 'private' or 'compensable' and Medicare ineligible (overseas residents) may be charged an amount for public hospital services as determined by the State. The setting of compensable and Medicare ineligible hospital accommodation fees is set close to, or at, full cost recovery.

- **Private patients (Medicare eligible Australian residents)**

The Commonwealth Department of Health regulates the Minimum Benefit payable by health funds to privately insured patients for private shared ward and same day accommodation. The Commonwealth also regulates the Nursing Home Type Patient 'contribution' based on March and September pension increases. To achieve consistency with the *Commonwealth Private Health Insurance Act 2007*, the State sets these fees at a level equivalent to the Commonwealth Minimum Benefit.

- **Veterans**

Hospital charges of eligible war service veterans are determined under a separate Commonwealth-State agreement with the Department of Veterans' Affairs. Under this agreement, the Department of Health does not charge medical treatment to eligible war service veteran patients; instead medical charges are fully recouped from the Department of Veterans' Affairs.

The following fees and charges also apply:

- The **Pharmaceutical Benefits Scheme** regulates and sets the price of pharmaceuticals supplied to outpatients, patients on discharge and for day admitted chemotherapy patients. Inpatient medications are supplied free of charge.
- The **Dental Health Service** charges to eligible patients for dental treatment are based on the Department of Veterans' Affairs Fee Schedule of dental services for dentists and dental specialists. Eligible patients are charged the following co-payment rates:
 - 50 per cent of the treatment fee if the patient holds a current Health Care Card or Pensioner Concession Card
 - 25 per cent of the treatment fee if the patient is the current holder of one of the above cards and receives a near full pension or an allowance from Centrelink or the Department of Veterans' Affairs.
- There are other categories of fees specified under Health Regulations through Determinations, which include the supply of surgically implanted prostheses, Magnetic Resonance Imaging services and pathology services. The pricing for these hospital services is determined according to their cost of service.

Advertising expenditure

In 2020–21, in accordance with section 175ZE of the *Electoral Act 1907*, the Department of Health incurred a total advertising expenditure of \$4,108,133 (see Table 35), a reduction compared to last year's total of \$4,774,563. The majority of 2020–21 advertising expenditure was for media advertising services (62 per cent) followed by market research organisations (24 per cent) and advertising agencies (14 per cent). Procured services were for advertising related to immunisation, sexual health, GP Urgent Care, food safety and COVID-19. COVID-19 advertising expenditure accounts for a quarter of all costs.

Table 35: Summary of Department of Health advertising in 2020–21

Summary of advertising	Amount (\$)
Advertising agencies	577,843
Market research organisations	984,866
Polling organisations	0
Direct mail organisations	0
Media advertising organisations	2,545,424
Total advertising expenditure	4,108,133

The organisations from which advertising services were procured and the amounts paid to each organisation are detailed in Table 36.

Table 36: Department of Health advertising, by class of expenditure, 2020–21

Recipient/organisations	Amount (\$)
Advertising agencies	
303 MullenLowe	467,424
Actors Now	6,231
Alan Gregory Charles Little	1,815
Boogie Monster	1,562
Chanelle Hawkins	1,815
Facebook	71,796
Francine Eades	3,850
Lush – The Content Agency	4,864
Rhythm Creative Content	5,451
Simone Alice Detourbet	1,815
ZAC Creative	11,220
Total	577,843

Recipient/organisations	Amount (\$)
Market research organisations	
Edith Cowan University	965,000
Metrix	7,271
Painted Dog Research	12,595
Total	984,866
Media advertising organisations	
Initiative	2,545,424
Total	2,545,424
Total advertising expenditure	4,108,133

Major capital projects

No projects were due for completion in 2020–21.

Table 37 shows the projects currently in progress administered by the Department of Health.

Table 37: Major Asset Investment Program projects in progress during 2020–2021

Project name	Expected year of completion	Estimated cost to complete (\$'000)	Estimated total cost of project (\$'000)	Variance from previous financial year (\$'000)
Medical Equipment Replacement Program	Ongoing	53,716	523,036	29,485
Minor Building Works ^a	Ongoing	9,895	217,372	35,332
Replacement of the Monitoring of Drugs and Dependence System ^b	2021–22	1,184	2,167	914
COVID-19 Medical Equipment ^c	2021–22	49,798	49,468	49,468
State-Wide 24/7 Telestroke Service	2021–22	2,500	2,500	0

Notes

- The above information is based upon the:
 - 2019–20 published budget papers
 - 2020–21 published budget papers.
 - Completion timeframes are based upon a combination of known dates at the time of reporting.
 - Only capital projects that were administered by the Department of Health are reflected in the table.
 - Variance represents the difference between the estimated total cost of the project in comparison to the total cost or estimated total cost of the project as reported in the 2019–20 Department of Health Annual Report. An explanation is provided below where a variance is greater than or equal to 10 per cent.
- The footnotes that apply to individual projects are:
- The Department of Treasury allocated an additional \$26.1 million towards this program in 2020–21.
 - This project was allocated an additional \$914,000 as part of the 2020–21 Mid-Year Review to support completion of the project.
 - Due to the urgency to procure COVID-19 Medical Equipment in 2019–20, all expenditure was recognised under the Operational entity and was only transferred under the Capital entity in April 2021. Therefore, this expenditure was not reported in the 2019–20 Department of Health Annual Report.

Unauthorised use of purchasing cards

The Department of Health uses purchasing cards when purchasing low value goods and services as they achieve savings by reducing paperwork and streamlining purchasing processes.

The Department of Health only issues purchasing cards to employees who have a justified work need and meet relevant criteria. All cardholders are made aware of their obligations pertaining to the use of their purchasing card, including the requirement that purchasing cards are not for personal use by the cardholder.

Should a cardholder use a purchasing card for a personal purpose, they must give written notice to the accountable authority within 5 working days and refund the total amount of expenditure.

There were 5 instances of purchasing cards being used for personal purposes in 2020–21 (see Table 38). The full amount (\$92.77) was refunded before the end of the reporting period. This is an improvement from 2019–20 when there were 11 instances of purchasing cards being used for personal purposes, amounting to \$2,038, all of which was repaid.

Table 38: Personal use expenditure by Department of Health purchasing card holders, 2020–21

Credit Card personal use expenditure	Amount (\$)
Aggregate amount of personal use expenditure for the reporting period	92.77
Aggregate amount of personal use expenditure settled by the due date (within 5 working days)	0
Aggregate amount of personal use expenditure settled after the period (after 5 working days)	92.77
Aggregate amount of personal use expenditure outstanding at the end of the reporting period	0

Annual estimates

The Department of Health annual operational budget estimates are to be reported to the Minister for Health under section 40 of the *Financial Management Act 2006* and *Treasurer's Instruction 953*.

The annual estimates for 2021–22 will not be available until November 2021.



Auditor General

INDEPENDENT AUDITOR'S OPINION 2021 Department of Health

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Department of Health (Department) which comprise:

- the Statement of Financial Position at 30 June 2021, and the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows, Schedule of Income and Expenses by Service, Schedule of Assets and Liabilities by Service and Summary of Consolidated Account Appropriations for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory information, including administered transactions and balances.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Department of Health for the year ended 30 June 2021 and the financial position at the end of that period
- in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for opinion

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my report.

I am independent of the Department in accordance with the *Auditor General Act 2006* and the relevant ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial statements. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Director General for the financial statements

The Director General 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 the Director General 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 Director General 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 Department.

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.

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website. This description forms part of my auditor's report and can be found at https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf.

Report on the audit of controls

Basis for Qualified Opinion

I identified significant weaknesses in network security controls and the use of unauthorised devices at the Department of Health. These weaknesses could result in a potential security exposure such as unauthorised access to sensitive information and an increased risk of information loss. The weaknesses exposed the network to increased vulnerabilities which could undermine the integrity of data across all systems, including the financial system.

Qualified Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Department of Health. The controls exercised by the Department are those policies and procedures established by the Director General to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions (the overall control objectives).

My opinion has been formed on the basis of the matters outlined in this report.

In my opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, in all material respects, the controls exercised by the Department of Health are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2021.

The Director General's responsibilities

The Director General is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer's Instructions and other relevant written law.

Auditor General's responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and were implemented as designed.

An assurance engagement involves performing procedures to obtain evidence about the suitability of the controls design to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including an assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Limitations of controls

Because of the inherent limitations of any internal control structure, it is possible that, even if the controls are suitably designed and implemented as designed, once in operation, the overall control objectives may not be achieved so that fraud, error or non-compliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Department of Health for the year ended 30 June 2021. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators of the Department of Health are relevant and appropriate to assist users to assess the Department's performance and fairly represent indicated performance for the year ended 30 June 2021.

The Director General's responsibilities for the key performance indicators

The Director General is responsible for the preparation and fair presentation of the key performance indicators in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions and for such internal control as the Director General determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Director General is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 904 *Key Performance Indicators*.

Auditor General's responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the entity's performance and whether the key performance indicators are free from material misstatement,

whether due to fraud or error, and to issue an auditor's report that includes my opinion. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 904 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

My independence and quality control relating to the reports on controls and key performance indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, and Other Assurance Engagements*, the Office of the Auditor General maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Other information

The Director General is responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2021, but not the financial statements, key performance indicators and my auditor's report.

My opinions do not cover the other information and, accordingly, I do not express any form of assurance conclusion thereon.

Matters relating to the electronic publication of the audited financial statements and key performance indicators

This auditor's report relates to the financial statements, controls and key performance indicators of the Department of Health for the year ended 30 June 2021 included on the Department's website. The Department's management is responsible for the integrity of the Department's website. This audit does not provide assurance on the integrity of the Department's website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements, controls or key performance indicators. If users of the financial statements, controls and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version of the financial statements, controls and key performance indicators.



Caroline Spencer
Auditor General for Western Australia
Perth, Western Australia
14 September 2021

Certification of financial statements

DEPARTMENT OF HEALTH

CERTIFICATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

The accompanying financial statements of the Department of Health have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2021 and financial position as at 30 June 2021.

At the date of signing we are not aware of any circumstances which would render the particulars included within the financial statements misleading or inaccurate.



Mr Peter May
CHIEF FINANCE OFFICER
DEPARTMENT OF HEALTH

13 September 2021



Dr D J Russell-Weisz
DIRECTOR GENERAL
DEPARTMENT OF HEALTH
ACCOUNTABLE AUTHORITY

13 September 2021

Financial statements

Department of Health

Statement of comprehensive income

For the year ended on 30 June 2021

	Notes	2021 \$000	Restated* 2020 \$000
COST OF SERVICES			
Expenses			
Employee benefits expenses	3.1(a)	161,804	124,221
Contracts for services	3.4	526,513	548,968
Supplies and services	3.5	268,926	80,249
Grants and subsidies	3.2	7,439,955	6,869,341
Depreciation and amortisation expenses	5.1.1 & 5.2.1 & 5.3	964	719
Finance costs	7.3	17	19
Contribution to Capital Works Fund	3.3	13,313	-
Other expenses	3.6	67,284	36,506
Total cost of services		8,478,776	7,660,023
Income			
User charges and fees	4.2	19,970	24,520
Commonwealth grants and contributions	4.3	2,506,804	2,522,555
Other grants and contributions	4.4	872	207
Finance income	4.5	-	-
Other income	4.6	80,761	6,965
Total income		2,608,407	2,554,247

* Refer to note 9.2 'Correction of prior period errors/changes in accounting policies'.
The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.
See also the 'Schedule of income and expenses by service'.

	Notes	2021 \$000	Restated* 2020 \$000
Gains			
Gain on disposal of non-current assets	4.7	16	90
Total gains		16	90
Total income other than income from State Government		2,608,423	2,554,337
NET COST OF SERVICES		5,870,353	5,105,686
Income from State Government			
Service appropriation	4.1	5,610,273	5,211,740
Income from other public sector entities		43,561	9,919
Liabilities assumed		(872)	(13,946)
Resources received		1,883	1,888
Royalties for Regions Fund		7,679	8,564
Total income from State Government		5,662,524	5,218,165
SURPLUS/(DEFICIT) FOR THE PERIOD		(207,829)	112,479
OTHER COMPREHENSIVE INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve	9.13	379	366
Total other comprehensive income		379	366
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		(207,450)	112,845

Statement of financial position

As at 30 June 2021

	Notes	2021 \$000	Restated* 2020 \$000
ASSETS			
Current Assets			
Cash and cash equivalents	7.1.1	80,638	322,454
Restricted cash and cash equivalents	7.1.2	51,061	58,734
Inventories	6.1	47,437	20,489
Receivables	6.2	88,266	97,301
Other current assets	6.5	5,994	4,956
Non-current assets classified as held for sale	9.12	-	109
Total Current Assets		273,396	504,043
Non-Current Assets			
Restricted cash and cash equivalents	7.1.2	4,481	4,481
Amounts receivable for services	6.3	81,479	64,461
Finance lease receivable	6.4	-	-
Infrastructure, property, plant and equipment	5.1	25,518	22,306
Intangible assets	5.2	1,543	938
Right-of-use assets	5.3	673	788
Other non-current assets	6.5	-	769
Total Non-Current Assets		113,694	93,743
TOTAL ASSETS		387,090	597,786

	Notes	2021 \$000	Restated* 2020 \$000
LIABILITIES			
Current Liabilities			
Payables	6.6	85,280	97,299
Contract liabilities	6.7	67	88
Lease liabilities	7.2	472	337
Employee related provisions	3.1(b)	27,968	23,518
Total Current Liabilities		113,787	121,242
Non-Current Liabilities			
Lease liabilities	7.2	318	530
Employee related provisions	3.1(b)	10,181	9,337
Total Non-Current Liabilities		10,499	9,867
TOTAL LIABILITIES		124,286	131,109
NET ASSETS			
		262,804	466,677
EQUITY			
	9.13		
Contributed equity		45,394	41,889
Reserves		280,255	279,876
Accumulated surplus/(deficit)		(62,845)	144,912
TOTAL EQUITY		262,804	466,677

* Refer to note 9.2 'Correction of prior period errors/changes in accounting policies'.

The Statement of Financial Position should be read in conjunction with the accompanying notes.

See also the 'Schedule of assets and liabilities by service'.

Statement of changes in equity

For the year ended on 30 June 2021

	Notes	2021 \$000	2020 \$000
CONTRIBUTED EQUITY	9.13		
Balance at start of period		41,889	-
Transactions with owners in their capacity as owners:			
Contributions by owners		3,567	42,456
Distributions to owners		(62)	(567)
Balance at end of period		45,394	41,889
RESERVES	9.13		
Balance at start of period		279,876	279,510
Other comprehensive income for the period		379	366
Balance at end of period		280,255	279,876
ACCUMULATED SURPLUS/(DEFICIT)	9.13		
Balance at start of period		144,912	46,553
Changes in accounting policy		72	(14,120)
Surplus/(deficit) for the period		(207,829)	112,479
Balance at end of period		(62,845)	144,912
TOTAL EQUITY	9.13		
Balance at start of period		466,677	326,063
Changes in accounting policy		72	(14,120)
Total comprehensive income/(loss) for the period		(207,450)	112,845
Transactions with owners in their capacity as owners		3,505	41,889
Balance at end of period		262,804	466,677

The Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Statement of cash flows

For the year ended on 30 June 2021

	Notes	2021 \$000	2020 \$000
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		5,189,528	4,792,363
Capital appropriation		3,536	42,346
Funds from other public sector entities		43,561	9,919
Royalties for Regions Fund		7,679	8,564
Net cash provided by State Government		5,244,304	4,853,192

Utilised as follows:

CASH FLOWS FROM OPERATING ACTIVITIES**Payments**

Employee benefits		(156,511)	(117,630)
Supplies and services		(828,948)	(642,814)
Grants and subsidies		(7,036,228)	(6,460,505)
Finance costs		(17)	(19)
Contribution to Capital Works Fund		(13,313)	-
GST payments on purchases		(444,638)	(393,917)

Receipts

User charges and fees		9,048	11,676
Commonwealth grants and contributions		2,464,299	2,479,205
GST receipts on sales		26,276	26,721
GST receipts from taxation authority		409,800	363,721
Other receipts		81,633	6,686
Net cash provided by/(used in) operating activities	7.1.3	(5,488,599)	(4,726,876)

CASH FLOWS FROM INVESTING ACTIVITIES

Payments for purchase of non-current assets		(4,782)	(1,071)
Net cash provided by/(used in) investing activities		(4,782)	(1,071)

CASH FLOWS FROM FINANCING ACTIVITIES

Payments for principal element of lease		(412)	(300)
Net cash provided by/(used in) financing activities		(412)	(300)

Net increase/(decrease) in cash and cash equivalents		(249,489)	124,945
Cash and cash equivalents at the beginning of the period		385,669	260,724

CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD

7.1.1	136,180	385,669
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The Statement of Cash Flows should be read in conjunction with the accompanying notes.

Summary of consolidated account appropriations

For the year ended on 30 June 2021

	2021 Budget Estimate \$000	2021 Supplementary Funding \$000	2021 Revised Budget \$000	2021 Actual \$000	2021 Variance \$000
Delivery of Services					
Item 54 Net amount appropriated to deliver services	5,183,118	377,590	5,560,708	5,464,907	(95,801)
Section 25 Transfer of service appropriation	-	-	-	-	-
Amount Authorised by Other Statutes					
- <i>Salaries and Allowances Act 1975</i>	716	-	716	716	-
- <i>Lotteries Commission Act 1990</i>	117,010	-	117,010	144,500	27,490
Total appropriations provided to deliver services	5,300,844	377,590	5,678,434	5,610,123	(68,311)
Capital					
Item 123 Capital appropriation	238,875	11,791	250,666	250,666	-
Administered Transactions					
Item 38 Administered grants, subsidies and other transfer payments	957	-	957	150	(807)
Item 113 Administered capital appropriation	30,239	-	30,239	22,610	(7,629)
Total administered transactions	31,196	-	31,196	22,760	(8,436)
GRAND TOTAL	5,570,915	389,381	5,960,296	5,883,549	(76,747)

The Summary of Consolidated Account Appropriations and Income Estimates comprises the Department of Health, the Health Ministerial Body and statutory authorities within WA Health which are Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service, Health Support Services, PathWest Laboratory Medicine WA, Queen Elizabeth II Medical Centre Trust and Quadriplegic Centre.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 1 Basis of preparation

The Department of Health (The Department) is a WA Government entity and is controlled by the State of Western Australia, which is the ultimate parent.

The Department is a not-for-profit entity (as profit is not its principal objective).

A description of the nature of its operations and its principal activities have been included in the '**Overview**' which does not form part of these financial statements.

These annual financial statements were authorised for issue by the accountable authority of the Department on 13 September 2021.

Statement of compliance

These general purpose financial statements are prepared in accordance with:

- 1) The *Financial Management Act 2006* (**FMA**)
- 2) The Treasurer's Instructions (**TIs**)
- 3) Australian Accounting Standards (**AASs**) including applicable interpretations
- 4) Where appropriate, those **AAS** paragraphs applicable for not-for-profit entities have been modified.

The FMA and the TIs take precedence over AASs. Several AASs are modified by the TIs to vary application, disclosure format and wording. Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Reporting entity

The reporting entity comprises of the Department of Health and the Health Ministerial Body (a body corporate through which the Minister for Health can perform any of the Minister's functions under the *Health Services Act 2016*).

On 25 March 2020, approval was obtained from Treasury which exempts the Department from the reporting requirements of Treasurer's Instructions 1101 (7)(ix) *Application of Australian Accounting Standards and Other Pronouncements* and 1105 (4)(iv) *Consolidated Financial Statements*. The exemption relates to financial years 2019–20 and 2020–21.

The Department is exempted from preparing consolidated financial statements with Quadriplegic Centre. This chief executive governed Health Service Provider prepares separate financial statements which is consolidated in the Annual Report on State Finances, that is available for public use.

The Department administers assets, liabilities, income and expenses on behalf of Government which are not controlled by, nor integral to the function of the Department. These administered balances and transactions are not recognised in the principal financial statements of the Department but schedules are prepared using the same basis as the financial statements and are presented at note 10.1 'Administered assets and liabilities' and note 10.2 'Disclosure of administered income and expenses by service'.

Notes to the Financial Statements

For the year ended 30 June 2021

Note 1 Basis of preparation (continued)

Basis of preparation

These financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis). Where this is the case, the different measurement basis is disclosed in the associated note. All values are rounded to the nearest thousand dollars (\$'000).

Judgements and estimates

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements and estimates made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements and/or estimates are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances.

Contributed equity

AASB Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to, transfer) before such transfers can be recognised as equity contributions. Capital appropriation has been designated as contributions by owners by TI 955 *Contributions by Owners made to Wholly Owned Public Sector Entities* and will be credited directly to Contributed Equity.

Note 2 Department outputs

How the Department operates

This section includes information regarding the nature of funding the Department receives and how this funding is utilised to achieve the Department's objectives. This note also provides the distinction between controlled funding and administered funding:

	Notes
Department objectives	2.1
Schedule of income and expenses by service	2.2
Schedule of assets and liabilities by service	2.3

2.1 Department objectives

Mission

The mission of the Department is to lead and steward a WA health system that delivers safe, high quality and sustainable services that support and improve the health of all Western Australians. The Department is predominantly funded by Parliamentary appropriations.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 2 Department outputs (continued)

2.1 Department objectives (continued)

Services

The Department provides the following services:

1. Public Hospital Admitted Services

The provision of healthcare services to patients in metropolitan and major rural hospitals that meet the criteria for admission and receive treatment and/or care for a period of time, including public patients treated in private facilities under contract to WA Health. Admission to hospital and the treatment provided may include access to acute and/or subacute inpatient services, as well as hospital in the home services. Public Hospital Admitted Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to admitted services. This Service does not include any component of the Mental Health Services reported under Service four "Mental Health Services".

2. Public Hospital Emergency Services

The provision of services for the treatment of patients in emergency departments of metropolitan and major rural hospitals, inclusive of public patients treated in private facilities under contract to WA Health. The services provided to patients are specifically designed to provide emergency care, including a range of pre-admission, post-acute and other specialist medical, allied health, nursing and ancillary services. Public Hospital Emergency Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to emergency services. This Service does not include any component of the Mental Health Services reported under Service four "Mental Health Services".

3. Public Hospital Non-Admitted Services

The provision of metropolitan and major rural hospital services to patients who do not undergo a formal admission process, inclusive of public patients treated by private facilities under contract to WA Health. This Service includes services provided to patients in outpatient clinics, community based clinics or in the home, procedures, medical consultation, allied health or treatment provided by clinical nurse specialists. Public Hospital Non-Admitted Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to non-admitted services. This Service does not include any component of the Mental Health Services reported under Service four "Mental Health Services".

4. Mental Health Services

The provision of inpatient services where an admitted patient occupies a bed in a designated mental health facility or a designated mental health unit in a hospital setting; and the provision of non-admitted services inclusive of community and ambulatory specialised mental health programs such as prevention and promotion, community support services, community treatment services, community bed based services and forensic services. This Service includes the provision of state-wide mental health services such as perinatal mental health and eating disorder outreach programs as well as the provision of assessment, treatment, management, care or rehabilitation of persons experiencing alcohol or other drug use problems or co-occurring health issues. Mental Health Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to mental health or alcohol and drug services. This service includes public patients treated in private facilities under contract to WA Health.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 2 Department outputs (continued)

2.1 Department objectives (continued)

5. Aged and Continuing Care Services

The provision of aged and continuing care services and community based palliative care services. Aged and continuing care services include programs that assess the care needs of older people, provide functional interim care or support for older, frail, aged and younger people with disabilities to continue living independently in the community and maintain independence, inclusive of the services provided by the WA Quadriplegic Centre. Aged and Continuing Care Services is inclusive of community based palliative care services that are delivered by private facilities under contract to WA Health, which focus on the prevention and relief of suffering, quality of life and the choice of care close to home for patients.

6. Public and Community Health Services

The provision of healthcare services and programs delivered to increase optimal health and wellbeing, encourage healthy lifestyles, reduce the onset of disease and disability, reduce the risk of long-term illness as well as detect, protect and monitor the incidence of disease in the population. Public and Community Health Services includes public health programs, Aboriginal health programs, disaster management, environmental health, the provision of grants to non-government organisations for public and community health purposes, emergency road and air ambulance services and services to assist rural based patients travel to receive care.

7. Pathology Services

The provision of state-wide external diagnostic services across the full range of pathology disciplines, inclusive of forensic biology and pathology services to other WA Government Agencies and services provided to the public by PathWest. This Service also includes the operational costs of PathWest in delivering services to both Health Service Providers and the public.

8. Community Dental Health Services

Dental health services include the school dental service (providing dental health assessment and treatment for school children); the adult dental service for financially, socially and/or geographically disadvantaged people and Aboriginal people; additional and specialist dental; and oral health care provided by the Oral Health Centre of Western Australia to holders of a Health Care Card. Services are provided through government funded dental clinics, itinerant services and private dental practitioners participating in the metropolitan, country and orthodontic patient dental subsidy schemes.

9. Small Rural Hospital Services

Provides emergency care and limited acute medical/minor surgical services in locations 'close to home' for country residents/visitors, by small and rural hospitals classified as block funded. Include community care services aligning to local community needs.

10. Health System Management – Policy and Corporate Services

The provision of strategic leadership, policy and planning services, system performance management and purchasing linked to the state-wide planning, budgeting and regulation processes. Health System Policy and Corporate Services includes corporate services inclusive of statutory financial reporting requirements, overseeing, monitoring and promoting improvements in the safety and quality of health services and system wide infrastructure and asset management services.

11. Health Support Services

The provision of purchased health support services to WA Health entities inclusive of corporate recruitment and appointment, employee data management, payroll services, workers compensation calculation and payments and processing of termination and severance payments. Health Support Services includes finance and business systems services, IT and ICT services, workforce services, project management of system wide projects and programs and the management of the supply chain and whole of health contracts.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 2.2 Schedule of income and expenses by service

	Public Hospital Admitted Services		Public Hospital Emergency Services		Public Hospital Non-Admitted Services		Mental Health Services	
	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
COST OF SERVICES								
Expenses								
Employee benefits expenses	-	-	-	-	-	-	-	-
Contracts for services	-	-	-	-	-	-	-	-
Supplies and services	-	-	-	-	-	-	-	-
Grants and subsidies	4,037,858	3,858,739	846,562	787,872	873,153	836,084	28,091	29,133
Depreciation and amortisation expenses	-	-	-	-	-	-	-	-
Finance costs	-	-	-	-	-	-	-	-
Contribution to Capital Works Fund	-	-	-	-	-	-	-	-
Other expenses	-	-	-	-	-	-	-	-
Total cost of services	4,037,858	3,858,739	846,562	787,872	873,153	836,084	28,091	29,133
Income								
User charges and fees	-	-	-	-	-	-	-	-
Commonwealth grants and contributions	1,390,145	1,390,168	302,921	266,836	330,271	353,297	7,330	9,231
Other grants and contributions	-	-	-	-	-	-	-	-
Finance income	-	-	-	-	-	-	-	-
Other income	-	-	-	-	-	-	-	-
Gains								
Gain on disposal of non-current assets	-	-	-	-	-	-	-	-
Total income other than income from State Government	1,390,145	1,390,168	302,921	266,836	330,271	353,297	7,330	9,231
NET COST OF SERVICES	2,647,713	2,468,571	543,641	521,036	542,882	482,787	20,761	19,902
Income from State Government								
Service appropriation	2,647,355	2,468,571	542,726	521,036	542,411	482,787	20,761	19,902
Income from other public sector entities	-	-	-	-	-	-	-	-
Liabilities assumed	-	-	-	-	-	-	-	-
Resources received	-	-	-	-	-	-	-	-
Royalties for Regions Fund	358	-	915	-	471	-	-	-
Total income from State Government	2,647,713	2,468,571	543,641	521,036	542,882	482,787	20,761	19,902
SURPLUS/(DEFICIT) FOR THE PERIOD	-	-	-	-	-	-	-	-

The schedule of Income and Expenses by Service should be read in conjunction with the accompanying notes.

(continued over page)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 2.2 Schedule of income and expenses by service (continued)

	Aged and Continuing Care Services		Public and Community Health Services		Pathology Services		Community Dental Health Services	
	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
COST OF SERVICES								
Expenses								
Employee benefits expenses	1,336	1,438	45,417	11,948	-	-	-	729
Contracts for services	170,482	189,703	272,027	242,362	-	-	14,540	14,149
Supplies and services	270	57	266,480	50,614	-	-	-	8
Grants and subsidies	136,744	104,182	639,186	486,286	153,304	137,021	89,439	87,227
Depreciation and amortisation expenses	-	-	377	1	-	-	-	6
Finance costs	-	-	5	-	-	-	-	-
Contribution to Capital Works Fund	-	-	-	-	-	-	-	-
Other expenses	50	192	9,699	3,220	-	-	-	31
Total cost of services	308,882	295,572	1,233,191	794,431	153,304	137,021	103,979	102,150
Income								
User charges and fees	4,548	5,471	130	234	-	-	-	575
Commonwealth grants and contributions	22,300	12,763	65,952	27,364	12,368	-	11,332	9,598
Other grants and contributions	-	-	-	-	-	-	-	-
Finance income	-	-	-	-	-	-	-	-
Other income	-	-	58,666	6,876	-	-	-	-
Gains								
Gain on disposal of non-current assets	-	-	-	-	-	-	-	-
Total income other than income from State Government	26,848	18,234	124,748	34,474	12,368	-	11,332	10,173
NET COST OF SERVICES	282,034	277,338	1,108,443	759,957	140,936	137,021	92,647	91,977
Income from State Government								
Service appropriation	208,065	91,116	892,882	455,251	140,936	137,021	86,023	77,629
Income from other public sector entities	-	-	33,900	900	-	-	-	-
Liabilities assumed	3	-	(875)	-	-	-	-	-
Resources received	-	-	-	-	-	-	-	-
Royalties for Regions Fund	100	-	3,760	-	-	-	-	-
Total income from State Government	208,168	91,116	929,667	456,151	140,936	137,021	86,023	77,629
SURPLUS/(DEFICIT) FOR THE PERIOD	(73,866)	(186,222)	(178,776)	(303,806)	-	-	(6,624)	(14,348)

The schedule of Income and Expenses by Service should be read in conjunction with the accompanying notes.

(continued over page)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 2.2 Schedule of income and expenses by service (continued)

	Small Rural Hospital Services		Health System Management – Policy and Corporate Services		Health Support Services		Total	
	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
COST OF SERVICES								
Expenses								
Employee benefits expenses	-	-	115,051	110,106	-	-	161,804	124,221
Contracts for services	-	-	69,464	102,754	-	-	526,513	548,968
Supplies and services	-	-	2,176	29,570	-	-	268,926	80,249
Grants and subsidies	196,499	221,360	129,350	32,180	309,769	289,256	7,439,955	6,869,341
Depreciation and amortisation expenses	-	-	587	712	-	-	964	719
Finance costs	-	-	12	19	-	-	17	19
Contribution to Capital Works Fund	-	-	13,313	-	-	-	13,313	-
Other expenses	-	-	57,535	33,063	-	-	67,284	36,506
Total cost of services	196,499	221,360	387,488	308,404	309,769	289,256	8,478,776	7,660,023
Income								
User charges and fees	-	-	15,292	18,240	-	-	19,970	24,520
Commonwealth grants and contributions	110,063	107,104	239,203	346,194	14,919	-	2,506,804	2,522,555
Other grants and contributions	-	-	872	207	-	-	872	207
Finance income	-	-	-	-	-	-	-	-
Other income	-	-	22,095	89	-	-	80,761	6,965
Gains								
Gain on disposal of non-current assets	-	-	16	90	-	-	16	90
Total income other than income from State Government	110,063	107,104	277,478	364,820	14,919	-	2,608,423	2,554,337
NET COST OF SERVICES	86,436	114,256	110,010	(56,416)	294,850	289,256	5,870,353	5,105,686
Income from State Government								
Service appropriation	84,361	105,692	149,903	563,479	294,850	289,256	5,610,273	5,211,740
Income from other public sector entities	-	-	9,661	9,019	-	-	43,561	9,919
Liabilities assumed	-	-	-	(13,946)	-	-	(872)	(13,946)
Resources received	-	-	1,883	1,888	-	-	1,883	1,888
Royalties for Regions Fund	2,075	8,564	-	-	-	-	7,679	8,564
Total income from State Government	86,436	114,256	161,447	560,440	294,850	289,256	5,662,524	5,218,165
SURPLUS/(DEFICIT) FOR THE PERIOD	-	-	51,437	616,856	-	-	(207,829)	112,479

The schedule of Income and Expenses by Service should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

As at 30 June 2021

Note 2.3 Schedule of assets and liabilities by service

	Public Hospital Admitted Services		Public Hospital Emergency Services		Public Hospital Non-Admitted Services		Mental Health Services	
	2021 \$000	2020 \$000	2021 \$000	2020 \$000	2021 \$000	2020 \$000	2021 \$000	2020 \$000
Assets								
Current assets	-	-	-	-	-	-	-	-
Non-current assets	-	-	-	-	-	-	-	-
TOTAL ASSETS	-	-	-	-	-	-	-	-
Liabilities								
Current liabilities	-	-	-	-	-	-	-	-
Non-current liabilities	-	-	-	-	-	-	-	-
TOTAL LIABILITIES	-	-	-	-	-	-	-	-
NET ASSETS	-	-	-	-	-	-	-	-

(continued over page)

The Schedule of Assets and Liabilities by Service should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

As at 30 June 2021

Note 2.3 Schedule of assets and liabilities by service (continued)

	Aged and Continuing Care Services		Public and Community Health Services		Pathology Services		Community Dental Health Services	
	2021 \$000	2020 \$000	2021 \$000	2020 \$000	2021 \$000	2020 \$000	2021 \$000	2020 \$000
Assets								
Current assets	769	741	14,693	13,149	-	-	-	-
Non-current assets	-	769	1,208	-	-	-	-	-
TOTAL ASSETS	769	1,510	15,901	13,149	-	-	-	-
Liabilities								
Current liabilities	12,934	2,277	27,122	-	-	-	2,614	-
Non-current liabilities	-	-	123	-	-	-	-	-
TOTAL LIABILITIES	12,934	2,277	27,245	-	-	-	2,614	-
NET ASSETS	(12,165)	(767)	(11,344)	13,149	-	-	(2,614)	-

(continued over page)

The Schedule of Assets and Liabilities by Service should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

As at 30 June 2021

Note 2.3 Schedule of assets and liabilities by service (continued)

	Small Rural Hospital Services		Health System Management – Policy and Corporate Services		Health Support Services		Total	
	2021 \$000	2020 \$000	2021 \$000	2020 \$000	2021 \$000	2020 \$000	2021 \$000	2020 \$000
Assets								
Current assets	-	-	257,934	490,153	-	-	273,396	504,043
Non-current assets	-	-	112,486	92,974	-	-	113,694	93,743
TOTAL ASSETS	-	-	370,420	583,127	-	-	387,090	597,786
Liabilities								
Current liabilities	-	-	71,117	118,965	-	-	113,787	121,242
Non-current liabilities	-	-	10,376	9,867	-	-	10,499	9,867
TOTAL LIABILITIES	-	-	81,493	128,832	-	-	124,286	131,109
NET ASSETS	-	-	288,927	454,295	-	-	262,804	466,677

The Schedule of Assets and Liabilities by Service should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 3 Use of our funding

3.1 Expenses incurred in the delivery of services

This section provides additional information about how the Department's funding is applied and the accounting policies that are relevant for an understanding of the items recognised in the financial statements. The primary expenses incurred by the Department in achieving its objectives and the relevant notes are:

	Notes
Employee benefits expenses	3.1(a)
Employee related provisions	3.1(b)
Grants and subsidies	3.2
Contribution to Capital Works Fund	3.3
Contracts for services	3.4
Supplies and services	3.5
Other expenses	3.6

3.1(a) Employee benefits expenses

	2021 \$000	2020 \$000
Employee benefits	148,430	113,749
Superannuation – defined contribution plans	13,094	10,264
Termination benefits	280	208
Total employee benefits expenses	161,804	124,221
Add: AASB 16 Non-monetary benefits	187	209
Less: Employee contributions (per the statement of comprehensive income)	(56)	(73)
Net employee benefits	161,935	124,357

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 3 Use of our funding (continued)

3.1 Expenses incurred in the delivery of services (continued)

3.1(a) Employee benefits expenses (continued)

Employee benefits: include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave, profit-sharing and bonuses; and non-monetary benefits (such as medical care, housing, cars and free or subsidised goods or services) for employees.

Superannuation: the amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), WSS, GESB, or other superannuation funds.

Termination benefits: payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the Department is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

AASB 16 Non-monetary benefits: employee benefits expenses, predominantly relate to the provision of vehicle and housing benefits are measured at the cost incurred by the Department.

3.1(b) Employee related provisions

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.

	2021 \$000	2020 \$000
Current		
Employee benefits provisions		
Annual leave	15,812	12,922
Long service leave	11,919	10,476
Deferred salary scheme	237	120
	27,968	23,518
Non-current		
Employee benefits provisions		
Long service leave	10,181	9,337
Total employee related provisions	38,149	32,855

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 3 Use of our funding (continued)

3.1 Expenses incurred in the delivery of services (continued)

3.1(b) Employee related provisions (continued)

Annual leave liabilities: classified as current, as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

	2021 \$000	2020 \$000
Within 12 months of the end of the reporting period	11,061	8,672
More than 12 months after the end of the reporting period	4,751	4,250
	15,812	12,922

The provision for annual leave is calculated at the present value of expected payments to be made in relation to services provided by employees up to the reporting date.

Long service leave liabilities: unconditional long service leave provisions are classified as current liabilities as the Department does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Department has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

	2021 \$000	2020 \$000
Within 12 months of the end of the reporting period	2,926	2,504
More than 12 months after the end of the reporting period	19,174	17,309
	22,100	19,813

The provision for long service leave is calculated at present value as the Department does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to services provided by employees up to the reporting date. These payments are estimated using the remuneration rate expected to apply at the time of settlement, and discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Notes to the Financial Statements

For the year ended 30 June 2021

Note 3 Use of our funding (continued)

3.1 Expenses incurred in the delivery of services (continued)

3.1(b) Employee related provisions (continued)

Deferred salary scheme liabilities: classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Actual settlement of the liabilities is expected to occur as follows:

	2021 \$000	2020 \$000
Within 12 months of the end of the reporting period	-	-
More than 12 months after the end of the reporting period	237	120
	237	120

Key sources of estimation uncertainty – long service leave

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Several estimates and assumptions are used in calculating the Department's long service leave provision. These include:

- Expected future salary rates
- Discount rates
- Employee retention rates; and
- Expected future payments

Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision. Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

Notes to the Financial Statements

For the year ended 30 June 2021

Note 3 Use of our funding (continued)

3.2 Grants and subsidies

Recurrent

Funding for the delivery of health services by statutory authorities within WA health (a):

	2021 \$000	2020 \$000
Child and Adolescent Health Service (b)	652,599	591,310
East Metropolitan Health Service (b)	1,311,895	1,222,220
North Metropolitan Health Service (b)	1,712,085	1,657,145
South Metropolitan Health Service (b)	1,583,107	1,488,403
WA Country Health Service (b)	1,590,429	1,448,193
Health Support Services (b)	309,769	289,256
PathWest Laboratory Medicine WA (b)	153,304	137,021
Queen Elizabeth II Medical Centre Trust (b)	745	679
Quadriplegic Centre (b)	6,032	6,430
Funding to other State Government agencies on COVID-19 Response (c)	78,504	-
Research and development grants	28,711	24,405
Spectacle subsidy scheme	36	30
Other grants and subsidies	12,739	4,249
Total grants and subsidies	7,439,955	6,869,341

(a) Includes the non-cash component of service appropriation.

(b) The *Health Services Act 2016* came into effect from 1 July 2016. Under this Act, several statutory authorities are established; they are the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service, Health Support Services, PathWest Laboratory Medicine WA, Queen Elizabeth II Medical Centre Trust and Quadriplegic Centre. These transactions are considered to be a significant related party transactions.

(c) Under the National Partnership on COVID-19 Response Agreement, there is a provision for funds to be transferred from the State Health Department to other State Government agencies that have been requested to assist in the control of, and to help with, the COVID-19 Response. In 2020-21, the Department has transferred \$78.5 million to other State Government agencies via Department of Treasury (nil in 2019-20).

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 3 Use of our funding (continued)

3.2 Grants and subsidies (continued)

Transactions in which the Department provides goods, services, assets (or extinguishes a liability) or labour to another party without receiving approximately equal value in return are categorised as 'Grant expenses'. Grants can either be operating or capital in nature.

Grants can be paid as general purpose grants which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

Grants and other transfers to third parties (other than contribution to owners) are recognised as an expense in the reporting period in which they are paid or payable. They include transactions such as: grants, subsidies, personal benefit payments made in cash to individuals, other transfer payments made to public sector agencies, local government, non-government schools, and community groups.

3.3 Contribution to Capital Works Fund

	2021 \$000	2020 \$000
Contribution to Capital Works Fund (a)	13,313	-
	13,313	-

(a) Includes \$13.3 million paid to the Capital Works Fund in 2020–21, an administered trust account of the Department, to fund the Capital Works programs to statutory authorities within WA health.

3.4 Contracts for services

	2021 \$000	2020 \$000
Health care services provided by external organizations (a)	479,018	511,844
Shared services provided by Health Support Services	21,481	13,830
Other contracts for services	26,014	23,294
Total contracts for services	526,513	548,968

(a) Includes \$2.4 million private hospital viability payment for COVID-19 Response in 2020–21 (\$45.0 million in 2019–20) under the National Partnership Agreement on the COVID-19 Response with the Commonwealth.

Contracts for services mainly consist of payments to external organisations for the purchase of health care services, including aboriginal health, blood and organs, chronic diseases, communicable diseases, environmental health, health promotion, home and community care, mental health, oral health, palliative care, patient transport, aged care, and pathology services.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 3 Use of our funding (continued)

3.5 Supplies and services

	2021 \$000	2020 \$000
Medical supplies	56,756	55,969
Communications	1,333	1,209
Hotel quarantine related expenses (a)	209,018	20,454
Other consumables	1,819	2,617
Total supplies and services	268,926	80,249

(a) Includes \$113.3 million hotel cost and \$95.7 million security cost for COVID-19 Response in 2020–21 (\$12.2 million and \$8.2 million respectively in 2019–20).

Supplies and services are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any materials held for distribution are expensed when the materials are distributed.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 3 Use of our funding (continued)

3.6 Other expenses

	2021 \$000	2020 \$000
Advertising	2,835	2,726
Computer related expenses	2,675	2,193
Ex-gratia payments	5,455	6,759
Expected credit losses expense	17,821	21
Freight and cartage	1,744	1,482
Insurance	195	182
Legal expenses	1,157	1,049
Other employee related expenses	4,082	2,466
Promotional expenses	10	740
Rental	15,115	9,820
Repairs and maintenance	1,547	867
Return unspent funding	-	2,994
Scholarships	1,184	1,121
Special functions	355	498
Subscriptions	1,860	1,027
Waivers (a)	8,168	-
Worker's compensation insurance	226	368
Other	2,855	2,193
Total other expenses	67,284	36,506

- (a) The *Public Health Amendment (COVID-19 Response) Act 2020* provides the Chief Health Officer with the authority to waive the whole or part of the fee payable by hotel-quarantined persons under section 202(j), on the grounds of financial hardship or other circumstances where appropriate. The Chief Health Officer has waived a total of \$8.1 million in 2020–21.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 3 Use of our funding (continued)

3.6 Other expenses (continued)

Other expenses generally represent the day-to-day running costs incurred in normal operations.

Ex-gratia payments under the Private Patient Scheme approved by the State Government, the Department commenced the ex-gratia payments towards patient fee debts since July 2015. The total amount of ex-gratia payments was \$5.5 million for 2020–21 (\$0.1 million for Child and Adolescent Health Service, \$1.4 million for East Metropolitan Health Service, \$1.6 million for North Metropolitan Health Service, \$1.9 million for South Metropolitan Health Service, \$0.5 million for WA Country Health Service).

Expected credit losses is an allowance of trade receivables, measured at the lifetime expected credit losses at each reporting date. The Department has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. Please refer to note 6.2.1 'Movement in the allowance for impairment of trade receivables'.

Rental expenses include:

- i) Short-term leases with a lease term of 12 months or less
- ii) Low-value leases with an underlying value of \$5,000 or less
- iii) Variable lease payments, recognised in the period in which the event or condition that triggers those payments occurs
- iiii) Operating leases payable to the Department of Finance for Government Office Accommodation.

Repairs and maintenance costs are recognised as expenses as incurred.

Return unspent funding: there was no refund to the Department of Veterans Affairs in 2020–21 resulting from prior years activity reconciliation outcome (\$2.5 million in 2019–20), and there was no refund of Royalty for Regions Fund to the Department of Treasury in 2020–21 (\$0.5 million in 2019–20).

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 4 Our funding sources

How we obtain our funding

This section provides additional information about how the Department obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the Department and the relevant notes are:

	Notes
Income from State Government	4.1
User charges and fees	4.2
Commonwealth grants and contributions	4.3
Other grants and contributions	4.4
Finance income	4.5
Other income	4.6
Gains/(losses) on disposal	4.7

4.1 Income from State Government

	2021 \$000	2020 \$000
Appropriation received during the period:		
Service appropriation	5,186,754	5,018,732
COVID-19 appropriation	278,153	49,017
Fiona Stanley Hospital Transition appropriation	150	1,085
Amount authorised by other statutes:		
<i>Salaries and Allowances Act 1975</i>	716	716
<i>Lotteries Commission Act 1990</i>	144,500	142,190
Total appropriation received	5,610,273	5,211,740

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 4 Our funding sources (continued)

4.1 Income from State Government (continued)

	2021 \$000	2020 \$000
Income received from other public sector entities during the period:		
Department of Treasury – WA Future Health Research and Innovation Account	33,900	-
Department of Education – school health services for students attending public schools	9,464	9,913
Department of Justice – inspection services	-	6
WA Police – provide data service	147	-
Other	50	-
Total income received	43,561	9,919
Liabilities assumed by the Treasurer or other public sector entities during the period:		
Transfer of land and buildings to WA Country Health Service	-	(13,946)
Transfer of COVID-19 medical equipment to statutory authorities within WA health	(872)	-
Total liabilities assumed	(872)	(13,946)
Resources received from other public sector entities during the period:		
Department of Education – accommodation	1,007	998
Landgate – valuation services and land information	148	132
State Solicitor's Office – legal service	690	745
Department of Finance – office accommodation management	36	13
Main Roads Western Australia	2	-
Total resources received	1,883	1,888

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 4 Our funding sources (continued)

4.1 Income from State Government (continued)

	2021 \$000	2020 \$000
Royalties for Regions Fund		
Regional Community Services Account:		
Regional Workers Incentives	7,679	8,164
Find Cancer Early Program	-	400
Total Royalties for Regions Fund	7,679	8,564
Total income from State Government	5,662,524	5,218,165

Service appropriations are recognised as income at the fair value of consideration received in the period in which the Department gains control of the appropriated funds. The Department gains control of appropriated funds at the time those funds are deposited in the bank account or credited to the holding account held at Treasury.

Income from other public sector entities are recognised as revenue when the Department has satisfied its performance obligations under the grant agreement. If there is no performance obligation, revenue will be recognised when the grant is received or receivable.

Liabilities assumed by the Treasurer or other public sector entities are recognised as income for an amount equivalent to the liability assumed when the liability is assumed.

Resources received from other public sector entities are recognised as income (and assets or expenses) equivalent to the fair value of the assets, or the fair value of those services that can be reliably determined and which would have been purchased if not donated.

The Regional Infrastructure and Headworks Account, and Regional Community Services Accounts are sub-funds within the over-arching 'Royalties for Regions Fund'. The recurrent funds are committed to projects and programs in WA regional areas and are recognised as income when the Department receives the funds.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 4 Our funding sources (continued)

4.2 User charges and fees

	2021 \$000	2020 \$000
Licence and registration fees	3,718	3,491
Cross border charges	10,921	14,108
Other user charges and fees	5,331	6,921
Total user charges and fees	19,970	24,520

Revenue is recognised at the transaction price when the Department transfers control of the services to customers. Revenue is recognised for the major activities as follows:

- Revenue is recognised at a point-in-time for \$19,902,129.
- Revenue is recognised over-time for \$67,034.

Net appropriation determination

The Treasurer may make a determination providing for prescribed receipts to be retained for services under the control of the Department. In accordance with the determination specified in the 2019–20 Budget Statements, the Department retained \$256.9 million in 2020–21 (\$190.7 million in 2019–20) from the following:

- Proceeds from fees and charges
- Sale of goods
- Commonwealth specific purpose grants
- Other departmental revenue.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 4 Our funding sources (continued)

4.3 Commonwealth grants and contributions	2021 \$000	2020 \$000
Recurrent grants – cash		
National Health Reform Agreement (NHRA) (a):		
Statutory authorities within WA health	2,116,975	2,140,004
Public Health	46,115	43,294
Specific purpose grants:		
COVID-19 Response (b)	188,377	188,397
Department of Veterans' Affairs	41,750	42,692
Aged Care Programs	45,776	39,149
Public Health Outcome Funding Agreement – Vaccines	1,672	5,090
Dental	9,624	9,686
Other programs	14,010	10,893
Recurrent grants – non cash		
Essential vaccines received free of charge	42,505	43,350
Total Commonwealth grants and contributions	2,506,804	2,522,555

- (a) As from 1 July 2012, activity based funding and block grant funding have been received from the Commonwealth Government under the National Health Reform Agreement (NHRA) for services, health teaching, training and research provided by local hospital networks or other organisations, and any other matter that under that Agreement is to be funded through the National Health Funding Pool, the State Managed Fund (Health) Account and the State Managed Fund (Mental Health) Account. The new funding arrangement established under the Agreement requires the Commonwealth to make funding payments to the State Pool Account from which distributions to the local hospital networks are made by the Department of Health and Mental Health Commission. All moneys in the State Pool Account and in the State Managed Fund (Health) Account are fully allocated to local hospital networks in each financial year (see note 9.10 'Special purpose accounts'). Under the National Health Reform Agreement, the Commonwealth Government also provides public health funding to the Department of Health.
- (b) As part of the National Partnership Agreement, the Commonwealth contributed \$188.4 million in 2020-21 (\$188.4 million in 2019-20) to the Department in response to COVID-19.

Recurrent grants are recognised as income when the grants are receivable.

Capital grants are recognised as income when the Department achieves milestones specified in the grant agreement.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 4 Our funding sources (continued)

4.4 Other grants and contributions

	2021 \$000	2020 \$000
Research grants	402	5
Contributions – Health programs WA are participating	470	202
Total other grants and contributions	872	207

4.5 Finance income

	2021 \$000	2020 \$000
Finance lease income (a)	-	-
Total finance income	-	-

(a) Prior year adjustment was applied to finance lease income. Please refer to note 9.2 'Correction of prior period errors/changes in accounting policies'.

4.6 Other income

	2021 \$000	2020 \$000
Hotel quarantine cost recovery (a)	76,095	-
General public contributions and donations	4,000	6,500
Other income	666	465
Total other income	80,761	6,965

(a) The *Public Health Amendment (COVID-19 Response) Act 2020* provides the Chief Health Officer with the authority to recover a prescribed fee from hotel-quarantined persons under section 202(g), and also allows the Chief Health Officer to recover reasonable costs and expenses for legally-required cleaning and disinfecting of premises or vehicles under section 202(m).

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 4 Our funding sources (continued)

4.7 Gains/(losses) on disposal	2021 \$000	2020 \$000
Net proceeds from disposal of non-current assets		
Property, plant and equipment	10	-
Non-current assets classified as assets held for sale	115	170
Carrying amount of non-current assets		
Property, plant and equipment	-	-
Non-current assets classified as assets held for sale	109	80
Net gains/(losses)	16	90

Realised and unrealised gains are usually recognised on a net basis.

Gains and losses on the disposal of non-current assets are presented by deducting from the proceeds on disposal the carrying amount of the asset and related selling expenses. Gains and losses are recognised in profit or loss in the statement of comprehensive income.

Note 5 Key assets

Assets the Department utilises for economic benefit or service potential

This section includes information regarding the key assets the Department utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets:

	Notes
Infrastructure, property, plant and equipment	5.1
Intangible assets	5.2
Right-of-use assets	5.3

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.1 Infrastructure, property, plant and equipment

Land

At fair value

2021
\$000

2020
\$000

18,988

18,681

Buildings

At fair value

1,867

1,833

Site infrastructure

At fair value

117

133

Leasehold improvements

At cost

3,761

611

Accumulated depreciation

(298)

(123)

3,463

488

Computer equipment

At cost

256

235

Accumulated depreciation

(198)

(183)

58

52

Furniture and fittings

At cost

96

73

Accumulated depreciation

(59)

(52)

37

21

Other plant and equipment

At cost

2,523

2,034

Accumulated depreciation

(1,610)

(1,437)

913

597

Works in progress

Buildings under construction (at cost)

-

426

-

426

Artworks

At cost

75

75

Total infrastructure, property, plant and equipment

25,518

22,306

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.1 Infrastructure, property, plant and equipment (continued)

Reconciliations

Land

	2021 \$000	2020 \$000
Carrying amount at start of period	18,681	26,798
Additions	-	30
Disposals	(31)	(8,566)
Revaluation increments/(decrements)	338	419
Carrying amount at end of period	18,988	18,681

Buildings

Carrying amount at start of period	1,833	6,719
Additions	97	-
Disposals	(25)	(4,682)
Revaluation increments/(decrements)	41	(53)
Depreciation	(79)	(151)
Carrying amount at end of period	1,867	1,833

Site infrastructure

Carrying amount at start of period	133	1,260
Disposals	-	(1,096)
Revaluation increments/(decrements)	-	-
Depreciation	(16)	(31)
Carrying amount at end of period	117	133

Leasehold improvements

Carrying amount at start of period	488	398
Additions	3,150	-
Transfers from/(to) other asset classes	-	184
Depreciation	(175)	(94)
Carrying amount at end of period	3,463	488

Computer equipment

Carrying amount at start of period	52	70
Additions	26	-
Depreciation	(20)	(18)
Carrying amount at end of period	58	52

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.1 Infrastructure, property, plant and equipment (continued)

Furniture and fittings

	2021 \$000	2020 \$000
Carrying amount at start of period	21	30
Additions	21	-
Disposals	-	(2)
Depreciation	(5)	(7)
Carrying amount at end of period	37	21

Other plant and equipment

Carrying amount at start of period	597	667
Additions	5,340	63
Transfers from/(to) other entities	(672)	-
Disposals	(4,164)	-
Depreciation	(188)	(133)
Carrying amount at end of period	913	597

Works in progress

Carrying amount at start of period	426	422
Additions	19	188
Transfers from/(to) other asset classes	-	(184)
Transfers from/(to) other entities	(19)	-
Expensed	(426)	-
Carrying amount at end of period	-	426

Artworks

Carrying amount at start of period	75	75
Carrying amount at end of period	75	75

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.1 Infrastructure, property, plant and equipment (continued)

	2021 \$000	2020 \$000
Total infrastructure, property, plant and equipment		
Carrying amount at start of period	22,306	36,439
Additions	8,653	281
Transfers from/(to) other entities	(691)	-
Disposals	(4,220)	(14,346)
Expensed	(426)	-
Revaluation increments/(decrements)	379	366
Depreciation	(483)	(434)
Carrying amount at end of period	25,518	22,306

- (a) The Department of Planning, Lands and Heritage (DPLH) is the only agency with the power to sell Crown land. The land is transferred to DPLH for sale and the Department accounts for the transfer as a distribution to owner.

Initial recognition

Items of property, plant and equipment and infrastructure, costing \$5,000 or more are measured initially at cost. Where an asset is acquired for no cost or significantly less than fair value, the cost is valued at its fair value at the date of acquisition. Items of property, plant and equipment and infrastructure costing less than \$5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

The cost of a leasehold improvement is capitalised and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the leasehold improvement.

Subsequent measurement

Subsequent to initial recognition of an asset, the revaluation model is used for the measurement of:

- land
- buildings
- site infrastructure.

Land is carried at fair value.

Buildings and infrastructure are carried at fair value less accumulated depreciation and accumulated impairment losses.

All other property, plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.1 Infrastructure, property, plant and equipment (continued)

Land and buildings are independently valued annually by the Western Australian Land Information Authority (Valuations and Property Analytics) and recognised annually to ensure that the carrying amount does not differ materially from the asset's fair value at the end of the reporting period.

Land and buildings were revalued as at 1 July 2020 by Landgate. The valuations were performed during the year ended 30 June 2021 and recognised at 30 June 2021. In undertaking the revaluation, fair value was determined by reference to market values for land: \$2,994,000 (2020: \$2,904,600) and buildings \$64,000 (2020: \$58,000). For the remaining balance, fair value of buildings was determined on the basis of current replacement cost and fair value of land was determined on the basis of comparison with market evidence for land with low level utility (high restricted use land).

Site infrastructure is independently valued every 3 to 5 years by Rider Levett Bucknall WA Pty Ltd (Quantity Surveyor). These assets were independently revalued and recognised at 30 June 2019.

Site infrastructure includes roads, footpaths, paved areas, at-grade car parks, boundary walls, boundary fencing, boundary gates, covered ways, landscaping and improvements, external stormwater and sewer drainage, external water, gas and electricity supply, and external communication cables.

Significant assumptions and judgements: the most significant assumptions and judgements in estimating fair value are made in assessing whether to apply the existing use basis to assets and in determining estimated economic life. Professional judgement by the valuer is required where the evidence does not provide a clear distinction between market type assets and existing use assets.

5.1.1 Depreciation and impairment charge for the period

	Notes	2021 \$000	2020 \$000
Depreciation			
Buildings	5.1	79	151
Site infrastructure	5.1	16	31
Leasehold improvements	5.1	175	94
Computer equipment	5.1	20	18
Furniture and fittings	5.1	5	7
Other plant and equipment	5.1	188	133
Total depreciation for the period		483	434

As at 30 June 2021 there were no indications of impairment to property, plant and equipment or site infrastructure.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.1 Infrastructure, property, plant and equipment (continued)

5.1.1 Depreciation and impairment charge for the period (continued)

Finite useful lives

All infrastructure, property, plant and equipment that have a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits. The exceptions to this rule include assets held for sale, land and investment properties.

Depreciation is generally calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for the different asset classes for current and prior years are included in the table below:

Buildings	50 years
Site infrastructure	50 years
Leasehold improvements	5 years
Computer equipment	4 to 5 years
Furniture and fittings	5 to 15 years
Other plant and equipment	2 to 15 years

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments should be made where appropriate.

Land and works of art, which are considered to have an indefinite life, are not depreciated. Depreciation is not recognised in respect of these assets because their service potential has not, in any material sense, been consumed during the reporting period.

Impairment

Non-financial assets, including items of plant and equipment, are tested for impairment whenever there is an indication that the asset may be impaired. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised.

Where an asset measured at cost is written down to its recoverable amount, an impairment loss is recognised through profit or loss.

Where a previously revalued asset is written down to its recoverable amount, the loss is recognised as a revaluation decrement through other comprehensive income.

As the Department is a not-for-profit agency, the recoverable amount of regularly revalued specialised assets is anticipated to be materially the same as fair value.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.2 Intangible assets

Computer software

Gross carrying amount

Accumulated amortisation

Works in progress

Total intangible assets

Reconciliations

Computer software

Carrying amount at start of period

Additions

Amortisation expense

Carrying amount at end of period

Works in progress

Carrying amount at start of period

Additions

Capitalised

Carrying amount at end of period

Total intangible assets

Carrying amount at start of period

Additions

Amortisation expense

Capitalised

Carrying amount at end of period

	2021 \$000	2020 \$000
	1,454	-
	(97)	-
	1,357	-
	186	938
	1,543	938
	-	-
	1,454	-
	(97)	-
	1,357	-
	938	429
	702	509
	(1,454)	-
	186	938
	938	429
	2,156	509
	(97)	-
	(1,454)	-
	1,543	938

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.2 Intangible assets (continued)

Initial recognition

Intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

- (a) the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- (b) an intention to complete the intangible asset, and use or sell it;
- (c) the ability to use or sell the intangible asset;
- (d) the intangible asset will generate probable future economic benefit;
- (e) the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset, and
- (f) the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Acquisitions of intangible assets costing \$5,000 or more and internally generated intangible assets costing \$50,000 or more that comply with the recognition criteria as per AASB 138.57 (as noted below), are capitalised.

Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

Costs incurred in the research phase of a project are immediately expensed.

Subsequent measurement

The cost model is applied for subsequent measurement of intangible assets, requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.

5.2.1 Amortisation and impairment charge for the period

	2021 \$000	2020 \$000
Computer software	97	-
Total amortisation for the period	97	-

As at 30 June 2021 there were no indications of impairment to intangible assets.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.2 Intangible assets (continued)

5.2.1 Amortisation and impairment charge for the period (continued)

The Department held no goodwill or intangible assets with an indefinite useful life during the reporting period. At the end of the reporting period there were no intangible assets not yet available for use.

Amortisation of finite life intangible assets is calculated on a straight line basis at rates that allocate the asset's value over its estimated useful life. All intangible assets controlled by the Department have a finite useful life and zero residual value. Estimated useful lives are reviewed annually.

The estimated useful life for below class of intangible asset is:

Computer software (a) 5 years

(a) Computer software that is not integral to the operation of any related hardware.

Impairment of intangible assets

Intangible assets with indefinite useful lives are tested for impairment annually or when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 5.1.1 'Depreciation and impairment charge for the period'.

5.3 Right-of-use assets

Year ending on 30 June 2021

At 1 July 2020

Gross carrying amount

Accumulated depreciation

Carrying amount at start of period

Additions

Disposals

Depreciation

Carrying amount at 30 June 2021

Gross carrying amount

Accumulated depreciation

	Buildings \$000	Vehicles \$000	Total \$000
At 1 July 2020			
Gross carrying amount	426	647	1,073
Accumulated depreciation	(89)	(196)	(285)
Carrying amount at start of period	337	451	788
Additions	203	6	209
Disposals	-	(1)	(1)
Depreciation	(206)	(117)	(323)
Carrying amount at 30 June 2021	334	339	673
Gross carrying amount	629	652	1,281
Accumulated depreciation	(295)	(313)	(608)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.3 Right-of-use assets (continued)

Year ending on 30 June 2020

At 1 July 2019

Gross carrying amount

Accumulated depreciation

Carrying amount at start of period

Additions

Disposals

Depreciation

Carrying amount at 30 June 2020

Gross carrying amount

Accumulated depreciation

	Buildings \$000	Vehicles \$000	Total \$000
At 1 July 2019			
Gross carrying amount	321	526	847
Accumulated depreciation	-	-	-
Carrying amount at start of period	321	526	847
Additions	105	132	237
Disposals	-	(11)	(11)
Depreciation	(89)	(196)	(285)
Carrying amount at 30 June 2020	337	451	788
Gross carrying amount	426	647	1,073
Accumulated depreciation	(89)	(196)	(285)

Initial recognition

Right-of-use assets are measured at cost including the following:

- the amount of the initial measurement of lease liability
- any lease payments made at or before the commencement date less any lease incentives received
- any initial direct costs
- restoration costs, including dismantling and removing the underlying asset.

This includes all leased assets other than investment property ROU assets, which are measured in accordance with AASB 140 'Investment Property'.

The Department has elected not to recognise right-of-use assets and lease liabilities for short-term leases (with a lease term of 12 months or less) and low value leases (with an underlying value of \$5,000 or less). Lease payments associated with these leases are expensed on a straight-line basis over the lease term.

Subsequent measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 5 Key assets (continued)

5.3 Right-of-use assets (continued)

Depreciation and impairment of right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the underlying assets.

If ownership of the leased asset transfers to the Department at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 5.1.1 'Depreciation and impairment charge for the period'.

The following amounts relating to leases have been recognised in the statement of comprehensive income.

	2021 \$000	2020 \$000
Depreciation expense of right-of-use assets	382	284
Lease interest expense	17	19
Expenses relating to variable lease payments not included in lease liabilities	287	225
Short-term leases	570	7
Low-value leases	78	16
Operating leases	14,180	9,572
Total amount recognised in the statement of comprehensive income	15,514	10,123

The total cash outflow for leases in 2021 was \$412,113. (2020: \$300,280)

The Department's leasing activities and how these are accounted for:

- The Department has leases for vehicles and warehouses.
- The Department has also entered into a Memorandum of Understanding Agreements (MOU) with the Department of Finance for the leasing of office accommodation. These are not recognised under AASB 16 because of substitution rights held by the Department of Finance and are accounted for as an expense as incurred.
- The Department recognises leases as right-of-use assets and associated lease liabilities in the Statement of Financial Position.
- The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 7.2 'Lease liabilities'.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 6 Other assets and liabilities

This section sets out those assets and liabilities that arose from the Department's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes
Inventories	6.1
Receivables	6.2
Amounts receivable for services	6.3
Finance lease receivable	6.4
Other assets	6.5
Payables	6.6
Contract liabilities	6.7
Other liabilities	6.8

6.1 Inventories

	2021 \$000	2020 \$000
Current		
Drug supplies (at cost)	10,695	10,240
Medical equipment (at cost) (a)	36,742	10,249
	47,437	20,489

(a) Includes medical equipment purchased as part of the COVID-19 Response, to be distributed to statutory authorities within WA health when required.

Inventories are measured at the lower of cost and net realisable value. Costs are assigned by the method most appropriate for each class of inventory, with the majority being measured on a first in first out basis.

Inventories held for distribution are measured at cost unless they are no longer required, in which case they are measured at net realisable value.

6.2 Receivables

	2021 \$000	2020 \$000
Current		
Trade receivables (a)	31,733	1,321
Allowance for impairment of trade receivables (b)	(18,099)	(278)
Receivables for COVID-19 viability payment from private hospitals	-	23,079
Accrued revenue (c)	29,186	38,233
GST receivable (d)	45,446	34,946
	88,266	97,301

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 6 Other assets and liabilities (continued)

6.2 Receivables (continued)

- (a) Trade receivables included \$29.6 million receivables from hotel-quarantined persons in 2020–21 (nil in 2019–20).
- (b) Allowance for impairment of trade receivables included a \$17.7 million provision that relates to hotel-quarantined persons. The Department uses past due information to determine whether there have been significant increases in credit risk when contractual payments are past due. Due to the unique arrangements in WA's hotel-quarantine scheme, the Department has approximated its expected credit loss on an analysis performed on debtors outstanding over 90 days due to a lack of historical and comparable data to base its assessment. Please refer to note 8.1(c) 'Financial instruments disclosures'.
- (c) Accrued revenue included \$11.5 million unbilled revenue that relates to hotel-quarantined persons (nil in 2019–20). The accrual has taken into account the likelihood of collection of this revenue.
- (d) Accounting procedure for Goods and Services Tax.

Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payments for GST have been assigned to the Department of Health. This accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Services Tax) Act 1999" whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The entities in the GST group include the Department of Health, Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service, Health Support Services, PathWest Laboratory Medicine WA, Queen Elizabeth II Medical Centre Trust, Quadriplegic Centre, Mental Health Commission, and Health and Disability Services Complaints Office.

GST receivables on accrued expenses are recognised by the Health Service. Upon the receipt of tax invoices, GST receivables for the GST group are recorded in the accounts of the Department of Health. Additionally, the Department recognises GST receivables on its own accrued expenses.

Trade receivables are recognised at original invoice amount less any allowances for uncollectible amounts (i.e. impairment). The carrying amount of net trade receivables is equivalent to fair value as it is due for settlement within 30 days.

6.2.1 Movement in the allowance for impairment of trade receivables:

	2021 \$000	2020 \$000
Reconciliation of changes in the allowance for impairment of trade receivables:		
Opening balance	278	278
Expected credit losses expense	17,821	21
Amounts written off during the period	-	(21)
Balance at end of period	18,099	278

The maximum exposure to credit risk at the end of the reporting period for trade receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table at note 8.1(c) 'Financial instruments disclosures'.

The Department does not hold any collateral as security or other credit enhancements for trade receivables.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 6 Other assets and liabilities (continued)

6.3 Amounts receivable for services (Holding Account)

	2021 \$000	2020 \$000
Non-current	81,479	64,461

Amounts receivable for services represent the non-cash component of service appropriation. It is restricted in that it can only be used for asset replacement or payment of leave liability.

Amounts receivable for services are considered not impaired (i.e. there is no expected credit loss of the holding accounts).

6.4 Finance lease receivable

	2021 \$000	2020 \$000
Non-current	-	-

Leases of property, plant and equipment, where the lessee has substantially all of the risks and rewards of ownership, are classified as finance leases.

The Project Agreement between the State of Western Australia and Capella Parking Pty Limited, now International Parking Group (IPG) established a pre-paid lease structure for the multi-deck car park at the Queen Elizabeth II Medical Centre site. The pre-paid lease structure is an in-substance finance lease arrangement between the State and IPG. Prior to 1 July 2019, under AASB 117 *Leases*, IPG, as the lessee, has taken on the majority of risks and rewards of ownership of the multi-deck car park. The Department, as the lessor, recognised the accretion of the residual interest in the asset (multi-deck car park) over the term of the arrangement as income to gradually build the value of the asset on the statement of financial position over time.

In 2020–21, the multi-deck car park was assessed as a service concession arrangement in accordance with AASB 1059 Service Concession Arrangements: Grantors. Therefore a prior year adjustment was applied to finance lease receivable. Please refer to note 9.2 'Correction of prior period errors/changes in accounting policies'.

6.5 Other assets

	2021 \$000	2020 \$000
Current		
Prepayments (a)	5,994	4,956
Total current assets	5,994	4,956
Non-current		
Prepayments (a)	-	769
Total non-current assets	-	769
Balance at end of period	5,994	5,725

(a) Includes (i) prepayment for palliative care services in 2011–12, to be received over the next ten financial years; and (ii) prepayments to the National Blood Authority under the National Blood Agreement.

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 6 Other assets and liabilities (continued)

6.6 Payables

Current

	2021 \$000	2020 \$000
Trade payables	8,883	28,131
Accrued salaries	3,752	3,150
Accrued expenses	72,645	66,018
Balance at end of period	85,280	97,299

Payables are recognised at the amounts payable when the Department becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as settlement is generally within 30 days.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight after the reporting period. The Department considers the carrying amount of accrued salaries to be equivalent to its fair value.

6.7 Contract liabilities

	2021 \$000	2020 \$000
Current	67	88
Non-current	-	-
Total contract liabilities	67	88

The Department's contract liabilities relate to licence and registration fees yet to be performed at the end of the reporting period. Typically, a contract payment is received upfront for 12 months of continuing support services.

6.7.1 Movement in contract liabilities

Reconciliation of changes in contract liabilities

	2021 \$000	2020 \$000
Opening balance	88	-
Additions	67	88
Revenue recognised in the reporting period	(88)	-
Balance at end of period	67	88

The Department expects to satisfy the performance obligations unsatisfied at the end of the reporting period within the next 12 months.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 7 Financing

This section sets out the material balances and disclosures associated with the financing and cashflows of the Department.

	Notes
Cash and cash equivalents	7.1
Lease liabilities	7.2
Finance costs	7.3
Commitments	7.4

7.1 Cash and cash equivalents

7.1.1 Reconciliation of cash

	Notes	2021 \$000	2020 \$000
Cash and cash equivalents		80,638	322,454
Restricted cash and cash equivalents	7.1.2	55,542	63,215
Balance at end of period		136,180	385,669

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

The accrued salaries suspense account (see note 7.1.2 'Restricted cash and cash equivalents') consists of amounts paid, from Department appropriations for salaries expense, into a Treasury suspense account to meet the additional cash outflow for employee salary payments in reporting period with 27 pays instead of the normal 26. No interest is received on this account.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 7 Financing (continued)

7.1 Cash and cash equivalents (continued)

7.1.2 Restricted cash and cash equivalents

	2021 \$000	2020 \$000
Current		
Commonwealth specific purpose grants (a)	24,050	46,414
Donation – HBF Detect Snapshot	1,158	2,500
Grants – WA Detect Schools COVID-19 Project	2	215
Telethon – WA Child Research Fund Account (c)	10,702	9,605
WA Future Health Research and Innovation Account (b)	15,149	-
Total current	51,061	58,734
Non-Current		
Accrued salaries suspense account (d)	4,481	4,481
Total non-current	4,481	4,481
Balance at end of period	55,542	63,215

(a) Funds held for specific purposes include COVID-19 Response (\$7.5 million), NPA – Essential Vaccines (\$6.5 million), Health Innovation Fund Stage 1 (\$5.1 million), Aged Care programs (\$1.1 million) and other initiatives and programs (\$3.9 million).

(b) Funds received from the State, to support future health research and innovation. Refer to note 9.10 'Special purpose accounts'.

(c) Funds received from the Channel 7 Telethon Trust, the Department and other donors to fund and promote child and adolescent health research in Western Australia. Refer to note 9.10 'Special purpose accounts'.

(d) Funds held in the suspense account for the purpose of meeting the 27th pay in a reporting period that occurs every 11th year. This account is classified as non-current for 10 out of 11 years.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 7 Financing (continued)

7.1 Cash and cash equivalents (continued)

7.1.3 Reconciliation of net cost of services to net cash flows used in operating activities

	Notes	2021 \$000	2020 \$000
Net cost of services		(5,870,353)	(5,105,686)
Non-cash items:			
Depreciation and amortisation expenses	5.1.1 & 5.2.1	964	719
Expected credit losses expense	6.2.1	17,821	21
Resources received	4.1	1,883	1,888
Net (gain)/loss on disposal of property, plant and equipment	4.7	(16)	(90)
Transfer of non-cash funding to statutory authorities within WA Health		403,727	412,000
Adjustments for other non-cash items		(601)	4,667
(Increase)/decrease in assets:			
Inventories		(26,948)	(9,979)
Receivables		(7,984)	(36,879)
Finance lease receivable		-	(1,423)
Other assets		(269)	(84)
Increase/(decrease) in liabilities:			
Payables		(12,020)	556
Contract liabilities		(21)	88
Lease liabilities		(77)	867
Employee related provisions		5,295	6,590
Other liabilities		-	(131)
Net cash used in operating activities		(5,488,599)	(4,726,876)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 7 Financing (continued)

7.2 Lease liabilities

	2021 \$000	2020 \$000
Current	472	337
Non-current	318	530
Total lease liabilities	790	867

Initial Measurement

The Department measures a lease liability, at the commencement date, at the present value of the lease payments that are not paid at that date. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the Department uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the Department as part of the present value calculation of lease liability include:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
- amounts expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options (where these are reasonably certain to be exercised);
- payments for penalties for terminating a lease, where the lease term reflects the Department exercising an option to terminate the lease.

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by the Department if the lease is reasonably certain to be extended (or not terminated).

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales are recognised by the Department in profit or loss in the period in which the condition that triggers those payments occur.

This section should be read in conjunction with note 5.3 'Right-of-use assets'.

Subsequent measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 7 Financing (continued)

7.3 Finance costs

Lease interest expense

Finance costs expensed

Finance cost includes the interest component of lease liability repayments.

2021
\$000

2020
\$000

17

19

17

19

7.4 Commitments

The commitments below are inclusive of GST:

7.4.1 Capital commitments

Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:

Within 1 year

2021
\$000

2020
\$000

-

217

-

217

7.4.2 Private sector contracts for the provision of health services

Expenditure commitments in relation to private sector organisations contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:

Within 1 year

Later than 1 year and not later than 5 years

Later than 5 years

2021
\$000

2020
\$000

403,765

270,660

220,947

64,467

4,432

-

629,144

335,127

7.4.3 Other expenditure commitments

Other expenditure commitments contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:

Within 1 year

Later than 1 year and not later than 5 years

2021
\$000

2020
\$000

2,284

66,684

976

64,027

3,260

130,711

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies

This note sets out the key risk management policies and measurement techniques of the Department.

	Notes
Financial risk management	8.1
Contingent assets and liabilities	8.2
Fair value measurements	8.3

8.1 Financial risk management

Financial instruments held by the Department are cash and cash equivalents, restricted cash and cash equivalents, finance leases, receivables and payables. The Department has limited exposure to financial risks. The Department's overall risk management program focuses on managing the risks identified below.

(a) Summary of risks and risk management

Credit risk

Credit risk arises when there is the possibility of the Department's receivables defaulting on their contractual obligations resulting in financial loss to the Department.

Credit risk associated with the Department's financial assets is minimal because the main receivable is the amounts receivable for services (holding account). For receivables other than Government, the Department trades only with recognised, creditworthy third parties. The Department has policies in place to ensure that sales of products and services are made to customers with an appropriate credit history. In addition, receivable balances are monitored on an ongoing basis with the result that the Department's exposure to bad debts is minimal. Debt will be written-off against the allowance account when it is improbable or uneconomical to recover the debt.

During 2020–21 financial year, a significant credit risk arose with the hotel-quarantined programme due to the COVID-19 pandemic. To protect the peoples of Australia, hotel quarantine was introduced for international arrivals and people from high risk areas. From 19 July 2020, people entering Western Australia were to be charged a contribution fee towards the cost of hotel quarantine with the further decision that the Department will administer this process. All quarantined persons may apply for a waiver to the fees due to financial hardship or other consideration that is appropriate in the circumstances. The *Public Health Amendment (COVID-19 Response) Act 2020* allows the Chief Health Officer to assess the fee waiver request and approve the whole or part of the fee waive to the person. With invoices for quarantine issued after departure of the person with payment terms of thirty days, the credit risk is increased.

Liquidity risk

Liquidity risk arises when the Department is unable to meet its financial obligations as they fall due.

The Department is exposed to liquidity risk through its trading in the normal course of business.

The Department has appropriate procedures to manage cash flows including drawdown of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.1 Financial risk management (continued)

Market risk

Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Department's income or the value of its holdings of financial instruments. The Department does not trade in foreign currency and is not materially exposed to other price risks (for example, equity securities or commodity prices changes). The Department's exposure to market risk for changes in interest rates relate primarily to the long-term debt obligations.

All borrowings are due to the WATC and are repayable at fixed rates with varying maturities. Other than as detailed in the interest rate sensitivity analysis table at note 8.1(e) 'Interest rate sensitivity analysis', the Department is not exposed to interest rate risk because the majority of cash and cash equivalents and restricted cash are non-interest bearing and it has no borrowings other than the Treasurer's advance (non-interest bearing), WATC borrowings and finance leases (fixed interest rate).

(b) Categories of financial instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2021 \$000	2020 \$000
Financial Assets		
Cash and cash equivalents	80,638	322,454
Restricted cash and cash equivalents	55,542	63,215
Financial assets at amortised cost (a)	124,299	126,815
Total financial assets	260,479	512,485
Financial Liabilities		
Financial liabilities at amortised cost (b)	86,070	98,166
Total financial liability	86,070	98,166

(a) The amount of financial assets at amortised cost excludes GST recoverable from the ATO (statutory receivable).

(b) The amount of financial liabilities at amortised cost excludes GST payable to the ATO (statutory payable).

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.1 Financial risk management (continued)

(c) Credit risk exposure

The following table details the credit risk exposure on the Department's trade receivables using a provision matrix.

	Days past due							
	Total \$000	Current \$000	<30 days \$000	31-60 days \$000	61-90 days \$000	91-180 days \$000	181-360 days \$000	>361 days \$000
30 June 2021								
Expected credit loss rate		46.0%	67.4%	76.5%	62.3%	73.0%	39.9%	21.8%
Estimated total gross carrying amount at default	31,733	14,215	5,121	4,129	4,103	2,827	223	1,115
Expected credit losses	(18,099)	(6,537)	(3,454)	(3,157)	(2,556)	(2,063)	(89)	(243)
1 July 2020								
Expected credit loss rate		0.0%	5.7%	10.5%	0.4%	3.5%	28.8%	100.0%
Estimated total gross carrying amount at default	1,321	13	53	19	513	376	125	222
Expected credit losses	(278)	-	(3)	(2)	(2)	(13)	(36)	(222)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.1 Financial risk management (continued)

(d) Liquidity risk and interest rate exposure

The following table details the Department's interest rate exposure and the contractual maturity analysis of financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

Interest rate exposure and maturity analysis of financial assets and financial liabilities											
Interest rate exposure						Nominal amount \$000	Maturity dates				
Weighted average effective interest rate %	Carrying amount \$000	Fixed interest rate \$000	Variable interest rate \$000	Non-interest bearing \$000	Up to 1 month \$000		1-3 months \$000	3 months to 1 year \$000	1-5 years \$000	More than 5 years \$000	
2021											
Financial Assets											
Cash and cash equivalents	-	80,638	-	-	80,638	80,638	80,638	-	-	-	-
Restricted cash and cash equivalents	-	55,542	-	-	55,542	55,542	55,542	-	-	-	-
Receivables (a)	-	42,820	-	-	42,820	42,820	20,538	7,435	2,141	12,706	-
Finance lease receivable	-	-	-	-	-	-	-	-	-	-	-
Amounts receivable for services	-	81,479	-	-	81,479	81,479	-	-	-	-	81,479
		260,479	-	-	260,479	260,479	156,718	7,435	2,141	12,706	81,479
Financial Liabilities											
Payables	-	85,280	-	-	85,280	85,280	83,436	238	384	1,222	-
Lease liabilities (b)	-	790	790	-	-	790	142	18	313	312	5
		86,070	790	-	85,280	86,070	83,578	256	697	1,534	5

(a) The amount of receivables excludes the GST receivable from the ATO (statutory receivable).

(b) The amount of lease liabilities includes \$0.4 million from leased buildings and \$0.3 million from leased vehicles.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.1 Financial risk management (continued)

(d) Liquidity risk and interest rate exposure (continued)

Interest rate exposure and maturity analysis of financial assets and financial liabilities											
Interest rate exposure						Nominal amount \$000	Maturity dates				
Weighted average effective interest rate %	Carrying amount \$000	Fixed interest rate \$000	Variable interest rate \$000	Non-interest bearing \$000	Up to 1 month \$000		1-3 months \$000	3 months to 1 year \$000	1-5 years \$000	More than 5 years \$000	
2020											
Financial Assets											
Cash and cash equivalents	-	322,454	-	-	322,454	322,454	322,454	-	-	-	-
Restricted cash and cash equivalents	-	63,215	-	-	63,215	63,215	63,215	-	-	-	-
Receivables (a)	-	62,355	-	-	62,355	62,355	53,914	532	501	7,408	-
Finance lease receivable	-	-	-	-	-	-	-	-	-	-	-
Amounts receivable for services	-	64,461	-	-	64,461	64,461	-	-	-	-	64,461
		512,485	-	-	512,485	512,485	439,583	532	501	7,408	64,461
Financial Liabilities											
Payables	-	97,299	-	-	97,299	97,299	80,922	118	188	16,071	-
Lease liabilities (b)	-	867	867	-	-	870	37	73	308	450	2
		98,166	867	-	97,299	98,169	80,959	191	496	16,521	2

(a) The amount of receivables excludes the GST receivable from the ATO (statutory receivable).

(b) The amount of lease liabilities includes \$0.3 million from leased buildings and \$0.5 million from leased vehicles.

(e) Interest rate sensitivity analysis

The Department's financial assets and liabilities were not subject to interest rate sensitivity at the end of the current and previous period.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position but are disclosed and, if quantifiable, are measured at the best estimate.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

8.2.1 Contingent assets

The following contingent assets are excluded from the assets included in the financial statements:

	2021 \$000	2020 \$000
Cross border receipts for residents from other Australian jurisdictions treated in WA hospitals	12,071	11,806

8.2.2 Contingent liabilities

The following contingent liabilities are excluded from the liabilities included in the financial statements:

	2021 \$000	2020 \$000
Cross border charges for WA residents treated in hospitals in other Australian jurisdictions	22,221	21,732

The *Public Health Act 2016* sets out an entitlement to compensation where a person has suffered loss or damaged because of the exercise or purported exercise of a power under section 157(1)(h), 182 or 190(1)(f) or (g) of the Act. There are three applications for compensation under consideration. The value is yet to be determined.

Under the *Long Service Leave Act 1958* (LSL Act) casual employees who have been employed for more than 10 years and meet continuous service requirements may be entitled to long service leave. Whilst a provision for casual employees who are currently still employed by WA Health and who meet the criteria has been recognised in the financial statements, the amount of the obligation for those casual employees who are no longer employed by WA Health cannot be measured with sufficient reliability at reporting date. We are currently assessing the impact of the LSL Act for those casual employees.

Contaminated sites

Under the *Contaminated Sites Act 2003*, the Department is required to report known and suspected contaminated sites to the Department of Water and Environmental Regulation (DWER). In accordance with the Act, DWER classifies these sites on the basis of the risk to human health, the environment and environmental values. Where sites are classified as contaminated – remediation required or possibly contaminated – investigation required, the Department may have a liability in respect of investigation or remediation expenses.

At the reporting date, the Department did not have any suspected contaminated sites reported under the Act.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.3 Fair value measurements

Assets measured at fair value:

		Level 1 \$000	Level 2 \$000	Level 3 \$000	Fair value at end of period \$000
2021	Notes				
Non-current assets classified as held for sale	9.12	-	-	-	-
Land	5.1				
Vacant land		-	14,617	-	14,617
Specialised		-	-	4,371	4,371
Buildings	5.1				
Vacant building		-	64	-	64
Specialised		-	-	1,803	1,803
Site infrastructure	5.1	-	-	117	117
		-	14,681	6,291	20,972
2020	Notes				
Non-current assets classified as held for sale	9.12	-	109	-	109
Land	5.1				
Vacant land		-	14,493	-	14,493
Specialised		-	-	4,188	4,188
Buildings	5.1				
Vacant building		-	58	-	58
Specialised		-	-	1,775	1,775
Site infrastructure	5.1	-	-	133	133
		-	14,660	6,096	20,756

There were no transfers between Levels 1, 2, or 3 during the current and previous period.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.3 Fair value measurements (continued)

Valuation techniques used to derive Level 2 fair values

Level 2 fair values of non-current assets held for sale, land and buildings (office accommodation) are derived using the market approach. Market evidence of sales prices of comparable land and buildings (office accommodation) in close proximity is used to determine price per square metre.

Non-current assets held for sale have been written down to fair value less costs to sell. Fair value has been determined by reference to market evidence of sales prices of comparable assets.

Fair value measurements using significant unobservable inputs (Level 3)

2021

	Land \$000	Buildings \$000	Site Infrastructure \$000
Fair value at start of period	4,188	1,775	133
Additions	-	97	-
Revaluation increments/(decrements) recognised in Other Comprehensive Income	213	-	-
Transfers from/(to) other Level 2	-	-	-
Transfers from/(to) other statutory authorities	-	-	-
Disposals	(30)	(69)	-
Depreciation expense	-	-	(16)
Fair value at end of period	4,371	1,803	117

2020

	Land \$000	Buildings \$000	Site Infrastructure \$000
Fair value at start of period	12,174	6,420	1,260
Additions	30	-	-
Revaluation increments/(decrements) recognised in Other Comprehensive Income	435	(27)	-
Transfers from/(to) other Level 2	-	-	-
Transfers from/(to) other statutory authorities	-	-	-
Disposals	(8,451)	(4,472)	(1,096)
Depreciation expense	-	(146)	(31)
Fair value at end of period	4,188	1,775	133

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 8 Risks and contingencies (continued)

8.3 Fair value measurements (continued)

Valuation processes

There were no changes in valuation techniques during the period. However, the valuation processes have been significantly impacted by the COVID-19 pandemic.

Transfers in and out of a fair value level are recognised on the date of the event or change in circumstances that caused the transfer. Transfers are generally limited to assets newly classified as non-current assets held for sale as Treasurer's instructions require valuations of land, buildings and site infrastructure to be categorised within Level 3 where the valuations will utilise significant Level 3 inputs on a recurring basis.

Land (Level 3 fair values)

Fair value for restricted use land is based on comparison with market evidence for land with low level utility (high restricted use land). The relevant comparators of land with low level utility is selected by the Western Australian Land Information Authority (Valuations and Property Analytics) and represents the application of a significant Level 3 input in this valuation methodology. The fair value measurement is sensitive to values of comparator land, with higher values of comparator land correlating with higher estimated fair values of land.

Buildings and site infrastructure (Level 3 fair values)

Fair value for existing use specialised buildings and infrastructure assets is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the current replacement cost. Current replacement cost is generally determined by reference to the market observable replacement cost of a substitute asset of comparable utility and the gross project size specifications, adjusted for obsolescence. Obsolescence encompasses physical deterioration, functional (technological) obsolescence and economic (external) obsolescence.

Valuation using current replacement cost utilises the significant Level 3 input, consumed economic benefit/obsolescence of asset which is estimated by the Western Australian Land Information Authority (Valuations and Property Analytics). The fair value measurement is sensitive to the estimate of consumption/obsolescence, with higher values of the estimate correlating with lower estimated fair values of buildings and infrastructure.

Basis of valuation

In the absence of market-based evidence, due to the specialised nature of some non-financial assets, these assets are valued at Level 3 of the fair value hierarchy on an existing use basis. The existing use basis recognises that restrictions or limitations have been placed on their use and disposal when they are not determined to be surplus to requirement. These restrictions are imposed by virtue of the assets being held to deliver a specific community service.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures

This section includes additional material disclosures required by accounting standards or other pronouncements, for the understanding of this financial report.

	Notes
Events occurring after the end of the reporting period	9.1
Correction of prior period errors/changes in accounting policies	9.2
Future impact of Australian Accounting Standards not yet operative	9.3
Key management personnel	9.4
Related party transactions	9.5
Related bodies	9.6
Affiliated bodies	9.7
Services provided free of charge	9.8
Indian Ocean Territories	9.9
Special purpose accounts	9.10
Remuneration of auditors	9.11
Non-current assets classified as assets held for sale	9.12
Equity	9.13
Supplementary financial information	9.14
Explanatory statement (Controlled Operations)	9.15

9.1 Events occurring after the end of the reporting period

There were no events occurring after the reporting period which had significant financial effects on these financial statements.

9.2 Correction of prior period errors/changes in accounting policies

AASB 1059 *Service Concession Arrangements: Grantors* is effective on or after 1 January 2020.

Service concession arrangement is an arrangement which involves an operator:

- that is contractually obligated to provide public services related to a service concession asset on behalf of the grantor
- managing at least some of those services under its own discretion rather than at the direction of the grantor.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.2 Correction of prior period errors/changes in accounting policies (continued)

Service concession arrangement can be recognised as service concession asset if, and only if:

- the grantor controls or regulates what services the operator must provide with the asset, to whom it must provide them and at what price
- the grantor controls significant residual interest in the asset at the end of the term of the arrangement.

During a review of the Project Agreement between the State of Western Australia and the Capella Parking Pty Limited, now International Parking Group(IGP) for the in-substance finance lease recognised by the Department under AASB 117 *Leases* for the multi-deck car park on the Queen Elizabeth Medical Centre site, it was identified that the Project Agreement falls into the recognition criteria under AASB 1059 *Service Concession Arrangements: Grantors*. The Department is administering the Project Agreement on behalf of the State, therefore the Department has adopted a retrospective approach to restate prior year comparatives, and the cumulative effect of initially applying the Standard as an adjustment to the opening balance of accumulated surplus/(deficit) at the date of initial application.

The effect of adopting AASB 1059 is as follows:

	Notes	2020 Actual \$000	2020 Correction of error \$000	2020 Restated \$000
Statement of comprehensive income				
Finance income	4.5	1,423	(1,423)	-
Surplus/(deficit) for the period		114,268	(1,423)	112,845
Statement of financial position				
Finance lease receivable	6.4	11,891	(11,891)	-
Accumulated surplus/(deficit)		156,803	(11,891)	144,912

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.3 Future impact of Australian Accounting Standards not yet operative

The Department cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 1101 'Application of Australian Accounting Standards and Other Pronouncements' or by an exemption from TI 1101. Where applicable, the Department plans to apply the following Australian Accounting Standards from their application date.

		Operative for reporting periods beginning on/after
AASB 17	Insurance Contracts This Standard establishes principles for the recognition, measurement, presentation and disclosure of insurance contracts. The Department has not assessed the impact of the Standard.	1 Jan 2023
AASB 1060	General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities This Standard sets out a new, separate disclosure standard to be applied by all entities that are reporting under Tier 2 of the Differential Reporting Framework in AASB 1053. There is no financial impact.	1 Jul 2021
AASB 2020-1	Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. There is no financial impact.	1 Jan 2023
AASB 2020-3	Amendments to Australian Accounting Standards – Annual Improvements 2018–2020 and Other Amendments This Standard amends: (a) AASB 1 to simplify the application of AASB 1; (b) AASB 3 to update a reference to the Conceptual Framework for Financial Reporting; (c) AASB 9 to clarify the fees an entity includes when assessing whether the terms of a new or modified financial liability are substantially different from the terms of the original financial liability; (d) AASB 116 to require an entity to recognise the sales proceeds from selling items produced while preparing property, plant and equipment for its intended use and the related cost in profit or loss, instead of deducting the amounts received from the cost of the asset; (e) AASB 137 to specify the costs that an entity includes when assessing whether a contract will be loss-making; and (f) AASB 141 to remove the requirement to exclude cash flows from taxation when measuring fair value. There is no financial impact.	1 Jan 2022

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.3 Future impact of Australian Accounting Standards not yet operative (continued)

		Operative for reporting periods beginning on/after
AASB 2020-5	<i>Amendments to Australian Accounting Standards – Insurance Contracts</i> This Standard amends AASB 17 to reduce the costs of applying AASB 17 by simplifying some of its requirements. The Department has not assessed the impact of the Standard.	1 Jan 2021
AASB 2020-6	<i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current – Deferral of Effective Date</i> This Standard adds new disclosure requirements to AASB 1060. There is no financial impact.	1 Jan 2022
AASB 2020-7	<i>Amendments to Australian Accounting Standards – Covid-19-Related Rent Concessions: Tier 2 Disclosures</i> This Standard adds new disclosure requirements to AASB 1060. There is no financial impact.	1 Jul 2021
AASB 2021-1	<i>Amendments to Australian Accounting Standards – Transition to Tier 2: Simplified Disclosures for Not-for-Profit Entities</i> This Standard amends AASB 1060 to provide not-for-profit entities with optional relief from presenting comparative information in the notes to the financial statements where the entity did not disclose the comparable information in its most recent previous general purpose financial statements. There is no financial impact.	1 Jul 2021
AASB 2021-2	<i>Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates</i> This Standard amends: (a) AASB 7, to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements; (b) AASB 101, to require entities to disclose their material accounting policy information rather than their significant accounting policies; (c) AASB 108, to clarify how entities should distinguish changes in accounting policies and changes in accounting estimates; (d) AASB 134, to identify material accounting policy information as a component of a complete set of financial statements; and (e) AASB Practice Statement 2, to provide guidance on how to apply the concept of materiality to accounting policy disclosures. There is no financial impact.	1 Jan 2023
AASB 2021-3	<i>Amendments to Australian Accounting Standards – Covid-19-Related Rent Concessions beyond 30 June 2021</i> This Standard amends AASB 16 to extend by one year the application period of the practical expedient added to AASB 16 by AASB 2020-4. There is no financial impact.	1 Apr 2021

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.4 Key management personnel

The Department has determined key management personnel to include cabinet ministers and senior officers of the Department. The Department does not incur expenditures to compensate Ministers and those disclosures may be found in the *Annual Report on State Finances*.

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of the Department for the reporting period are presented within the following bands:

Compensation Band (\$)	2021	2020
650,001 – 660,000	-	1
640,001 – 650,000	1	-
610,001 – 620,001	1	-
540,001 – 550,001	1	-
520,001 – 530,000	-	1
510,001 – 520,000	1	-
500,001 – 510,000	-	1
370,001 – 380,001	1	-
350,001 – 360,000	-	1
310,001 – 320,001	1	-
280,001 – 290,000	-	1
260,001 – 270,000	-	1
250,001 – 260,000	1	-
160,001 – 170,000	-	1
140,001 – 150,000	1	-
110,001 – 120,000	-	1
	8	8
	2021	2020
	\$000	\$000
Short-term employee benefits	2,982	2,582
Post-employment benefits	278	209
Other long-term benefits	130	69
Total compensation of senior officers	3,390	2,860

Total compensation includes the superannuation expense incurred by the Department in respect of senior officers.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.5 Related party transactions

The Department is a wholly owned public sector entity that is controlled by the State of Western Australia.

Related parties of the Department include:

- all cabinet ministers and their close family members, and their controlled or jointly controlled entities
- all senior officers and their close family members, and their controlled or jointly controlled entities
- other departments and statutory authorities, including related bodies, that are included in the whole of government consolidated financial statements (i.e. wholly-owned public sector entities)
- associates and joint ventures of a wholly-owned public sector entity
- the Government Employees Superannuation Board (GESB).

Significant transactions with Government-related entities

In conducting its activities, the Department is required to transact with the State and entities related to the State. These transactions are generally based on the standard terms and conditions that apply to all agencies. Such transactions include:

- Income from State Government (note 4.1)
- Income from other public sector entities (note 4.1)
- Services received free of charge from Department of Education, Landgate, and State Solicitor's Office (note 4.1)
- Royalties for Regions Fund (note 4.1)
- Assets transferred to other government agencies (note 4.1)
- Equity contribution (note 9.13)
- Grants and subsidies to statutory authorities within WA Health (note 3.2)
- Superannuation payments to GESB (note 3.1(a))
- Lease payments to the Department of Finance (Government Office Accommodation and State Fleet) (note 3.6)
- Insurance payments to the Insurance Commission and Riskcover fund (note 3.6)
- Remuneration for services provided by the Auditor General (note 9.11)
- Services provided free of charge to various State Government agencies (note 9.8).

Material transactions with other related parties

Outside of normal citizen type transactions with the Department, there were no other related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

9.6 Related bodies

A related body is a body that receives more than half its funding and resources from the Department and is subject to operational control by the Department.

The Department had no related bodies for the reporting period.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.7 Affiliated bodies

An affiliated body is a body that receives more than half its funding and resources from the Department but is not subject to operational control by the Department. The nature of assistance provided in the form of grants and subsidies to all non-government agencies (whether affiliated or not) during the year are outlined below:

	2021 \$000	2020 \$000
Research and development	8,520	22,810
Public health	1,793	2,892
	10,313	25,702

9.8 Services provided free of charge

During the period the following services were provided to other W.A. agencies free of charge for functions outside the normal operations of the Department:

	2021 \$000	2020 \$000
Contiguous Local Authorities Group	670	511
Department of Education	474	459
Department of Planning, Lands and Heritage	327	323
Water Corporation	173	172
WA Police	139	127
Department of Communities	52	52
Department of Water and Environmental Regulation	195	194
Others	124	98
	2,154	1,936

9.9 Indian Ocean Territories

Balance at start of period

Receipts

Commonwealth grant

Payments

Purchase of WA Health Services

Balance at end of period

	2021 \$000	2020 \$000
Balance at start of period	(719)	2,350
Receipts		
Commonwealth grant	3,895	84
Payments		
Purchase of WA Health Services	(2,632)	(3,153)
Balance at end of period	544	(719)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.10 Special purpose accounts

State Pool Account

The purpose of the special purpose account is to hold money paid by the Commonwealth, the State or another State under the National Health Reform Agreement for funding health services.

	2021 \$000	2020 \$000
Controlled by the Department		
Balance at start of period	14,819	-
Receipts:		
Commonwealth activity based funding for Health Service Providers	1,869,889	1,881,856
Commonwealth activity based funding for Department of Health	27,549	50,265
Commonwealth block funding for Health Service Providers	219,537	207,883
Commonwealth public health funding for Department of Health	46,115	43,294
Commonwealth contribution under the National Partnership Agreement of COVID-19 Response	175,557	188,397
State activity based funding from Department of Health	3,182,937	2,890,642
State contribution under the National Partnership Agreement of COVID-19 Response	168,075	49,017
Interest earned on State Pool Account	6	14
Cross border deposits from interstate	54,105	73,130
Payments:		
Commonwealth activity based funding to Health Service Providers	(1,869,889)	(1,881,856)
Commonwealth activity based funding to Department of Health	(27,549)	(50,265)
Commonwealth block funding to State Managed Fund (Health) Account	(219,537)	(207,883)
Commonwealth public health funding to Department of Health	(46,115)	(43,294)
Commonwealth contribution under the National Partnership Agreement of COVID-19 Response	(190,376)	(173,578)
State activity based funding to Health Service Providers	(3,182,937)	(2,890,642)
State contribution under the National Partnership Agreement of COVID-19 Response	(168,075)	(49,017)
Interest transferred to Treasury Consolidated Account	(6)	(14)
Cross border payment to interstate	(54,105)	(73,130)
Balance at end of period	-	14,819

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)
9.10 Special purpose accounts (continued)

State Pool Account (continued)

	2021	2020
	\$000	\$000
Administered by the Department		
Balance at start of period	-	-
Receipts:		
Commonwealth activity based funding for Mental Health Commission (MHC)	138,214	111,497
Commonwealth block funding for Mental Health Commission	114,369	106,219
State activity based funding from Mental Health Commission	207,350	219,402
Payments:		
MHC Commonwealth activity based funding to Health Service Providers	(138,214)	(110,033)
MHC Commonwealth activity based funding to non-government organisation (NGO)	-	(1,464)
Commonwealth block funding to Mental Health Commission to Health Service Providers	(114,369)	(97,675)
Commonwealth block funding to Mental Health Commission to non-government organisation	-	(8,544)
MHC State activity based funding to Health Service Providers	(207,350)	(219,402)
Balance at end of period	-	-

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.10 Special purpose accounts (continued)

State Managed Fund (Health) Account

The purpose of the special purpose account is to hold money received by the Department of Health for the purposes of health funding under the National Health Reform Agreement that is required to be undertaken in the State through a State Managed Fund.

	2021 \$000	2020 \$000
Controlled by the Department		
Balance at start of period	-	-
Receipts:		
Commonwealth block funding from State Pool Account	219,537	207,883
State block funding from Department of Health	322,915	279,613
Royalties for Regions Fund from Department of Health	-	-
Receipts:		
Commonwealth block funding to Health Service Providers	(219,537)	(207,883)
State block funding to Health Service Providers	(322,915)	(279,613)
Balance at end of period	-	-
Administered by Department of Health		
Balance at start of period	-	-
Receipts:		
Mental Health Commission – Commonwealth block funding	114,369	106,219
Mental Health Commission – State block funding	269,505	257,260
Payments:		
Mental Health Commission – Commonwealth block funding to Health Service Providers	(106,218)	(97,675)
Mental Health Commission – Commonwealth block funding to non-government organisations	(8,151)	(8,544)
Mental Health Commission – State block funding to Health Service Providers	(269,505)	(257,260)
Balance at end of period	-	-

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.10 Special purpose accounts (continued)

WA Future Health Research and Innovation Account

In June 2020, the Western Australian Future Health Research and Innovation Account (FHRI Account), an agency special purpose account under the *Financial Management Act 2006* section 16, was established by the *Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Act 2020*.

The purpose of the special purpose account is to provide a secure and long-term source of funding in support of future health research and innovation.

	2021 \$000	2020 \$000
Controlled by the Department		
Balance at start of period	-	-
Receipts:	33,980	-
Payments:	(18,831)	-
Balance at end of period	15,149	-

Telethon – WA Child Research Fund Account

The purpose of the special purpose account is to receive funds from the Channel 7 Telethon Trust, the Department and other donors to fund and promote child and adolescent health research in Western Australia.

	2021 \$000	2020 \$000
Controlled by the Department		
Balance at start of period	9,605	8,120
Receipts:	4,040	4,115
Payments:	(2,943)	(2,630)
Balance at end of period	10,702	9,605

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.11 Remuneration of auditors

Remuneration paid or payable to the Auditor General in respect of the audit for the current financial year is as follows:

	2021 \$000	2020 \$000
Auditing the accounts, financial statements, controls, and key performance indicators	370	363

9.12 Non-current assets classified as assets held for sale

	2021 \$000	2020 \$000
Opening balance	109	109
Add: Assets reclassified as held for sale	-	80
Less: assets sold	(109)	(80)
Closing balance	-	109

Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs to sell, and are disclosed separately from other assets in the Statement of Financial Position. Assets classified as held for sale are not depreciated or amortised.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.13 Equity

	2021 \$000	2020 \$000
Contributed equity		
Balance at start of period	41,889	-
Contributions by owners		
Capital appropriation (a)	3,535	42,346
Transfer of net assets from other agencies (b)		
Land and buildings transferred from the WA Country Health Service (c)	32	80
Land and buildings transferred from the State Government (c)	-	30
Distributions to owners		
Transfer of net assets to other agencies (b)		
Land and buildings for sale transferred to the Department of Planning, Lands and Heritage (c)	(32)	(567)
Land and buildings transferred to the State Government (c)	(30)	-
Balance at end of period	45,394	41,889

- (a) Treasurer's Instruction 955 '*Contributions by Owners Made to Wholly Owned Public Sector Entities*' designates capital appropriations as contributions by owners in accordance with AASB Interpretation 1038 '*Contributions by Owners Made to Wholly-Owned Public Sector Entities*'.
- (b) AASB 1004 '*Contributions*' requires transfers of net assets as a result of a restructure of administrative arrangements to be accounted for as contributions by owners and distributions to owners.
- Under Treasurer's Instruction 955 non-discretionary and non-reciprocal transfers of net assets between state government agencies have been designated as contributions by owners in accordance with AASB Interpretation 1038. Where the transferee agency accounts for a non-discretionary and non-reciprocal transfer of net assets as a contribution by owners, the transferor agency accounts for the transfer as a distribution to owners.
- (c) On 1 July 2016, the Health Ministerial Body (HMB) entered into joint arrangements with each Health Service Provider for the management and control of land and buildings, where ownership is with the HMB, but management and control are with the Health Service Providers. The joint arrangements are reflected in the Memoranda of Understanding (Memoranda) between the HMB and the Health Service Providers. As only the HMB can dispose land and buildings that vest within it (as legal owner), pursuant to s13(2), management and control of the land and buildings outlined in the Memoranda are to be transferred from the Health Service Provider to the HMB, prior to disposal.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.13 Equity (continued)

	2021 \$000	2020 \$000
Asset revaluation reserve		
Balance at start of period	279,876	279,510
Net revaluation increments/(decrements):		
Land	338	419
Buildings	41	(53)
Balance at end of period	280,255	279,876
	2021 \$000	2020 \$000
Accumulated surplus/(deficit)		
Balance at start of period	144,912	46,553
Result for the period	(207,829)	112,479
Changes in accounting policy (a)	72	(14,120)
Balance at end of period	(62,845)	144,912

- (a) In 2019–20, when applying new accounting standard of AASB 15 *Revenue from Contracts with Customers*, \$3.6 million Royalty for Regions Fund was assessed as administered transaction as the Department did not have all the control of this funding, which was distributed to statutory authorities within WA health. Further review on the initial application of AASB 1059 *Service Concession Arrangements* indicated QEII multi deck car park receivable should now be reclassified to administered transaction as the Department has no control over the contract with International Parking Group (IPG)., therefore a \$10.4 million was restated as change of accounting policy. Please refer to note 9.2 'Correction of prior period errors / changes in accounting policies' for details.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.14 Supplementary financial information

(a) Write-offs

During the financial year, the Department has written off debts and inventory under the authority of:

	2021 \$000	2020 \$000
The accountable authority	-	21
Chief Health Officer under "Public Health Act 2016" (a)	8,168	-
The Minister	-	-
	8,168	21

(a) The *Public Health Amendment (COVID-19 Response) Act 2020* provides the Chief Health Officer with the authority to waive the whole or part of the fee payable by hotel-quarantined persons under section 202(j).

(b) Losses through theft, defaults and other causes

There were no losses through theft, defaults and other causes during the current and previous period.

(c) Gifts of public property

There were no gifts of public property provided by the Department during the current and previous period.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations)

All variances between estimates (original budget) and actual results for 2021, and between the actual results for 2021 and 2020 are shown below. Narratives are provided for key major variances which are greater than 10% and 1% of the Total Cost of Services for the Statement of Comprehensive Income and Statements of Cash Flow, and are greater than 10% and 1% of Total Assets for the Statement of Financial Position.

9.15.1 Statement of Comprehensive Income Variances

	Variance note	Estimate 2021 \$000	Actual 2021 \$000	Actual 2020 \$000	Variance between estimate and actual \$000	Variance between actual results for 2021 and 2020 \$000
COST OF SERVICES						
Expenses						
Employee benefits expenses		135,824	161,804	124,221	25,980	37,583
Contracts for services		516,894	526,513	548,968	9,619	(22,455)
Supplies and services	1, A	53,316	268,926	80,249	215,610	188,677
Grants and subsidies		7,153,050	7,439,955	6,869,341	286,905	570,614
Depreciation and amortisation expenses		4,330	964	719	(3,366)	245
Finance costs		12	17	19	5	(2)
Contribution to Capital Works Fund		-	13,313	-	13,313	13,313
Other expenses		86,013	67,284	36,506	(18,729)	30,778
Total cost of services		7,949,439	8,478,776	7,660,023	529,337	818,753
Income						
User charges and fees		16,049	19,970	24,520	3,921	(4,550)
Commonwealth grants and contributions		2,586,480	2,506,804	2,522,555	(79,676)	(15,751)
Other grants and contributions		8,017	872	207	(7,145)	665
Finance income		-	-	-	-	-
Donation revenue		2,000	-	-	(2,000)	-
Other income		3,948	80,761	6,965	76,813	73,796
Total income		2,616,494	2,608,407	2,554,247	(8,087)	54,160
Gains						
Gain on disposal of non-current assets		-	16	90	16	(74)
Total income other than income from State Government		2,616,494	2,608,423	2,554,337	(8,071)	54,086
NET COST OF SERVICES		5,332,945	5,870,353	5,105,686	537,408	764,667

(continued over page)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations) (continued)

9.15.1 Statement of Comprehensive Income Variances (continued)

	Variance note	Estimate 2021 \$000	Actual 2021 \$000	Actual 2020 \$000	Variance between estimate and actual \$000	Variance between actual results for 2021 and 2020 \$000
Income from State Government						
Service appropriation		5,301,801	5,610,273	5,211,740	308,472	398,533
Income from other public sector entities		33,900	43,561	9,919	9,661	33,642
Liabilities assumed		-	(872)	(13,946)	(872)	13,074
Resources received		-	1,883	1,888	1,883	(5)
Royalties for Regions Fund		-	7,679	8,564	7,679	(885)
Total income from State Government		5,335,701	5,662,524	5,218,165	326,823	444,359
SURPLUS/(DEFICIT) FOR THE PERIOD		2,757	(207,829)	112,479	(210,586)	(320,308)
OTHER COMPREHENSIVE INCOME						
Items not reclassified subsequently to profit or loss						
Changes in asset revaluation reserve		-	379	366	379	13
Total other comprehensive income		-	379	366	379	13
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		2,757	(207,450)	112,845	(210,207)	(320,295)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations) (continued)

9.15.2 Statement of Financial Position Variances

	Variance note	Estimate 2021 \$000	Actual 2021 \$000	Actual 2020 \$000	Variance between estimate and actual \$000	Variance between actual results for 2021 and 2020 \$000
ASSETS						
Current Assets						
Cash and cash equivalents		322,454	80,638	322,454	(241,816)	(241,816)
Restricted cash and cash equivalents		66,947	51,061	58,734	(15,886)	(7,673)
Inventories	2, B	20,489	47,437	20,489	26,948	26,948
Receivables		89,088	88,266	97,301	(822)	(9,035)
Other current assets		4,956	5,994	4,956	1,038	1,038
Non-current assets classified as held for sale		109	-	109	(109)	(109)
Total Current Assets		504,043	273,396	504,043	(230,647)	(230,647)
Non-Current Assets						
Restricted cash and cash equivalents		4,481	4,481	4,481	-	-
Amounts receivable for services	3, C	68,790	81,479	64,461	12,689	17,018
Finance lease receivable	4	11,891	-	-	(11,891)	-
Infrastructure, property, plant and equipment	5	17,976	25,518	22,306	7,542	3,212
Intangible assets		938	1,543	938	605	605
Right-of-use assets		788	673	788	(115)	(115)
Other non-current assets		769	-	769	(769)	(769)
Total Non-Current Assets		105,633	113,694	93,743	8,061	19,951
TOTAL ASSETS		609,676	387,090	597,786	(222,586)	(210,696)

(continued over page)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations) (continued)

9.15.2 Statement of Financial Position Variances (continued)

	Variance note	Estimate 2021 \$000	Actual 2021 \$000	Actual 2020 \$000	Variance between estimate and actual \$000	Variance between actual results for 2021 and 2020 \$000
LIABILITIES						
Current Liabilities						
Payables		94,543	85,280	97,299	(9,263)	(12,020)
Contract liabilities		88	67	88	(21)	(21)
Lease liabilities		337	472	337	135	135
Employee related provisions	6, D	23,518	27,968	23,518	4,450	4,451
Total Current Liabilities		118,486	113,787	121,242	(4,699)	(7,455)
Non-Current Liabilities						
Lease liabilities		530	318	530	(212)	(212)
Employee related provisions		9,337	10,181	9,337	844	844
Total Non-Current Liabilities		9,867	10,499	9,867	632	632
TOTAL LIABILITIES		128,353	124,286	131,109	(4,067)	(6,823)
NET ASSETS		481,323	262,804	466,677	(218,519)	(203,873)
EQUITY						
Contributed equity		41,889	45,394	41,889	3,505	3,505
Reserves		279,876	280,255	279,876	379	378
Accumulated surplus / (deficit)		159,559	(62,845)	144,912	(222,404)	(207,757)
TOTAL EQUITY		481,324	262,804	466,677	(218,520)	(203,873)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations) (continued)

9.15.3 Statement of Cash Flow Variances

	Variance note	Estimate 2021 \$000	Actual 2021 \$000	Actual 2020 \$000	Variance between estimate and actual \$000	Variance between actual results for 2021 and 2020 \$000
CASH FLOWS FROM STATE GOVERNMENT						
Service appropriation		4,851,676	5,189,528	4,792,363	337,852	397,165
Capital appropriation		34,058	3,536	42,346	(30,522)	(38,810)
Funds from other public sector entities		-	43,561	9,919	43,561	33,642
Royalties for Regions Fund	7	96,490	7,679	8,564	(88,811)	(885)
Net cash provided by State Government		4,982,224	5,244,304	4,853,192	262,080	391,112

Utilised as follows:

CASH FLOWS FROM OPERATING ACTIVITIES

Payments

Employee benefits		(135,824)	(156,511)	(117,630)	(20,687)	(38,881)
Supplies and services	8, E	(656,223)	(828,948)	(642,814)	(172,725)	(186,134)
Grants and subsidies		(6,798,288)	(7,036,228)	(6,460,505)	(237,940)	(575,723)
Finance costs		(12)	(17)	(19)	(5)	2
Contribution to Capital Works Fund		-	(13,313)	-	(13,313)	(13,313)
GST payments on purchases	9, F	(282,117)	(444,638)	(393,917)	(162,521)	(50,721)

Receipts

User charges and fees		16,049	9,048	11,676	(7,001)	(2,628)
Commonwealth grants and contributions		2,586,480	2,464,299	2,479,205	(122,181)	(14,906)
Other grants and contributions		10,017	-	-	(10,017)	-
GST receipts on sales		19,435	26,276	26,721	6,841	(445)
GST receipts from taxation authority	10	262,682	409,800	363,721	147,118	46,079
Other receipts		3,948	81,633	6,686	77,685	74,947

Net cash provided by/(used in) operating activities

(4,973,853)	(5,488,599)	(4,726,876)	(514,746)	(761,723)
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Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations) (continued)

9.15.3 Statement of Cash Flow Variances (continued)

	Variance note	Estimate 2021 \$000	Actual 2021 \$000	Actual 2020 \$000	Variance between estimate and actual \$000	Variance between actual results for 2021 and 2020 \$000
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments for purchase of non-current assets		-	(4,782)	(1,071)	(4,782)	(3,711)
Net cash provided by/(used in) investing activities		-	(4,782)	(1,071)	(4,782)	(3,711)
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments for principal element of lease		(158)	(412)	(300)	(254)	(112)
Non-retained revenue distributed to owner		-	-	-	-	-
Net cash provided by/(used in) financing activities		(158)	(412)	(300)	(254)	(112)
Net increase/(decrease) in cash and cash equivalents		8,213	(249,489)	124,945	(257,702)	(374,433)
Cash and cash equivalents at the beginning of the period		385,669	385,669	260,724	-	124,945
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD		393,882	136,180	385,669	(257,702)	(249,488)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations) (continued)

	2021 Estimate \$000	2021 Actual \$000	Variance \$000
Major Estimate and Actual (2021) Variance Narratives			
1 Supplies and services expenses Supplies and services expenses increased by \$215.6 million (404.4%) mainly due to an underestimation of hotel quarantine related expenses during the year.	53,316	268,926	215,610
2 Inventories Inventories increased by \$26.9 million (131.5%) due to additional COVID-19 medical equipment purchased for WA health.	20,489	47,437	26,948
3 Amounts receivable for services Amounts receivable for services increased by \$12.7 million (18.4%) due to increase in non-cash appropriation allocated to the Department to manage the state-wide asset acquisition.	68,790	81,479	12,689
4 Finance lease receivable Finance lease receivable decreased by \$11.9 million (-100.0%) due to derecognition of QEII multi-deck car park receivable after applying the new accounting standards - AASB 1059 Service Concession Arrangements.	11,891	-	(11,891)
5 Infrastructure, property, plant and equipment Infrastructure, property, plant and equipment increased by \$7.5 million (42.0%) due to unbudgeted leasehold improvement work carried out to re-fit for office building.	17,976	25,518	7,542
6 Employee related provisions Employee related provisions increased by \$4.5 million (18.9%) due to additional staff employed to deal with COVID-19 and minimum leave taken in order to meet the COVID-19 response requirements.	23,518	27,968	4,450
7 Royalties for Regions Fund payments Royalties for Regions Fund payments decreased by \$88.8 million (-92.0%) due to a change in accounting policy to reclass Royalties for Regions Fund from controlled revenue to administered. This was a result of the application of the AASB 15 Revenue from Contracts with Customers.	96,490	7,679	(88,811)
8 Supplies and services payments Supplies and services payments increased by \$172.7 million (26.3%) mainly due to an underestimation of hotel quarantine related expenses during the year.	(656,223)	(828,948)	(172,725)
9 GST payments on purchases GST payments on purchases increased by \$162.5 million (57.6%) mainly due to increased expenses derived from COVID-19 activities.	(282,117)	(444,638)	(162,521)
10 GST receipts from taxation authority GST receipts from taxation authority increased by \$147.1 million (56.0%) due to actual costs exceeding estimates, resulting in higher amounts claimed.	262,682	409,800	147,118

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 9 Other disclosures (continued)

9.15 Explanatory statement (Controlled Operations) (continued)

Major Actual (2021) and Comparative (2020) Variance Narratives		2021 Estimate \$000	2020 Actual \$000	Variance \$000
A	Supplies and services expenses Supplies and services expenses increased by \$188.7 million (235.1%) due to increased hotel quarantine related costs compared to last financial year.	268,926	80,249	188,677
B	Inventories Inventories increased by \$26.9 million (131.5%) due to additional purchase of COVID-19 medical equipment.	47,437	20,489	26,948
C	Amounts receivable for services Amounts receivable for services increased by \$17.0 million (26.4%) due to additional non-cash appropriation allocated to the Department to manage the state-wide asset acquisition.	81,479	64,461	17,018
D	Employee related provisions Employee related provisions increased by \$4.4 million (18.9%) due to additional staff employed to deal with COVID-19 and minimum leave taken in order to meet the COVID-19 Response requirements.	27,968	23,518	4,450
E	Supplies and services payments Supplies and services payments increased by \$186.1 million (29.0%) reflecting the increased demand for hotel quarantine and associated costs as the pandemic persists.	(828,948)	(642,814)	(186,134)
F	GST payments on purchases GST payments on purchases increased by \$50.7 million (12.9%) due to increased expenses derived from the COVID-19 Response.	(444,638)	(393,917)	(50,721)

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 10 Administered disclosures

This section sets out all of the statutory disclosures regarding the financial performance of the Department.

	Notes
Administered assets and liabilities	10.1
Disclosure of administered income and expenses by service	10.2
Explanatory statement for administered items	10.3

10.1 Administered assets and liabilities

	2021 \$000	2020 \$000
Assets		
Cash and cash equivalents	178,216	113,595
Receivables	5,490	18,953
Service concession assets	122,980	-
Total administered assets	306,686	132,548
Liabilities		
Payables	(4,023)	(3,652)
Service concession liabilities (Grant of the Right to Operate Model)	(89,775)	-
Total administered liabilities	(93,798)	(3,652)

The Department administers the Capital Works Fund for the Asset Investment Program and the service concession arrangement for the multi-deck car park on the Queen Elizabeth II Medical Centre Site on behalf of State Government which are not controlled by, nor integral to the function of the Department. A service concession asset is recognised in respect of the multi-deck car park and a grant of the right to operate liability is recognised as the State does not have a contractual obligation to pay cash or another financial asset but grants the right to a private operator to earn revenue from the public use of the car park. The liability represents unearned revenue and is progressively reduced over the period of the concession by recognising revenue (Note 10.2). The administered assets, liabilities, income and expenses are not recognised in the principal statements of the Department but are presented at note 10.1 'Administered assets and liabilities' and note 10.2 'Disclosure of administered income and expenses by service' using the same basis as the financial statements.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 10 Administered disclosures (continued)

Note 10.2 Disclosure of administered income and expenses by service

	Public Hospital Admitted Services		Public Hospital Emergency Services		Public Hospital Non-Admitted Services		Mental Health Services	
	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
COST OF SERVICES								
Expenses								
Funding for Capital Works Fund transferred to:								
Health Service Providers	129,263	109,192	23,945	21,472	26,827	23,302	22,240	15,698
State Pool Account and State Managed Fund Account administered for Mental Health Commission								
Transfer of activity based funding to Health Service Providers	-	-	-	-	-	-	345,564	330,899
Transfer of block funding to Health Service Providers	-	-	-	-	-	-	383,874	363,479
Service concession arrangement depreciation expense (a)	-	-	-	-	-	-	-	-
Total administered expenses	129,263	109,192	23,945	21,472	26,827	23,302	751,678	710,076
Income								
Administered for Capital Works Fund:								
Capital appropriations	135,825	85,697	23,407	14,870	28,142	18,598	23,431	12,188
Royalties for Regions Fund	13,703	8,484	4,923	3,277	2,400	1,652	2,350	1,643
Commonwealth grants and contributions	(1,705)	(116)	(269)	(16)	(359)	(24)	(359)	(24)
Contribution from Department of Health	-	-	-	-	-	-	-	-
State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC)								
Commonwealth activity based funding for MHC	-	-	-	-	-	-	138,214	111,497
Commonwealth block funding for MHC	-	-	-	-	-	-	114,369	106,219
State activity based funding from MHC	-	-	-	-	-	-	207,350	219,402
State block funding from MHC	-	-	-	-	-	-	269,505	257,260
Service concession arrangement revenue (a)	-	-	-	-	-	-	-	-
Total administered income	147,823	94,065	28,061	18,131	30,183	20,226	754,860	708,185

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 10 Administered disclosures (continued)

Note 10.2 Disclosure of administered income and expenses by service (continued)

	Aged and Continuing Care Services		Public and Community Health Services			Pathology Services	Community Dental Health Services	
	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
COST OF SERVICES								
Expenses								
Funding for Capital Works Fund transferred to:								
Health Service Providers	3,206	2,978	13,544	9,843	12,022	17,601	3,321	776
State Pool Account and State Managed Fund Account administered for Mental Health Commission								
Transfer of activity based funding to Health Service Providers	-	-	-	-	-	-	-	-
Transfer of block funding to Health Service Providers	-	-	-	-	-	-	-	-
Service concession arrangement depreciation expense (a)	-	-	-	-	-	-	-	-
Total administered expenses	3,206	2,978	13,544	9,843	12,022	17,601	3,321	776
Income								
Administered for Capital Works Fund:								
Capital appropriations	2,242	1,532	9,613	5,250	6,088	10,000	3,967	981
Royalties for Regions Fund	1,896	933	5,953	3,728	-	-	-	-
Commonwealth grants and contributions	(30)	(2)	(120)	(8)	-	-	(150)	(10)
Contribution from Department of Health	-	-	-	-	-	-	-	-
State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC)								
Commonwealth activity based funding for MHC	-	-	-	-	-	-	-	-
Commonwealth block funding for MHC	-	-	-	-	-	-	-	-
State activity based funding from MHC	-	-	-	-	-	-	-	-
State block funding from MHC	-	-	-	-	-	-	-	-
Service concession arrangement revenue (a)	-	-	-	-	-	-	-	-
Total administered income	4,108	2,463	15,446	8,970	6,088	10,000	3,817	971

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 10 Administered disclosures (continued)

Note 10.2 Disclosure of administered income and expenses by service (continued)

	Small Rural Hospital Services		Health System Management – Policy and Corporate Services		Health Support Services		Total	
	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
COST OF SERVICES								
Expenses								
Funding for Capital Works Fund transferred to:								
Health Service Providers	5,132	5,989	3,398	15,191	34,261	32,481	277,159	254,523
State Pool Account and State Managed Fund Account administered for Mental Health Commission								
Transfer of activity based funding to Health Service Providers	-	-	-	-	-	-	345,564	330,899
Transfer of block funding to Health Service Providers	-	-	-	-	-	-	383,874	363,479
Service concession arrangement depreciation expense (a)	-	-	2,617	-	-	-	2,617	-
Total administered expenses	5,132	5,989	6,015	15,191	34,261	32,481	1,009,214	948,901
Income								
Administered for Capital Works Fund:								
Capital appropriations	1,605	1,016	11,563	60,731	42,656	10,692	288,539	221,555
Royalties for Regions Fund	5,584	3,725	-	-	-	-	36,809	23,442
Commonwealth grants and contributions	-	-	3,008	-	-	-	16	(200)
Contribution from Department of Health	-	-	-	-	-	-	-	-
State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC)								
Commonwealth activity based funding for MHC	-	-	-	-	-	-	138,214	111,497
Commonwealth block funding for MHC	-	-	-	-	-	-	114,369	106,219
State activity based funding from MHC	-	-	-	-	-	-	207,350	219,402
State block funding from MHC	-	-	-	-	-	-	269,505	257,260
Service concession arrangement revenue (a)	-	-	5,474	-	-	-	5,474	-
Total administered income	7,189	4,741	20,045	60,731	42,656	10,692	1,060,276	939,175

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 10 Administered disclosures (continued)

Note 10.2 Disclosure of administered income and expenses by service (continued)

- (a) A Public Private Partnership Project Agreement between the State of Western Australia and International Parking Group (IPG) has been established for IPG to own, operate and manage the multi-deck car park at the Queen Elizabeth II Medical Centre site. In 2020–21, the project agreement was assessed as a service concession arrangement in accordance with AASB 1059 Service Concession Arrangements: Grantors. Under AASB 1059, a grant of the right to operate liability (Note 10.1) is raised as the State does not have a contractual obligation to pay cash or another financial asset but grants the right to the operator to earn revenue from the public use of the asset. This liability represents unearned revenue and is progressively reduced over the period of the concession by recognising revenue each year. The Department administers the service concession arrangement for the multi-deck car park on behalf of State Government which is not controlled by, nor integral to the function of the Department.

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 10 Administered disclosures (continued)

Note 10.3 Explanatory statement for administered items

All variances between estimates (original budget) and actual results for 2021, and between the actual results for 2021 and 2020 are shown below. Narratives are provided for key major variances which are greater than 10% and 1% of the Total Administered Income (i.e. 1% of \$1,060,276,000).

	Variance note	Estimate 2021 \$000	Actual 2021 \$000	Actual 2020 \$000	Variance between estimate and actual \$000	Variance between actual results for 2021 and 2020 \$000
COST OF SERVICES						
Expenses						
Funding for Capital Works Fund transferred to:						
Health Service Providers	1	375,047	277,159	254,523	(97,888)	22,636
State Pool Account and State Managed Fund Account administered for Mental Health Commission						
Transfer of activity based funding to Health Service Providers		332,058	345,564	330,899	13,506	14,665
Transfer of block funding to Health Service Providers		387,420	383,874	363,479	(3,546)	20,395
Service concession arrangement depreciation expense		2,083	2,617	-	534	2,617
Total administered expenses		1,096,608	1,009,214	948,901	(87,394)	60,313
Income						
Administered for Capital Works Fund:						
Capital appropriations	(a)	276,075	288,539	221,555	12,464	66,984
Royalties for Regions Fund	2, (b)	98,938	36,809	23,442	(62,129)	13,367
Commonwealth grants and contributions		34	16	(200)	(18)	216
Contribution from Department of Health		-	-	-	-	-
State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC)						
Commonwealth activity based funding for MHC		140,532	138,214	111,497	(2,318)	26,717
Commonwealth block funding for MHC		110,664	114,369	106,219	3,705	8,150
State activity based funding from MHC		191,526	207,350	219,402	15,824	(12,052)
State block funding from MHC		276,755	269,505	257,260	(7,250)	12,245
Service concession arrangement revenue		2,283	5,474	-	3,191	5,474
Total administered income		1,096,808	1,060,276	939,175	(36,532)	121,101

Notes to the Financial Statements

For the year ended on 30 June 2021

Note 10 Administered disclosures (continued)

Note 10.3 Explanatory statement for administered items (continued)

Major estimate and actual (2021) variance narratives:

1. Funding for Capital Works Fund transferred to Health Service Providers decreased by \$97.9 million (26%) due to ongoing impact of the COVID-19 pandemic, further delays were experienced in the planned capital works as such less funding was required by the Health Service Providers.
2. Administered income for Royalties for Regions Fund decreased by \$62.1 million (63%) due to change in account policy, under the application of AASB15, the determination is clear that RFR revenue is administered by the Department as opposed to controlled.

Major actual (2021) and comparative (2020) variance narratives:

- (a) Administered income for Capital Appropriations increased by \$66.9 million (30%) due to additional funding provided from the state to support capital projects specific to the pandemic response as well as ongoing capital projects including Healthnext.
- (b) Administered income for Royalties for Regions Fund increased by \$13.3 million due to increased funding for Primary Health Centres Demonstration Program, Carnarvon Aged and Palliative Care Facility, Bunbury Hospital Redevelopment and Albany Radiation Oncology projects offset by decreased funding for District Hospital Investment Program and Onslow Hospital.

Appendices

Appendix 1: Report on palliative care progress across Western Australia

Recommendation 13: WA Health regularly communicate the progress of implementation of the recommendations of the Joint Select Committee on End of Life Choices to stakeholders in the palliative care sector, and the Department of Health include a summary of those communications in its Annual Report.

The Department of Health provides regular communication to stakeholders on the implementation of the recommendations of the Joint Select Committee (JSC) on End of Life Choices (ELOC) through a variety of mechanisms to reach a wide audience. This includes but is not limited to:

- Bi-annual Palliative Care and Advance Care Planning Health Service Provider (HSP) meetings
- End-of-Life Palliative Care Advisory Committee that convenes every 6 weeks and includes representatives from across palliative care service providers in WA
- sponsoring and opening the 2020 Palliative Care WA (PCWA) Summit
- providing calendar updates through Palliative and Supportive Care Education (PaSCE)
- Voluntary Assisted Dying communiques
- Health Networks bulletins emailed every 6 weeks
- Tri-annual Advance Care Plan stakeholder updates to stakeholders identified in the Ministerial Expert Panel on Advance Health Directives
- Advance Care Planning Stakeholder consultations on the development of a revised Advance Health Directive template and Advance Care Planning Health Professional and Community Education
- Advance Care Planning update video presentation as part of the PaSCE program for health professionals.

Recommendation 15: The North Metropolitan Health Service and the Department of Health report on the progress of implementation of recommendation 7 of the Joint Select Committee on End of Life Choices in their next Annual Reports.

JSC on EOLC Recommendation

7: The Minister for Health should facilitate the establishment of an inpatient specialist palliative care hospice providing publicly funded beds in the northern suburbs of Perth.

Progress update

An open tender process was conducted via TendersWA, in which 2 offers were received. Both offers were deemed unsuitable to meet the requirements of the tender. As such, an alternative arrangement was settled to provide the required services. Through this arrangement, North Metropolitan Health Service was able to deliver a specialist palliative care unit service in line with the JSC recommendation of a 'hospice' service delivery model.

Recommendation 21: The Department of Health report on the progress of implementation of recommendations 8, 10 and 11 of the Joint Select Committee on End of Life Choices in its next Annual Report.

JSC on EOLC Recommendation

8: The Minister for Health should ensure that community palliative care providers, such as Silver Chain, are adequately funded to provide for growing demand.

Progress update

In October 2019, the WA Government announced a funding package of \$6.3 million from 2019–20 to 2022–23 for the expansion of community-based services across both metropolitan and regional WA to better meet demand.

The Department of Health has partnered with Silver Chain to deliver a range of important initiatives to improve and expand the delivery of palliative care services in the community.

These initiatives include:

- an 18-month pilot aimed at addressing the continuum of care needs of palliative care patients and the complexity of triage and referrals in this patient journey, to support streamlined management of referrals to Silver Chain's Community Palliative Care service and to support earlier referral
- an 18-month pilot of overnight carer respite to alleviate the strain and enhance the experience of informal carers of people with life-limiting illness receiving palliative care.

In regional areas, significant work has been undertaken to identify palliative care patients who are at risk of hospital or residential aged care admission because of a lack of domiciliary care services, carer stress, patients who are on a rapid trajectory of decline or because of urgent, exceptional, complex or compassionate circumstances.

Funding has been provided for domiciliary care services to be provided in a responsive timeframe to ensure patients and carers/family are supported to remain at home.

Through the National Partnership Agreement for Comprehensive Palliative Care in Aged Care program the End of Life Care program has undertaken targeted stakeholder consultation and a review of contemporary evidence and policy direction papers to support a targeted approach to the program of work; grants have been executed with 2 agencies to expand in-reach consultancy services and education in line with the National Partnership Agreement key requirements. Planning and allocation of remaining funds is underway.

The Department of Health continues to work on improving transparency of data for community palliative care services through improved data capture and exploring the feasibility of data linkage to provide estimates of funding against supply.

An important initiative to better understand palliative care service provision was an independent review into current palliative care service provision and community preferences for future services, which was completed in November 2020. Information gleaned through this process will underpin future planning across end of life and palliative care, including future community service provision.

10: WA Health should implement a process to determine the unmet demand for palliative care and establish an ongoing process to measure the delivery of palliative care services with the aim of making those services available to more Western Australians.

Significant work has occurred within the Department of Health to better understand current state of palliative care activity, data and expenditure across WA and scoping of further work required to more accurately capture these elements. It has been decided to use unmet need rather than unmet demand as the metric for analysis to encompass all levels of need including those who may not be aware that palliative care services are available to them. Unmet need estimates are being refined to consider palliative care received at various stages in the illness trajectory and across different care settings. Unmet need measures will include access to services for people with conditions other than cancer and will track how access to care changes/improves over time.

The Department of Health is also working across multiple areas to increase access to palliative care services through increased knowledge and understanding of palliative care across both the health sector and the wider community. This includes education and training initiatives to further build palliative care capacity across the health system as well as statewide activities targeting improved community awareness and knowledge.

11: To improve understanding of palliative care in Western Australia, WA Health should:

11.1: Establish a consistent definition of palliative care to be adopted by all health professionals

The Department of Health has established a consistent definition of palliative care and has communicated that through the WA End-of-Life and Palliative Care Strategy 2018–2028, Implementation Plan One (IP1) 2020–2022, and the revised Palliative Care Admissions Policy. This definition aligns with that from the World Health Organisation.

Palliative care is an approach that improves the quality of life of individuals, including their family/carer, facing problems associated with life-threatening illness/condition, through the prevention and relief of suffering. Palliative care recognises the person and the importance and uniqueness of their family/carer. It serves to maximise the quality of life and considers physical, social, financial, emotional, and spiritual distress. Such distress not only influences the experience of having a life-limiting illness but also influences treatment outcomes.

Specialist palliative care is undertaken by a professional palliative care team or service with recognised qualifications or accredited training in palliative care. The role of specialist palliative care services includes providing consultation services to support, advise, educate and mentor specialist and non-specialist teams to provide end-of-life and palliative care and/ or to provide direct care to people with complex palliative care needs. Recognising that a person is entering the last months or year of life can be difficult to determine. Being able to recognise that a person may be dying can also be difficult, but is an essential requirement for clinicians. Recognising that a person is entering the last months or year of life enables purposeful conversations with people and their families/carers to discuss their preferences and what matters to them.

Communication strategies to improve dissemination of the definitions and increase uptake in health service settings is currently being developed. An important part of this strategy is the \$1.75 million 5-year partnership between the Department of Health and Palliative Care WA.

From a data perspective further work is in progress to clarify the clinical coding and Activity Based Funding definition to ensure alignment of the Palliative Care Admissions Policy with the provision of sub-acute care in regional WA.

11.2: Provide comprehensive, accessible and practical information and education services about palliative care to health professionals and the community

Evidence gathering through stakeholder consultation including surveys and desktop reviews determined that training and education about palliative care for health professionals was already available through many and diverse sources, and the key priority was the development framework to support learning requirements and an indication on how to locate the existing training across the many platforms.

11.3: Encourage knowledge sharing by palliative care specialists with their generalist colleagues

An Education and Training Reference Group was established to guide the creation of the Education and Training for Health Professionals Framework and supporting online resource hub. The Framework and resource hub were piloted in over 60 sites; feedback is currently being consolidated and determination of next steps to ensure a fit for purpose product to support clinicians across the spectrum of service provision including specialists, generalists, nursing and allied health.

An important function of the resource hub through the Feedback tab is for users to provide information to the hub hosts that identifies gaps in education and training to inform the potential development of future resources.

11.4: Establish a palliative care information and community hotline

A tender process for the establishment of a community hotline was completed and awarded to Palliative Care WA in a 4-year contract. This hotline is now operational.

Recommendation 24: The WA Country Health Service and the Department of Health report on the progress of implementation of recommendation 13 of the Joint Select Committee on End of Life Choices in their next Annual Reports

JSC on EOLC Recommendation

13: The Minister for Health should ensure regional palliative care be adequately funded to meet demand

Progress update

The WA Country Health Service (WACHS) Palliative Care Program has made major steps in progressing comprehensive specialist palliative care services in rural and remote WA, in response to improving equity of access and end of life choices for regional Western Australians.

A phased approach over the 4-year life of the Palliative Care Program is complementing current service delivery, expanding the provision of multidisciplinary care, providing care closer to home through improving and increasing community based palliative care services, expanding the provision of in-home palliative care support, developing innovative Telehealth services from the WACHS telehealth hub and refining governance structures, whilst ensuring respect for regional differences.

The regions have had significant investment within their clinical palliative care teams in terms of expertise, with the strengthening and or addition of clinical nurses, medical, and social workers. All regions have access to a combination of multidisciplinary palliative care teams and currently operational in 14 of the planned 18 district hubs (Broome, Port Hedland, Karratha, Geraldton, Kalgoorlie, Esperance, Northam, Narrogin, Bunbury, Busselton, Collie, Manjimup, Albany and Katanning). The number of patients has grown from 780 in June 2019 to 1,025 in May 2021.

The palliative care medical workforce has been enhanced with a team of medical specialists supporting complex patient management and providing clinical support in all 7 regions. To bridge the difference between metropolitan and regional on-the-ground access to medical specialists, recruitment of locally residing General Practitioners (GPs) is being piloted. Partnering with local GPs is providing support to the local teams and building capacity in the primary health care workforce.

The program's vision to improve access to quality palliative care for Aboriginal people is significant with a clear focus on developing and delivering culturally respectful and appropriate care for Aboriginal people and their families in their place of choice. As an integral member of the multidisciplinary team, the number of Aboriginal health workers has increased over the past 2 years from one to 6, with further recruitment planned.

TelePalliative care in the home has been expanded to allow access to palliative care and support at home for patients and family/carers via the use of iPads that connect them to local palliative care staff. Patients have access to nursing support and medical assessments, generally in their last days of life, for those patients in remote areas.

WACHS is progressing the development of the Palliative Care Afterhours Telehealth Service (PaCATS), which will provide WACHS telehealth enabled sites within the state with afterhours palliative care expertise via video conference from the command centre.

In partnership with homecare providers, the program has delivered 55 community homecare packages across all 7 regions to patients who were at risk of hospitalisation through the inability to access timely domiciliary homecare services. To support care at home, dedicated palliative care equipment has been purchased for each regional hub to provide safe, responsive care in the home.

Appendix 2: Board and committee remuneration

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Cardiovascular Health Network Executive Advisory Group						
Clinical Co-lead	Dr Tony Mylius	2 years	12 months	Sessional	\$1,012	\$1,012
Clinical Co-lead	Rick Bond	2 years	12 months	Sessional	\$1,012	\$1,012
Member	Tom Briffa	2 years	12 months	Not eligible	Not applicable	\$0
Member	Jille Burns	2 years	12 months	Not eligible	Not applicable	\$0
Member	Craig Cheetham	2 years	12 months	Not eligible	Not applicable	\$0
Member	Trevor Cherry	2 years	12 months	Not eligible	Not applicable	\$0
Member	Jenny Deague	2 years	12 months	Not eligible	Not applicable	\$0
Member	Lesley Gregory	2 years	12 months	Not eligible	Not applicable	\$0
Member	Graham Hillis	2 years	12 months	Not eligible	Not applicable	\$0
Member	Donald Latchem	2 years	12 months	Not eligible	Not applicable	\$0
Member	Lorraine Linacre	2 years	12 months	Not eligible	Not applicable	\$0
Member	Andrew Maiorana	2 years	12 months	Not eligible	Not applicable	\$0
Member	Shelley McRae	2 years	12 months	Not eligible	Not applicable	\$0
Member	Lucy Patel	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Jamie Rankin	2 years	12 months	Not eligible	Not applicable	\$0
Member	Julie Smith	2 years	12 months	Not eligible	Not applicable	\$0
Member	Prof. David Playford	2 years	12 months	Not eligible	Not applicable	\$0
Member	Toby Richards	2 years	12 months	Not eligible	Not applicable	\$0
Member	Caitlin Bradley	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Tina Bertilone	2 years	12 months	Not eligible	Not applicable	\$0

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Robert Larbalestier	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Chris Judkins	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr James Ramsay	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Judith Katzenellenbogen	2 years	12 months	Not eligible	Not applicable	\$0
Member	Helen McClean	2 years	12 months	Not eligible	Not applicable	\$0
Member	Geoff Bartle	2 years	12 months	Sessional	\$70	\$0
Member	Dr Andrew Bullock	2 years	12 months	Not eligible	Not applicable	\$0
Member	Lyn Dimer	2 years	12 months	Not eligible	Not applicable	\$0
Member	Russell Simpson	2 years	12 months	Not eligible	Not applicable	\$0
Member	Nik Stoyanov	2 years	12 months	Not eligible	Not applicable	\$0
Member	Leesa Thomas	2 years	12 months	Not eligible	Not applicable	\$0
Member	Selena West	2 years	12 months	Not eligible	Not applicable	\$0
					Total	\$2,024
Department of Health WA Human Research Ethics Committee						
Chair	Dr Peter Bentley	3 years	12 months	Annual	\$19,100	\$19,100
Member	Associate Prof. Alison Reid	3 years	12 months	Sessional	\$330	\$3,630
Member	Shane Gallagher	3 years	12 months	Not eligible	Not applicable	\$0
Member	Natalie Fleetwood	3 years	12 months	Sessional	\$330	\$3,300
Member	Associate Prof. Angela Ives	3 years	12 months	Sessional	\$330	\$3,630
Member	Dr Phillip Jacobsen	3 years	3 months	Sessional	\$330	\$660
Member	Kathryn Kirk	3 years	12 months	Sessional	\$330	\$3,630

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Stephen Woods	3 years	6 months	Not eligible	Not applicable	\$0
Member	Ali Radomiljac	3 years	6 months	Not eligible	Not applicable	\$0
Member	Suzanne Hillier	3 years	12 months	Not eligible	Not applicable	\$0
Member	Prof. Colleen Haywood	3 years	3 months	Sessional	\$330	\$990
Deputy Member	Rev. Graham Maybury	34 months	12 months	Sessional	\$330	\$1,650
Deputy Member	Associate Prof. Ann McDonald	3 years	12 months	Sessional	\$330	\$330
Deputy Member	Nadia Saba	3 years	12 months	Sessional	\$330	\$990
Deputy Member	Prof. Satvinder Dhaliwal	3 years	12 months	Sessional	\$330	\$0
Deputy Member	John McMath	3 years	12 months	Sessional	\$330	\$990
Deputy Member	Prof. Richard Brightwell	3 years	12 months	Sessional	\$330	\$0
Deputy Member	Richard Gillett	3 years	12 months	Not eligible	Not applicable	\$0
Deputy Member	Sonia McKeiver	3 years	12 months	Sessional	\$330	\$0
Deputy Member	Bret Watson	3 years	12 months	Sessional	\$330	\$0
					Total	\$38,900
Diabetes and Endocrine Health Network Executive Advisory Group						
Clinical Co-lead	Prof. Tim Davis	2 years	12 months	Sessional	\$1,012	\$2,024
Clinical Co-lead	Sophie McGough	2 years	12 months	Sessional	\$507	\$1,521
Member	Deborah Schofield	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Gerry Fegan	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Sean George	2 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Seng Khee Gan	2 years	12 months	Not eligible	Not applicable	\$0
Member	Declan Casley	2 years	12 months	Sessional	\$70	\$70
					Total	\$3,615

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Fluoridation of Public Water Supplies Advisory Committee*						
A/Chair	*	Ongoing	8 months	Not eligible	Not applicable	\$0
Member 1	*	Ongoing	12 months	Not eligible	Not applicable	\$0
Member 2	*	Ongoing	12 months	Not eligible	Not applicable	\$0
Member 3	*	3 years	12 months	Not eligible	Not applicable	\$0
Member 4	*	3 years	12 months	Sessional	\$150	\$150
Member 5	*	3 years	12 months	Sessional	\$150	\$150
*Approval to withhold the names of the committee members has been granted by the Minister for Health					Total	\$300
Graylands Reconfiguration and Forensic Taskforce						
Chair	Hon Jim McGinty	2 years	5 months	Annual	\$64,795 pa	\$18,011
Member	Dr David Russell-Weisz	2 years	5 months	Not eligible	Not applicable	\$0
Member	Jennifer McGrath	2 years	5 months	Not eligible	Not applicable	\$0
Member	Adam Tomison	2 years	5 months	Not eligible	Not applicable	\$0
Member	Rachael Green	2 years	5 months	Not eligible	Not applicable	\$0
Member	Debora Colvin	2 years	5 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$2,148
Member	Michael Andrews	2 years	5 months	Not eligible	Not applicable	\$0
Member	Angela Kelly	2 years	4 months	Not eligible	Not applicable	\$0
					Total	\$20,159

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Implementation Leadership Team – Voluntary Assisted Dying						
Chair	Scott Blackwell	15 months	12 months	Sessional	\$1,270 for meetings over 4 hours, \$825 for meetings of 4 hours or less, \$169 per hours up to a maximum of 3 hours per meeting	\$27,800
Deputy Chair	Noreen Fynn	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$16,023
Member	Elissa Campbell	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$17,126
Member	Amanda Collins-Clinch	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$0
Member	Margaret Denton	15 months	12 months	Not eligible	Not applicable	\$0
Member	Stephanie Dowden	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$26,828
Member	Chris Etherton-Beer	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$14,040
Member	Chris Kane	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$17,100

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Andrew Miller	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$13,503
Member	Sally Talbot	15 months	12 months	Not eligible	Not applicable	\$0
Member	Peter Wallace	15 months	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less, \$110 per hours up to a maximum of 3 hours per meeting	\$22,909
					Total	\$155,329
Local Health Authorities Analytical Committee						
Member	David Wilson	3 years	12 months	Not eligible	Not applicable	\$0
Member	Freya Ayliffe	3 years	9 months	Not eligible	Not applicable	\$0
Member	Sarah Upton	3 years	12 months	Not eligible	Not applicable	\$0
Member	Emily Dunn	3 years	12 months	Not eligible	Not applicable	\$0
Member	Kim Frost	3 years	12 months	Not eligible	Not applicable	\$0
Member	Ryan Quinn	3 years	12 months	Not eligible	Not applicable	\$0
Member	Ellie Robinson	3 years	12 months	Not eligible	Not applicable	\$0
Member	Hannah Robinson	3 years	12 months	Not eligible	Not applicable	\$0
Member	Tsyr Chiat Chew	3 years	12 months	Not eligible	Not applicable	\$0
Member	Catherine Barlow	3 years	3 months	Sessional	\$231 for meetings over 4 hours, \$158 for meetings of 4 hours or less	\$158
Member	Andrew Campbell	3 years	12 months	Not eligible	Not applicable	\$0
					Total	\$158

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Northern Territory, South Australia and Western Australia Board of the Psychology Board of Australia						
Acting Chair	Neil McLean	1 year, 8 months	12 months	Sessional		
Member	Carolyn Bright	3 years	12 months	Sessional		
Member	Elizabeth (Claire) Pritchard	3 years	12 months	Sessional		
Member	Theodore (Ted) Sharp	3 years	10 months	Sessional		
*Board members are not remunerated by the Department of Health					Total	\$0
Perinatal and Infant Mortality Committee						
Investigator	Dr Christine Marsack	3 years	12 months	Sessional	\$526.49	\$17,605
Investigator	Dr Keren Witcombe	3 years	12 months	Sessional	\$526.49	\$13,426
Investigator	Dr Corrado Minutillo	3 years	6 months	Sessional	\$526.49	\$26,820
Investigator	Dr Noel French	3 years	12 months	Sessional	\$526.49	\$15,795
Chair	Prof. John Newnham	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Stephen Resnick	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Gayatri Jape	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Disna Abeysuriya	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Michael Gannon	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Warren Thyer	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Robert Perry	3 years	9 months	Not eligible	Not applicable	\$0
Member	Louise Keyes	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Chhaya Mehrotra	3 years	3 months	Not eligible	Not applicable	\$0

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Heather Woods	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Scott White	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Peta Ann Sadler	3 years	12 months	Not eligible	Not applicable	\$0
Member	Prof. Helen Leonard	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Han-Shin Lee	3 years	6 months	Not eligible	Not applicable	\$0
					Total	\$73,646
Pharmacy Registration Board of Western Australia						
Presiding member	Giovanna Cecchele	3 years	12 months	Sessional	\$540 per full day meeting/ \$350 per half day meeting	\$5,750
Deputy presiding member	Dean Schulze	3 years	12 months	Sessional	\$350 per full day meeting/ \$230 per half day meeting	\$3,730
Member	Linda Diane Keane	3 years	12 months	Sessional	\$350 per full day meeting/ \$230 per half day meeting	\$3,730
Member	Debra Letica	3 years	12 months	Sessional	\$350 per full day meeting/ \$230 per half day meeting	\$3,730
Deputy member	Andrew Ngeow	3 years	6 months	Sessional	\$350 per full day meeting/ \$230 per half day meeting	\$0
Deputy member	Jocelyn Elizabeth Sisson	3 years	6 months	Sessional	\$350 per full day meeting/ \$230 per half day meeting	\$0
Deputy member	Paul Leslie Jardine	3 years	6 months	Sessional	\$350 per full day meeting/ \$230 per half day meeting	\$0
Deputy member	Associate Prof. Richard Freeburn Brightwell	3 years	6 months	Sessional	\$350 per full day meeting/ \$230 per half day meeting	\$0
					Total	\$16,940

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Radiological Council						
Chair	Dr Andrew Geoffrey Robertson	3 years	12 months	Not eligible	Not applicable	\$0
Deputy Chair	Dr Revle Diane Bangor-Jones	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Chandra Padmini Hewavitharana	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Roger Ian Price	3 years	12 months	Sessional	\$160	\$1,440
Member	Christopher John Whennan	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Elizabeth Louise Thomas	3 years	12 months	Not eligible	Not applicable	\$0
Member	Darius Kwiatkowski	3 years	12 months	Not eligible	Not applicable	\$0
Member	Associate Prof. Ros Francis	3 years	12 months	Not eligible	Not applicable	\$0
Member (Non-voting)	Nick Tsurikov	3 years	12 months	Sessional	\$160	\$1,280
Member (Non-voting)	Frank Harris	3 years	12 months	Sessional	\$160	\$1,600
Deputy Member	Dr Deepthi Dissanayake	3 years	12 months	Not eligible	Not applicable	\$0
Deputy Member	Helen Parry	3 years	12 months	Not eligible	Not applicable	\$0
Deputy Member	Cameron Storm	3 years	12 months	Sessional	\$160	\$1,280
Deputy Member	Dr Russel Troedson	3 years	6 months	Not eligible	Not applicable	\$0
Deputy Member	Prof. Paul Parizel	3 years	6 months	Not eligible	Not applicable	\$0
					Total	\$5,600
Respiratory Health Network Executive Advisory Group						
Clinical Lead	Li Ping Chung	30 months	12 months	Sessional	\$1,012	\$4,048
Member	Jenny Howson	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Renate Jolly	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Kirsty Tilden	Ongoing	12 months	Not eligible	Not applicable	\$0

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Dr Corey Lei	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Robert Blakeman	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Charlotte Steed	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Pamela Laird	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Siobhain Mulrennan	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Dr John McLachlan	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Dr Su Lyn Leong	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Dr Vin Cavalheri	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Dr Gemma Johnson	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Sharon Lagan	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Aeisha Neilsen	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Dr Anne O'Donnell	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Vivienne Travlos	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Tina Turia-Waldon	Ongoing	12 months	Sessional	\$70	\$280
					Total	\$4,328
Stimulant Assessment Panel						
Chair	*	3 years	12 months	Not eligible	Not applicable	\$0
Member 1	*	3 years	12 months	Not eligible	Not applicable	\$0
Member 2	*	3 years	12 months	Not eligible	Not applicable	\$0
Member 3	*	3 years	12 months	Not eligible	Not applicable	\$0
Member 4	*	3 years	12 months	Not eligible	Not applicable	\$0
Member 5	*	3 years	12 months	Sessional	\$228.70	\$2,058
Member 6	*	3 years	12 months	Sessional	\$228.70	\$0

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member 7	*	3 years	12 months	Sessional	\$228.70	\$1,144
Member 8	*	3 years	12 months	Not eligible	Not applicable	\$0
*Approval to withhold the names of the committee members has been granted by the Minister for Health					Total	\$3,202
Sustainable Health Independent Oversight Committee						
Member	Dr Richard Choong	2 years	12 months	Sessional	\$825 per full day meeting/ \$537 per half day meeting	\$1,611
Member	Margaret Doherty	2 years	12 months	Sessional	\$825 per full day meeting/ \$537 per half day meeting	\$1,611
Member	Prof. Fiona Wood	2 years	12 months	Not eligible	Not applicable	\$0
Member	Meredith Hammat	2 years	6 months	Sessional	\$825 per full day meeting/ \$537 per half day meeting	\$1,611
Member	Tim Marney	2 years	12 months	Sessional	\$825 per full day meeting/ \$537 per half day meeting	\$1,611
Member	Lesley Nelson	2 years	12 months	Sessional	\$825 per full day meeting/ \$537 per half day meeting	\$1,611
Member	Elizabeth Prime	2 years	12 months	Sessional	\$825 per full day meeting/ \$537 per half day meeting	\$1,611
					Total	\$9,666
Western Australian Board of the Medical Board of Australia						
Chair	Prof. Constantine (Con) Michael [^]	2 years	12 months (9 months as Chair)	Sessional		
Chair	Prof. Mark Edwards	3 years	12 months (3 months as Chair)	Sessional		
Member	Dr Alan Duncan	1.5 years	12 months	Sessional		
Member	Dr Michael Levitt	1.5 years	12 months	Sessional		
Member	Dr Clare Matthews	2.9 years	12 months	Sessional		

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Dr George Eskander	1.5 years	12 months	Sessional		
Member	Dr Richelle Douglas	3 years	12 months	Sessional		
Member	Dr Pathma (Patty) Edge	3 years	12 months	Sessional		
Member	Sonia McKeiver	3 years	12 months	Sessional		
Member	Meneesha Michalka	3 years	12 months	Sessional		
Member	Liam Roche	3 years	12 months	Sessional		
*Board members are not remunerated by the Department of Health ^Prof. Mark Edwards replaced Prof. Con Michael as Chair in April 2021.					Total	\$0
Western Australian Board of the Nursing and Midwifery Board of Australia						
Chair	Marie-Louise MacDonald	2 years	12 months	Sessional		
Member	Adjunct Associate Prof. Karen Gullick	3 years	12 months	Sessional		
Member	Dr Sara Bayes	3 years	1 month	Sessional		
Member	Justine Burg	3 years	11 months	Sessional		
Member	Michelle Dillon	3 years	5 months	Sessional		
Member	Dr Yvonne Hauck	3 years	2 months	Sessional		
Member	Linda Hadfield	3 years	10 months	Sessional		
Member	Margaret Lundy	3 years	9 months	Sessional		
Member	Kristian Malic	2 years	10 months	Sessional		
Member	Kathryn Pedler	3 years	5 months	Sessional		
Member	Michael Piu	1 year	2 months	Sessional		
Member	John (Kim) Laurence	3 years	12 months	Sessional		
Member	Dr Margaret Crowley	3 years	3 months	Sessional		
*Board members are not remunerated by the Department of Health					Total	\$0

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Western Australian Child and Youth Health Network Executive Advisory Group						
Clinical Co-lead	Dr Alide Smit	3 years	12 months	Sessional	\$1,012	\$3,036
Clinical Co-lead	Dr Helen Wright	3 years	12 months	Sessional	\$1,012	\$3,036
Member	Phillippa Farrell	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Carolyn Franklin	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Linda Hop	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Heather Jones	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Alicia Bouskis	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Terri Barrett	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Janine Spencer	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Marie Deverell	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Jessica Hilliar	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Alysha Loffler	Ongoing	12 months	Sessional	\$70	\$210
Member	Joanna Harper	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Penny Walls	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Keisha Calyun	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Jhi Clarke	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Steve Oo	Ongoing	12 months	Not eligible	Not applicable	\$0
					Total	\$6,282
Western Australian Future Health Research and Innovation Fund Advisory Council						
Chair	John Van Der Wielen	3 years	9 months	Sessional	\$1,270 for meetings over 4 hours, \$825 for meetings of 4 hours or less	\$3,745

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Dr Glenn Begley	3 years	9 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$2,436
Member	Kane Blackman	5 years	9 months	Not eligible	Not applicable	\$0
Member	Prof. Sandra Eades	5 years	9 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$1,899
Member	Associate Prof. Dale Fisher	3 years	9 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$2,436
Member	Prof. Christina Mitchell AO	5 years	9 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$2,436
Member	Vicki O'Donnell	2 years	9 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$0
Member non-voting	Director General, Department of Health or nominee	Ongoing	9 months	Not eligible	Not applicable	\$0
Member non-voting	Director General, Department of Jobs, Tourism, Science and Innovation or nominee	Ongoing	9 months	Not eligible	Not applicable	\$0
					Total	\$12,952
Western Australian Reproductive Technology Council						
Chair	Prof. Stephan Millet	3 years	12 months	Sessional	\$213	\$3,518
Member	Antonia Clissa	3 years	12 months	Sessional	\$142	\$2,130
Member	Dr Angela Cooney	3 years	12 months	Sessional	\$142	\$2,844
Member	Dr Veronica Edwards	3 years	12 months	Not eligible	Not applicable	\$0
Member	Prof. Roger Hart	3 years	12 months	Sessional	\$142	\$994

Position	Name	Term of appointment	Period of membership 2020–21	Type of remuneration	Base salary/sitting fees (\$)	Gross/actual remuneration (\$)
Member	Kerry MacDonald	3 years	7 months	Not eligible	Not applicable	\$0
Member	Dr Joseph Parkinson	3 years	4 months	Sessional	\$142	\$213
Member	Associate Prof. Peter Roberts	3 years	12 months	Sessional	\$142	\$2,700
Member	Dr John Beilby	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Lucy Williams	3 years	12 months	Sessional	\$142	\$994
Deputy Member	Dr Megan Byrnes	3 years	12 months	Sessional	\$142	\$284
Deputy Member	Dr Louise Farrell	3 years	12 months	Sessional	\$142	\$1,067
Deputy Member	Renee Fox	3 years	12 months	Not eligible	Not applicable	\$0
Deputy Member	Dr Michele Hansen	3 years	12 months	Sessional	\$142	\$215
Deputy Member	Dr Andrew Harman	3 years	12 months	Sessional	\$142	\$2,203
Deputy Member	Rachel Oakeley	3 years	12 months	Sessional	\$142	\$641
Deputy Member	Dianne Scarle	3 years	12 months	Not eligible	Not applicable	\$0
Deputy Member	Andrew Lu	2 years	6 months	Sessional	\$142	\$568
Deputy Member	Prof. Alison Garton	2 years	6 months	Sessional	\$142	\$1,635
					Total	\$20,006
Western Australian Reproductive Technology Council Preimplantation Genetic Diagnosis Technical Advisory Committee						
Chair	Dr John Beilby	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Dr Kathy Sanders	Ongoing	12 months	Sessional	\$142	\$142
Member	Dr Sharon Townshend	Ongoing	12 months	Not eligible	Not applicable	\$0
Member	Dr Angela Cooney	Ongoing	12 months	Sessional	\$142	\$142
					Total	\$284



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