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

# Annual Report

## 2022–2023



## Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia (WA). It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

## Using the term Aboriginal

Within WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of WA. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

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

# Annual Report
## 2022–2023

This annual report provides an overview of the Department of Health operations for the financial year ended 30 June 2023.


**Department of Health**

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# Statement of compliance

**For the year ended 30 June 2023**

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

**HON STEPHEN DAWSON MLC**
**MINISTER FOR EMERGENCY SERVICES; INNOVATION AND THE DIGITAL ECONOMY; SCIENCE; MEDICAL RESEARCH; MINISTER ASSISTING THE MINISTER FOR STATE AND INDUSTRY DEVELOPMENT, JOBS AND TRADE**

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 reporting period ending 30 June 2023.

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



**Dr D J Russell-Weisz PSM**
DIRECTOR GENERAL
DEPARTMENT OF HEALTH

15 September 2023

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# From the Director General

As I reflect on the challenges and successes of the past year, it is clear the commitment to excellence from our staff has remained unwavering – and this continues to be demonstrated by the tireless efforts of our dedicated team.

Once again, we have provided comprehensive care to people and communities throughout WA. The statistics speak volumes – more than 1.1 million ED attendances, over 605,000 admissions to our hospitals, millions of patient interactions and almost 66,000 admissions for elective surgery services.

Throughout this report, we highlight some of the key accomplishments and initiatives that have defined the year at the department and the broader public health system.



Among our accomplishments, I am particularly proud of the milestones achieved in critical areas including the abortion law reform introduced to Parliament this year. These reforms are a significant step in advancing women's reproductive rights and are testament to our unwavering commitment to progressive healthcare policies.

Our commitment to the community's health, wellbeing and safety was also evident during key public health events including the severe flooding in the Kimberley, the search for the missing radioactive capsule and the total solar eclipse.

As we transitioned to living with COVID-19 after a tumultuous 3 years of the pandemic, I was pleased to see our COVID-19 leaders recognised in the King's Birthday and Australia Day Honours – serving as a fitting tribute to their extraordinary efforts during the pandemic. Western Australia has also been globally recognised for implementing one of the most effective strategies for COVID-19 worldwide. This is a testament to the outstanding work undertaken throughout the pandemic by staff across the health system and the unwavering support of the WA community.

I acknowledge, however, that the impact of COVID-19 extends beyond accolades. The pandemic led to delayed or deferred care, compounding waitlist pressures across the health system, which is being seen nationally and internationally – however it is a challenge we are addressing head on. This includes increasing bed capacity by adding more than 600 beds to the health system, including the opening of 4 modular facilities which delivered an extra 120 beds for low-to-medium acuity patients.

In the area of governance, the department has embraced the recommendations from the Independent Review of WA Health System Governance Report, which will improve strategic alignment, drive delivery of strategic initiatives and undoubtedly strengthen the foundation of our health system. Overall, the review found the WA devolved governance model established under the Health Services Act in 2016 is appropriate and should be retained.

The Sustainable Health Review remains our blueprint for cultural and structural change shaping the future of WA's health care. While much progress has been made already, the post-COVID-19 landscape means we will intensify efforts over the next 2 years with a focus on 6 key recommendations. The progression of these recommendations will ensure the future success of the program and provides a realistic and achievable way forward.

Our workforce will always be a priority, and we are actively working on initiatives to attract the finest talent to WA Health. We have increased staff by more than 7,000 across the system since October 2021 thanks in part to our successful interstate and international *Belong* campaign. We are also committed to retaining our current staff through wellbeing initiatives and development opportunities that foster a lifelong learning and growth mindset and ensure our staff continue to acquire new skills.

The recent introduction of the WA Virtual Emergency Department and State Health Operations Centre, along with the *Is the ED where you need to be?* campaign aim to improve patient flow and ease pressures on the health system including the demand on emergency departments – an area that has seen continued pressure this year.

Infrastructure projects, including the redevelopment of Joondalup Health Campus, upgrade to the Bunbury Regional Hospital, the Peel Health Campus transformation, as well as future developments at Osborne Park Hospital and the planned new Women and Babies Hospital, illustrate our commitment to improving health care infrastructure across the state.

Technological advancements continue to enhance efficiencies across the system. The first phase of the Electronic Medical Record Program implementation continued, with the digital medical record system now live at multiple sites. The new Enterprise Medical Imaging Platform was also introduced at multiple sites, improving digital diagnostic imaging for clinicians.

As we navigate the frontiers of medical research and innovation, the State's refreshed Future Health Research and Innovation Fund Strategy sets the course for pioneering research and innovation in WA. The launch of The Challenge this year called for innovative solutions to health care issues in the Pilbara. This exciting opportunity encourages development of culturally appropriate health solutions for local populations and their health needs.

Health challenges continue to evolve, and we are meeting them head on. Our ongoing efforts to address health issues related to vapes and nitrous oxide cannisters are part of our commitment to safeguarding public health. Immunisation rates for children remains a priority, as we work to ensure the wellbeing of future generations. Palliative care services and ensuring a dignified end-of-life experience are also focus areas.

We are embedding sustainability into our work practices and reducing emissions across our expansive health system. This was further solidified by the release and ongoing implementation of the department's Climate Action Plan.

I would like to take this opportunity to thank all department staff, and everyone across our vast health system for their ongoing dedication and support of the health and wellbeing of all Western Australians.

I look forward to continuing our work in the year ahead, building on our successes and accepting new challenges in an ongoing effort to create a healthier community.



**Dr D J Russell-Weisz PSM**
Director General

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# About us

# WA health in focus

## Health system

### Promotion, protection and prevention

Focus on improving health and preventing ill health, including immunisation and vaccination, healthy lifestyle initiatives and cancer screening

### Primary health care

First contact with the health system, including frequently accessed services such as general practice, allied health, dispensing medicines, and community health

### Specialist care

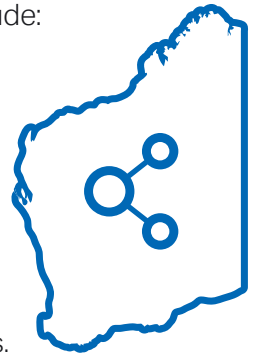
Services for those with specific or complex conditions or issues, including mental health services, cancer treatment, alcohol and other drug treatment services, palliative care, and clinical assessment for surgery, as well as diagnostic services such as pathology and imaging

### Hospitals

Includes services provided to admitted and non-admitted patients (outpatient clinics and emergency department care)

Our local health system network providers include:

- Child and Adolescent Health Service
- North Metropolitan Health Service
- East Metropolitan Health Service
- South Metropolitan Health Service
- WA County Health Service
- PathWest Laboratory Medicine WA
- Contracted health and community care services.



**57,501**
dedicated health staff

**$11 billion**
budget to support the delivery of healthcare services

## Community health and wellbeing

**1.1 million**
emergency department attendances

**3,815,873**
attended outpatient appointments

**606,015**
admissions to public hospitals

**32,873**
child development services referrals

**65,945**
admissions for elective surgery services

**24,202**
births at public hospitals

**Approximately half** of all adults self-reported their health status as 'excellent' or 'very good'

**90%** of adults stated they had used primary health services within the past 12 months

**15%** of adults stated they had used mental health services within the past 12 months

## Community health and wellbeing (cont.)

**In the past 12 months:**



**27%** of adults reported they had suffered an injury requiring treatment



**8%** of adults reported being diagnosed with heart disease



**25%** of adults reported being diagnosed with a mental health condition



**9%** of adults reported being diagnosed with diabetes



## Top 5 reasons

for admission to hospital:

1. **renal dialysis**
2. **chemotherapy**
3. **colonoscopy**
4. **other gastroscopy**
5. **childbirth**

## Community lifestyle



Current smokers 10%



Tried an e-cigarette 15%



Above a healthy weight 74%



Drank at risky levels for long term harm 30%



Used illicit drugs 10%



More than **2 in 5** (41%) adults met the recommended minimum daily intake of fruit while only **one in 12** (8%) adults met the recommended minimum daily intake of vegetables



More than **3 in 5** (65%) adults engaged in at least 150 minutes of moderate physical activity per week



Approximately **one in 3** adults:

- reported eating fast food meals at least once a week
- spent more than 21 hours per week watching TV/ DVDs or using a computer/smartphone/tablet device
- reported sleeping less than the recommended number of hours on a usual night



**55%** of adults spend most of their day sitting

**Data source:**

1. Community health and wellbeing and Community lifestyle characteristics: *Epidemiology Directorate, 2022. Health and Wellbeing of Adults in Western Australia 2021. Department of Health, Western Australia*
2. Hospital activity: Total count based on data for the period January to December 2022, Department of Health.

# Our responsible Ministers

The Department of Health is primarily responsible to the Honourable Amber-Jade Sanderson BA MLA, Minister for Health; Mental Health.





The department is also responsible for health and medical research and innovation funding and strategy, which fall under the portfolio of the Honourable Stephen Dawson MLC, Minister for Emergency Services; Innovation and the Digital Economy; Science; Medical Research; Minister assisting the Minister for State and Industry Development, Jobs and Trade.

# Our accountable authority

The Director General of the Department 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. Under the Act, the Director General reports to the Minister for Health.

Under the *Western Australian Future Health Research and Innovation Fund Act 2012*, the Director General is responsible for assisting the Minister for Medical Research in the administration of the Future Health Research and Innovation (FHRI) Account[1] and its application to health and medical research, innovation and commercialisation. The Director General is also accountable to the Minister for Medical Research for other health and medical research and innovation activities.

The department supports the Director General in the performance of all legislative functions, including system manager functions.

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.

1. The FHRI Account is the operational account of the WA Future Health Research and Innovation Fund scheme and is managed in accordance with the *Financial Management Act 2006* (except section 20, which is disapplied by the Act).

# 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 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.

The department is responsible for the administration of 30 Acts. In 2022–23, the Health Services Amendment Bill was passed and the *Abortion Legislation Bill 2023* was introduced into Parliament.

## Administered legislation

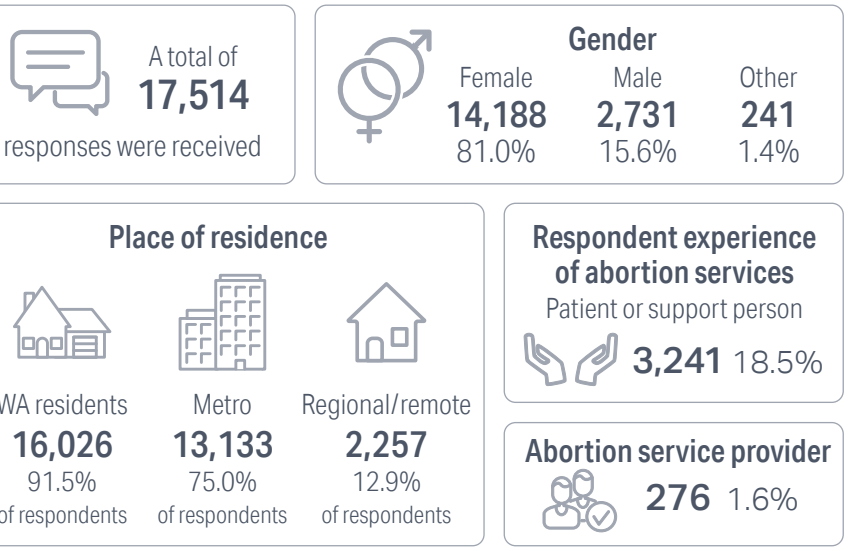
- *Anatomy Act 1930*
- *Blood Donation (Limitation of Liability) Act 1985*
- *Cremation Act 1929*
- *Fluoridation of Public Water Supplies Act 1966*
- *Food Act 2008*
- *Health (Miscellaneous Provisions) Act 1911*
- *Health Legislation Administration Act 1984*
- *Health Practitioners Regulations National 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)
- *Protection of Information (Entry Registration Information Relating to COVID-19 and Other Infectious Diseases) Act 2021*
- *Public Health Act 2016*
- *Public Health Amendment (Safe Access Zones) Act 2021*
- *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*

## Abortion Legislation Reform Bill 2023

On 21 June 2023, the State Government introduced proposed reforms to existing abortion legislation to improve access to safe and timely abortion care in WA. The proposed changes will include abortion in the *Public Health Act 2016* and remove it from the Criminal Code.

The Bill will address inequity of access in line with other Australian jurisdictions and remove clinically unnecessary barriers for women accessing abortion. During the consultation period over **17,000 responses** were received from the community. Responses indicated overwhelming community and medical practitioner support for change.

**Figure 1: Abortion legislation community consultation**




**Note:** Percentages may not sum to 100 per cent due to some respondents electing not to answer all questions, or all parts of each question; and/or due to rounding of whole numbers.

# Our system manager function

The Chief Executive Officer of the Department of Health (the Director General) is responsible for carrying out the system manager role for the WA health system under the *Health Services Act 2016*. The system manager operates at arm's length from health service delivery and is responsible for providing stewardship, strategic leadership and direction for the WA health system, and to allocate resources for the provision of public health services in the state. The department is part of the WA health system and supports the Director General in performing system manager functions.

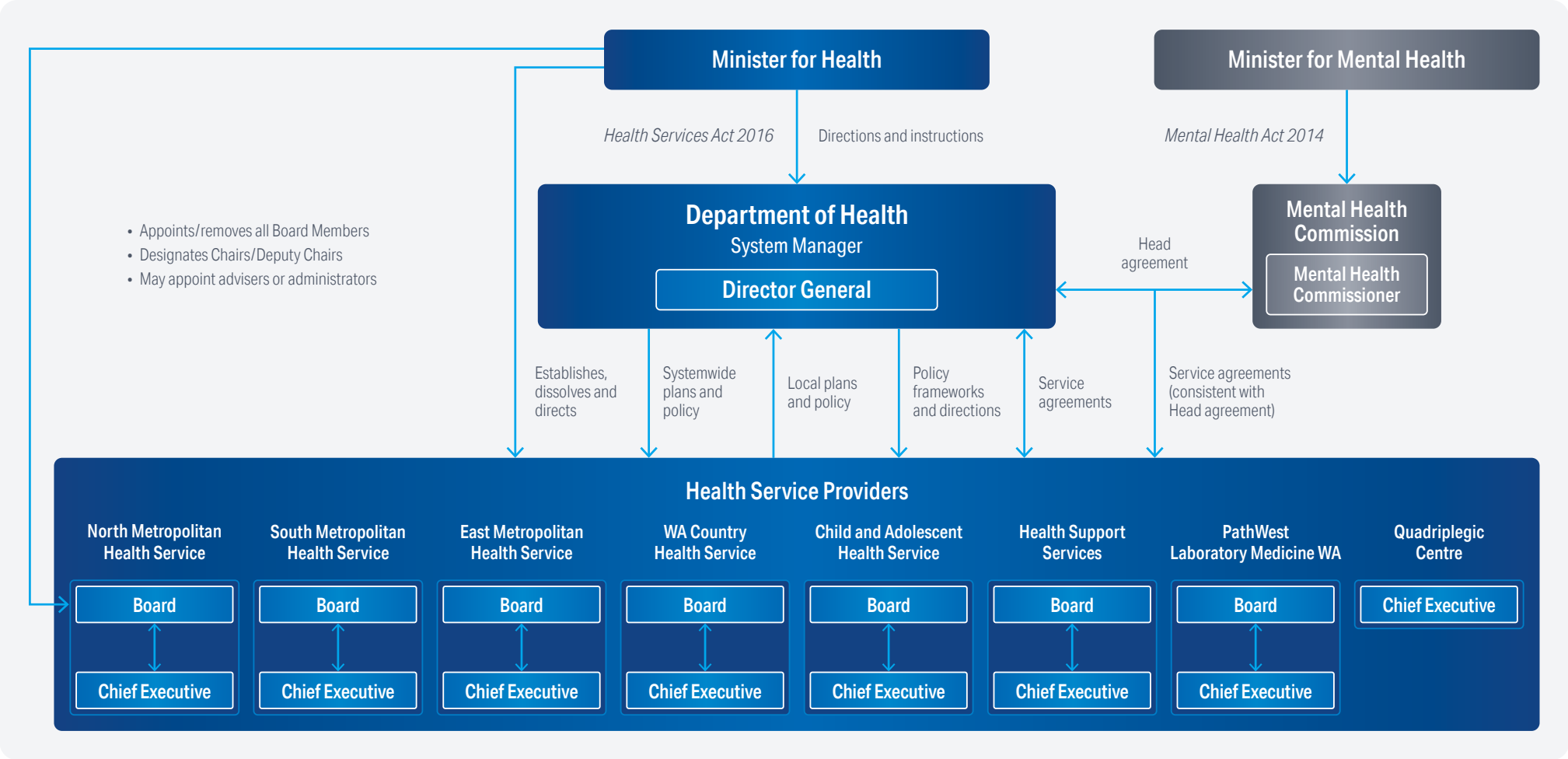
Health service providers (HSP) form the remainder of the WA health system. They are established as statutory authorities and are each governed by a board and/or chief executive. These statutory authorities are responsible and accountable for delivering public health services or health support services as prescribed through service agreements between the Director General and each HSP. The service agreements define and detail the scope of services, targeted levels of activity, performance requirements, and roles and responsibilities of the system manager and the HSP.

Mental health, alcohol and drug health services are purchased from HSPs by the Mental Health Commission through service agreements. These agreements are enabled via a Head Agreement between the department and the Mental Health Commission, provided for within the *Health Services Act 2016*.

In performing the role of system manager, the Director General also issues binding policy frameworks to HSPs to ensure service coordination, integration, effectiveness, efficiency and accountability in the provision of health services. The WA health system is also directed to operate under the Outcome Based Management Framework to provide a systematic approach to improving results through evidence-based decision-making, improved transparency and an increased focus on accountability for performance.

Figure 2 describes the governance relationships between the system manager, the department, HSPs and the Mental Health Commission.

## Figure 2: WA health system governance structure



# Our strategic directions

The department's strategic directions outline a roadmap towards achieving the overarching health system vision for the delivery of safe, quality, financially sustainable and accountable health care for all Western Australians.

Our strategic directions reinforce our mission to lead and steward the WA health system to support the State Government's goals of safe, strong and fair communities and strong and sustainable finances, and our values guide us in all we do.

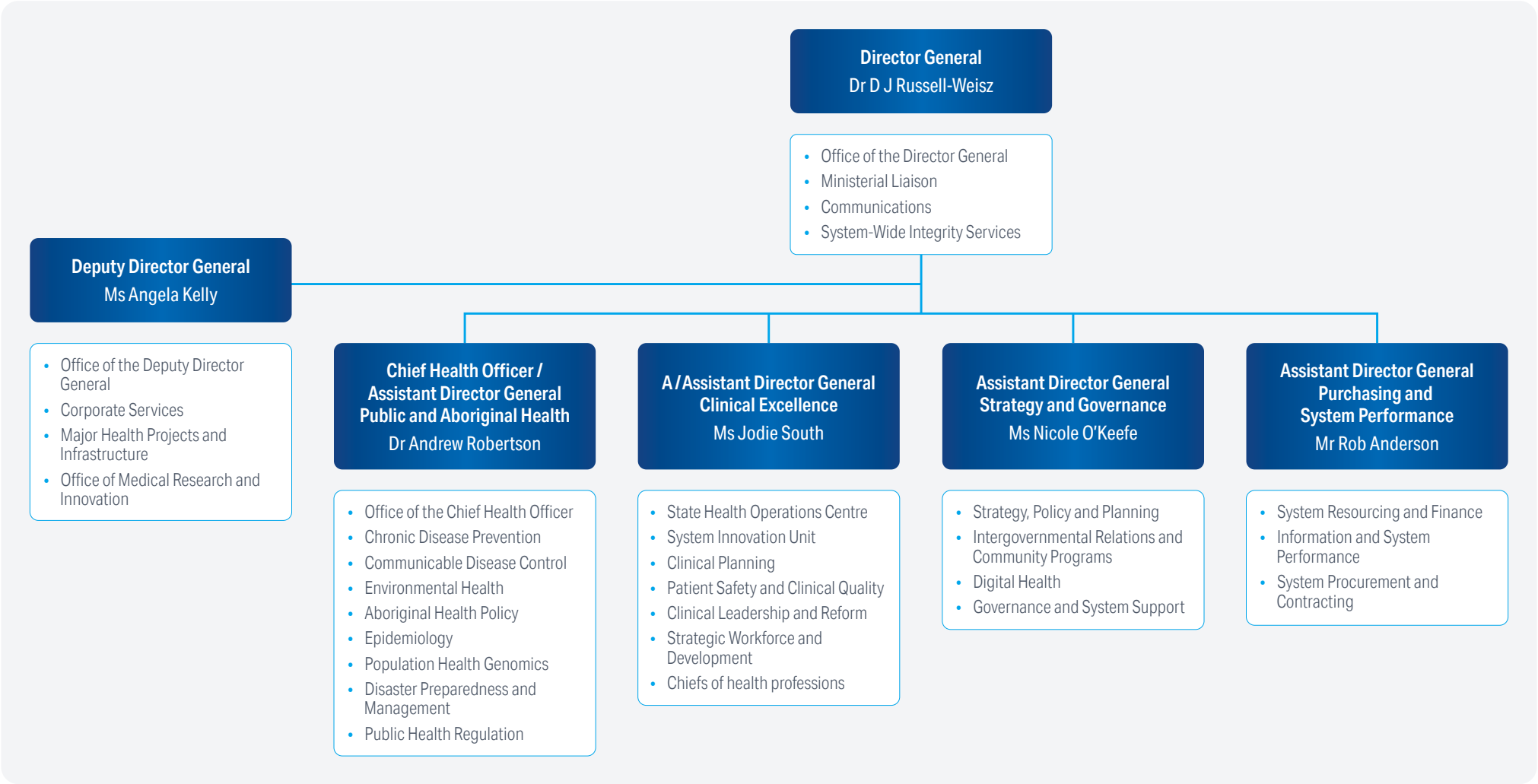
**Figure 3: Department's vision, mission and directions**

| | | |
|---|---|---|
| **Government goals** | **Safe, strong and fair communities**<br>Supporting our local and regional communities to thrive | **Strong and sustainable finances**<br>Responsible, achievable, affordable budget management |
| **Our vision** | Delivery of safe, quality, financially sustainable and accountable health care for all Western Australians | |
| **Our mission** | To lead and steward the WA health system | |
| **Our strategic direction** | **Lead and innovate**<br>through provision of effective strategic direction, research, facilitation and advocacy | **Steward and assure**<br>through advice and oversight, and the identification and management of risk, accountability measures and monitoring performance |
| | **Protect and enable**<br>through public health strategies, legislation, regulation, policies and professional representation | **Inspire and empower**<br>our passionate workforce to be courageous, innovative, accountable and to collaborate for change |
| **Our values** | **Purposeful** | **Caring** |
| | **Collaborative** | **Open** |
| | **Outcome-focused** | |

# Our organisational structure

In the operation of the department, the Director General is supported by the Deputy Director General and 4 Assistant Directors General (see Figure 4).

**Figure 4: Department's organisational and senior management structure, 2022–23**



# Our executive leadership

In 2022–23, the department delivered services through the following offices and divisions:

- Office of the Director General
- Office of the Deputy Director General
- Clinical Excellence Division
- Public and Aboriginal Health Division
- Purchasing and System Performance Division
- Strategy and Governance 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 and health service providers (HSP), 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 the 4 areas of Communications, Ministerial Liaison, System-Wide Integrity Services, and the Office of the Director General.

### Dr D J Russell-Weisz PSM
### Director General

Dr Russell-Weisz has guided the WA health system's response to the COVID-19 pandemic, ensuring continuous quality of care for patients and progression of strategic projects. Since his appointment in August 2015, Dr Russell-Weisz has overseen the major reform to devolved governance, and the establishment of health service provider boards under the *Health Services Act 2016*. Along with the department, HSPs and key external partners, Dr Russell-Weisz 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, 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, and 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.

In 2023 Dr Russell-Weisz was recognised for outstanding public service through leadership and management in response to the COVID-19 pandemic and awarded the Public Service Medal as part of the Australia Day honours.

## Office of the Deputy Director General



The Office of the Deputy Director General provides strategic direction and coordination on key matters for the department and supports the Director General in leadership and management and the delivery of key government priorities. The Office of the Deputy Director General comprises the 4 areas of Corporate Services, Major Health Projects and Infrastructure, the Office of Medical Research and Innovation, and the Office of the Deputy Director General.

### Ms Angela Kelly PSM
### Deputy Director General

Ms Kelly holds an economics qualification from the University of Western Australia and has more than 25 years' experience in the public health system, from system performance and financial management to strategic planning and corporate governance. She has also led numerous projects and teams to deliver systemwide reforms.

Since 2020, Ms Kelly has undertaken various senior roles across the Western Australian public sector, assisting in guiding the state's planning and response to the COVID-19 pandemic.

Ms Kelly has held several senior executive positions within the department, including Assistant Director General Purchasing and System Performance, Executive Director Resourcing and Performance, and Director of Health Infrastructure. In her current role, she leads the delivery of government key strategic priorities through Major Health Projects and Infrastructure and the Office of Medical Research and Innovation.

In 2022, Ms Kelly was recognised in the Queen's Birthday Honours List, awarded the Public Service Medal (PSM) for her outstanding service to the Western Australian health system, particularly during the COVID-19 pandemic.

## Clinical Excellence Division



The Clinical Excellence Division provides clinical advice to the WA health system to support patient centred care. It is the focal point for clinical engagement, clinical workforce planning, clinical service planning and service improvement. It provides professional leadership for clinicians through the Chief Allied Health Office, Chief Dental Office, Chief Nursing and Midwifery Office and Chief Medical Office. It also leads major national and state reform programs in the areas of emergency access response and ambulance ramping.

The Clinical Excellence Division implements systems to support the safety and quality of health care and oversees the licensing of over 6,100 beds in 122 private healthcare facilities, as well as licensing reproductive technologies.

### Ms Jodie South
### Acting Assistant Director General

Ms South was appointed to act in the role of Assistant Director General of the Clinical Excellence Division in 2022. Ms South was previously the Executive Director of Information and System Performance and has acted in the role of Assistant Director General Purchasing and System Performance.

Ms South has a wealth of public sector experience and has held leadership positions across the WA health system for the past 24 years. Ms South was co-lead in the development of WA's first Clinical Services Framework, led the planning of the South Metropolitan Health Service (SMHS) reconfiguration to support the development of Fiona Stanley Hospital, and led the original establishment of the East Metropolitan Health Service and subsequent SMHS realignment. Most recently Ms South was the mental health co-lead during the COVID-19 response.

## 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, Food Act 2008* and related Acts. These responsibilities include the regulation of food and tobacco products, public buildings, chemical hazards, personal services, water and radiation safety, regulation of medicines and poisons, vector control, waste-water management, immunisation, infectious disease surveillance, outbreak investigation and disaster management.

The Public and Aboriginal Health Division performs functions that encourage and enable healthy lifestyles and Aboriginal health and wellbeing. The division also collects and analyses statewide health information to monitor the population's health status and aid in the planning and design of programs and health responses to protect and promote the health of Western Australians.

### Dr Andrew Robertson CSC PSM
### Chief Health Officer and Assistant Director General

Dr 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 role as Chief Health Officer, Dr Robertson is a member of the State Emergency Management Committee and the Australian Health Protection Principal Committee.

Dr Robertson has specialist qualifications in public health medicine and medical administration. He served with the Royal Australian Navy from 1984 until 2003 and remains in the Active Reserve.

As Chief Health Officer, Dr Robertson played an integral role in guiding the Western Australian and national response to the COVID-19 pandemic. This included representing the state at national public health forums, developing public health advice and measures to inform the State Emergency Committee, and leading the department's COVID-19 response.

## Purchasing and System Performance Division



The Purchasing and System Performance Division comprises 3 directorates: Information and System Performance, System Resourcing and Finance, and System Procurement and Contracting.

The Purchasing and System Performance Division is the primary point of liaison between the department and the Department of Treasury. The division is responsible for the strategic management of resource allocation. A key function of the division is to monitor, manage and analyse the performance of the WA health system in accordance with the *Health Services Act 2016*, in support of the underlying objective to ensure the continued provision of safe, equitable and high quality public health care to all Western Australians.

The division undertakes demand and capacity modelling, system analytics, and data integrity (encompassing information policy, data management and information governance) and provides a world class data linkage function. The division is responsible for the strategic management of financial operations, including financial reform and policy, and delivers national and public reporting for the department. The division also manages key community sector contracts for statewide services and undertakes whole of system budgeting and purchasing functions. This includes issuing of service agreements with health service providers and stewarding the head agreement with the Mental Health Commission.

### Mr Rob Anderson – Assistant Director General

Mr Rob Anderson was appointed to the role of Assistant Director General of the Purchasing and System Performance Division in February 2023, having previously acted in this role on numerous occasions since 2018. Prior to this role, Mr Anderson was the Executive Director of the Information and System Performance Directorate, formerly System Performance, from July 2016.

Throughout his 29 years in public service, Mr Anderson has held a variety of senior portfolios across numerous organisations, including the Director of Activity Based Management Reform, and was involved in both the Fiona Stanley Hospital Commissioning Project and the Midland Health Campus Project.

## Strategy and Governance Division



The Strategy and Governance Division is responsible for systemwide governance, strategy, policy and planning functions. The Strategy and Governance Division has 4 directorates: Governance and System Support, Strategy, Policy and Planning, Intergovernmental Relations and Community Programs, and Digital Health.

Key responsibilities and deliverables for the Strategy and Governance Division include:

- supporting the implementation of the Sustainable Health Review
- coordinating and reporting against Election Commitments and Recovery Program portfolios
- overseeing the delivery of the statewide Electronic Medical Record Program and *WA Health Digital Strategy 2020–2030*
- designing and developing a WA health system strategy and implementing systemwide risk and assurance
- providing leadership on cross-government programs
- providing advice, management and advocacy on WA Health systemwide industrial relations disputes and reforms, and managing the Minister for Health's legislative agenda.

### Ms Nicole O'Keefe
### Assistant Director General

Ms O'Keefe commenced as Assistant Director General, Strategy and Governance in September 2019. Ms O'Keefe has considerable experience in governance and strategy within the health sector, as well as a proven record of developing enduring partnerships across community and public and private sectors to deliver services, including those in rural and remote areas.

Prior to working at the department, Ms O'Keefe was the State Manager WA of the National Disability and Insurance Agency (NDIA) and held various senior positions across state and federal portfolios.

### Organisational changes since 2021–22

As WA transitioned to living with COVID-19, the Chief Health Officer focused on scaling back the emergency response, returning to business as usual and integrating ongoing COVID-19 work. Changes within the Public and Aboriginal Health Division were made to capitalise on the lessons that were learnt while responding to the pandemic. To ensure the regulatory role of the Chief Health Officer and the department's significant responsibilities for disaster preparedness are appropriately supported, the Public Health Regulation and Disaster Preparedness and Management directorates were created.

Changing demands and priorities, combined with the impact of COVID-19, also led to changes within the Clinical Excellence Division with the creation of the State Health Operations Centre and realignment of workforce functions to support a stronger strategic clinical workforce and development focus.

The Office of the Director General welcomed System-Wide Integrity Services from the Strategy and Governance Division in February 2023. Strategy and Governance Division directorates were also reconfigured, including the creation of Intergovernmental Relations and Community Programs and Digital Health directorates to ensure sustainable delivery of the division's functions and to meet emerging system needs.

Purchasing and System Performance Division are continuing to align functions that were fragmented across different directorates. These changes will enable Purchasing and System Performance Division to identify opportunities to reduce duplication, streamline processes and enhance service delivery.

## King's Birthday and Australia Day Honours 2023

Past and present department staff were awarded Public Service Medals in recognition of their contributions to the field of health and medicine.

### King's Birthday Honours

The following departmental staff were recognised for outstanding service through contributions to the State Government's response to the COVID-19 pandemic:

- Dr Paul Armstrong PSM
- Dr Tudor Codreanu PSM
- Dr Clare Huppatz PSM.

### Australia Day Honours

The following past and current departmental staff were recognised for outstanding public service through leadership and management in response to the COVID-19 pandemic:

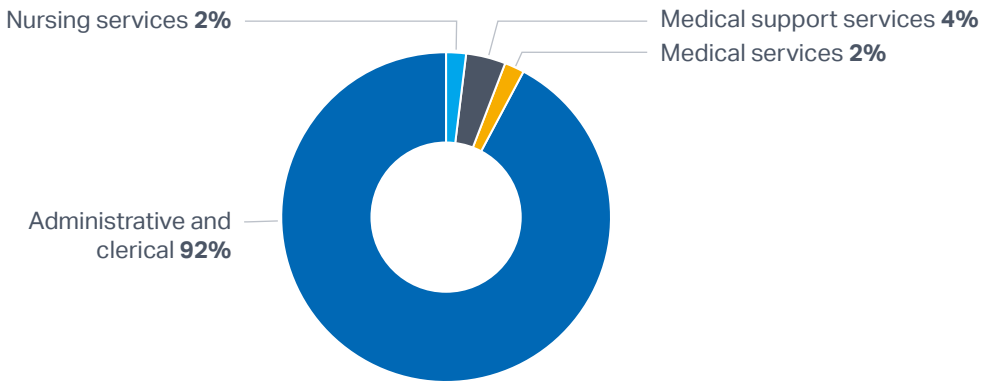
- Dr D J Russell-Weisz PSM
- Former Deputy Director General Ms Rebecca Brown PSM in her role as the Director General of the Department of Premier and Cabinet.



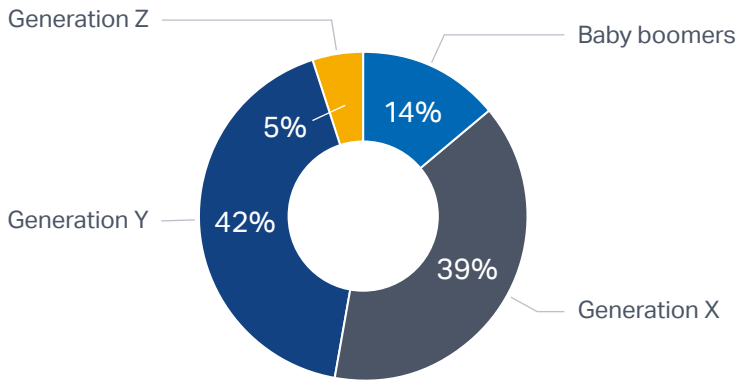
# Our people

## Who we are

As of 30 June 2023, the department employed 1,239 full time equivalent (FTE) staff. We perform in a range of different occupations:



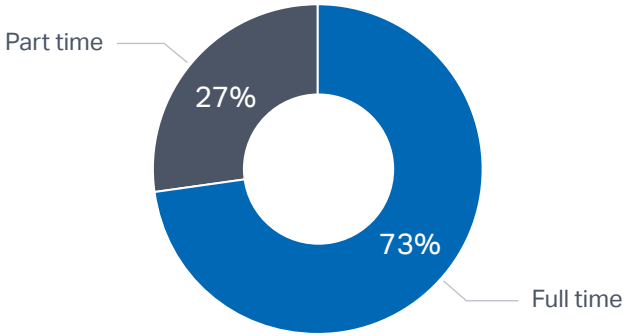

### Most of our staff are aged between 25 and 54 years






Our employees have come from across the world and bring with them diverse experiences and perspectives.

### 7 in 10 staff work full time



## Living our values

Our values guide our actions and decisions, fostering a sense of community, belonging and a shared purpose, to support the health and wellbeing of Western Australians.

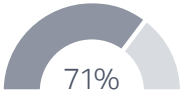
Our values articulate the culture we strive towards – **purposeful**, **caring**, **collaborative**, **open** and **outcome-focused**.

In 2023, the annual Your Voice in Health employee engagement survey was conducted, providing a platform for employees to share opinions about their workplace. Results from the survey highlight how our staff are living our values.

Your Voice in Health

**Purposeful** ***"we show pride in our work and its positive impact"***

**71%** of staff agreed *I am proud to tell others I work for my organisation*




**Caring** ***"we value and respect one another"***

**90%** of staff agreed *people in my team treat each other with respect*

**91%** of staff agreed *the people in my team behave in an accepting manner towards people from diverse backgrounds*




**Collaborative** ***"we set each other up for success"***

**89%** of staff agreed *the people in my team cooperate to get the work done*

**81%** of staff agreed *I am aware of how my work contributes to the overall strategic objectives of the organisation*




**Open** ***"we act with integrity and do what's right"***

**85%** of staff agreed *in my team, people take responsibility for their decisions and actions*

**75%** of staff agreed *people in my team are committed to workplace safety*




**Outcome-focused** ***"we enable outcomes to be achieved"***

**88%** of staff agreed *I believe one of my responsibilities is to continually look for new ways to improve the way we work*



## Focus on caring and collaboration

### We are defined by our actions

During 2022–23, planned events and activities occurred that exemplified how we live our values, enabling us to learn and celebrate diversity, and recognise staff for supporting those in need.

The department's **NAIDOC Week** event was a celebration of this year's theme of 'Get up, Stand up, Show up'. At the wrap up event the importance of being informed about the Uluru Statement from the Heart was discussed. Some comic relief was then provided, including a humorous demonstration of how to play the didgeridoo. The event also included unveiling of the artwork by Nerolie Bynder, who was the artist in residence for National Reconciliation Week 2022. The event concluded with the presentation of the Aboriginal Health Champion Awards to recognise our staff for their contributions to Aboriginal health.

The Madjitil Moorna Choir also performed as part of the celebrations, guiding staff through Noongar language with multiple songs. Lyrics were displayed on the screen throughout the performance and staff were encouraged to join in. A highlight was the performance of 'We Are One', with a Noongar chorus added. Staff sang along with the choir, a moving representation of NAIDOC Week.

A highlight for staff on **International Women's Day** 2023 was the opportunity to hear from inspiring keynote speaker Sisonke Msimang, a Perth based South African writer and storyteller. Sisonke shared her unique perspective on how everyone can challenge gender stereotypes, call out discrimination, draw attention to bias and seek out inclusion.

The department's 2022 graduate officers took part in the annual **Step Up for MSWA** event in June to raise awareness and money for Western Australians living with neurological conditions. The graduates raised more than $1,500 for MSWA. These funds will help deliver vital services to people living with conditions such as multiple sclerosis, stroke, Parkinson's disease, Huntington's disease, motor neurone disease and acquired brain injury.

For the first time, staff took part in the Department of Communities' **annual drive for Christmas presents for children in care**. The response to this initiative was overwhelming, with 290 gifts organised, over and above the initial callout to support 50 children and young people in care or experiencing hardship. The department plans to continue to support this initiative in 2023.

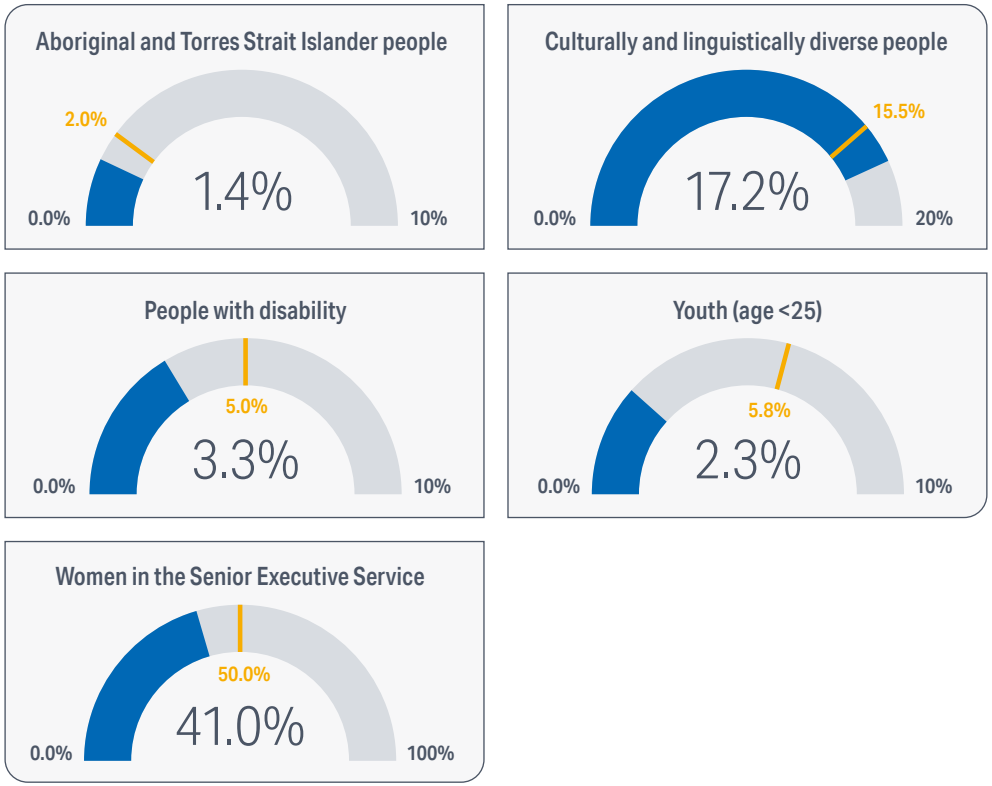
Initiatives implemented as part of the department's Climate Action Plan 2022–24 included the establishment of a Containers for Change scheme. Staff voted to **donate the funds** earnt from this initiative **to Homeless Healthcare**, a not-for-profit charity to advance and promote the health of people experiencing homelessness and marginalisation.

To acknowledge the **National Reconciliation Week** theme, 'Be a voice for generations', the department hosted a panel session discussing whether an Aboriginal Voice to Parliament will improve Aboriginal health and wellbeing.

## We support diversity

Department employees have diverse cultural backgrounds and bring with them experiences and perspectives that help to develop a better understanding of community needs and expectations. The department remains committed to increasing diversity across all levels of the workforce – supporting service delivery that is responsive to change and appropriate to the community we serve.

### Figure 5: Department of Health workforce diversity compared to Public Sector Commission targets




**Note:** Figures for women in the Senior Executive Service are based on official appointments only and acting arrangements are not included.

## We aspire to be our best through learning

The department is committed to inspiring and empowering its people to deliver a safe, high-performing and sustainable health system. Learning and development opportunities are aligned with this purpose by not only enabling staff to grow skills but to acquire a lifelong learning and growth mindset, as guided by the department's Learning and Development Plan:

- 5,054 hours eLearning
- 5,021 hours face-to-face training
- 74 staff members qualified to become mental health first aid officers
- 37 cadets recruited to the Aboriginal Cadetship Program
- 16 participants involved in the First Step Aboriginal Leaders program
- 14 participants involved in the Aboriginal Leadership Excellence and Development Program
- 10 participants completed the Public Health Training Program
- 12 staff members completed the Policy Essentials Program.

## We support health and wellbeing

The department offers a range of health and wellbeing events and initiatives throughout each calendar year. Events for 2023 focused on different themes for each month, including:

- In July 2022, the department offered free skin cancer checks, with 100 staff members taking the opportunity for a full body assessment.
- National Ride 2 Work Day saw 45 staff join the healthy breakfast provided for staff who rode to work on 19 October 2022.
- The department offered 3 free health check sessions with 146 staff taking the opportunity to have a general health assessment.
- 47 staff attended the LiveLighter Nutrition Seminar in April 2023.
- Flu vaccinations for 607 staff were organised in May 2023.

# Significant issues

# Significant issues

## WA health system governance

In January 2022, the State Government commissioned an Independent Review of WA Health System Governance (Review) led by an expert panel. The Review examined the operational and practical effectiveness of governance structures set out in the *Health Services Act 2016* (the Act) and their impact on patient experience and outcomes.

The panel's findings and recommendations were shaped by extensive engagement with relevant internal and external stakeholders, government agencies, peak bodies and education and training institutions.

Overall, the panel's findings demonstrate the devolved governance model as prescribed in the Act should be retained. The panel made a range of recommendations aimed at strengthening accountability for outcomes, improving strategic alignment, and driving delivery of strategic initiatives. The department will lead the implementation of these recommendations and the Sustainable Health Review recommendations in close alignment to prevent duplication of effort.

## WA Health workforce attraction and retention

The department continues to focus on growing and shaping the WA health workforce to tackle immediate and emerging challenges. The second stage of the Belong attraction campaign commenced in 2022–23 to attract domestic nurses and midwives to work in the WA health system. Since the commencement of the Belong campaign, there have been 17,063 new appointments to the clinical workforce, an increase of 7,170 on the 18 month period directly prior to the launch of the campaign.

WA Health's GradConnect program continues to provide new graduate nursing and midwifery staff with practical experience, boosting the number of available staff across the sector. The department has also partnered with health service providers that deliver maternity services to establish a paid midwifery student model for registered nurses to strengthen and build the midwifery workforce. In 2023–24, the department will focus on increasing numbers of advanced practice nurses.

The department is working to support attraction and retention in rural and remote regions, including the introduction of the WA Country Health Service Critical Response Payment for deployed nurses and midwives to minimise the risk of service failure due to critical workforce shortages. The John Flynn Prevocational Doctor Program has also been introduced to increase primary care rotations for hospital-based junior doctors in rural areas. In addition, a targeted payment will be offered over 3 years for HECS-HELP debt relief for up to 350 newly qualified nurses and midwives commencing employment in regional WA from 2023–24.

Launched in November 2022, the Mental Health Clinical Workforce Action Plan aims to address current mental health clinical workforce shortages. Work is underway to complete the Child and Adolescent Mental Health Clinical Workforce Action Plan.

## Improving access to emergency care

WA Health continues to address the complex and multifaceted root causes of pressure on emergency departments and ambulance ramping.

The 'Is the ED where you need to be?' campaign was launched in April 2023, and is running across television, radio, online and targeted outdoor infrastructure such as billboards, until June next year. The new campaign is designed to enhance the community's awareness of alternative healthcare options to assist in the responsible use of emergency departments.

The focus in 2022–23, was to support priority initiatives to streamline and improve patient flow, reduce avoidable hospital presentations, and expand clinically appropriate options for discharging patients. These initiatives include emergency department alternative care pathways such as the new WA Virtual Emergency Department, to reduce emergency care demand by diverting patients to receive the right care in the right place, supported by the right resources, and in doing so further reduce the risk of re-presentations to emergency centres.

In 2023–24, new initiatives will also be implemented to support complex patients to transition away from hospital-based services. A 7-day hospital pilot offering expanded hours for radiology services and allied health at 3 adult tertiary hospitals will aim to reduce delays in admission and discharges. Expansion of long-stay patient initiatives will continue to increase access to temporary care beds for patients who are experiencing aged care or disability-related discharge delays.

## A digitally enabled WA health system

An additional $99.4 million was supported through the 2023–24 budget to finalise the implementation of the Digital Medical Record Program, a single sign-on technology and virtual desktop infrastructure across all Western Australian hospital sites.

The Outpatient Reform Program, delivering improved access to outpatient care through implementation of an end-to-end electronic referral management system, will continue to be implemented. Longer term, the Smart Referrals System is intended to integrate with the new WA Virtual Emergency Department and other digitisation initiatives to support seamless communication, reporting, and modern, high-quality patient care.

Investment in public health information and communication technology (ICT) systems is also planned. This will support the management of communicable disease, vaccination programs, and ensure compliance with State and Commonwealth legislative reporting requirements for notifiable diseases.

In 2023–24, a series of initiatives will enhance the security of WA Health's clinical and corporate information systems. These efforts will bolster the cyber defences of the health system's ICT environment, beginning with the modernisation of the critical network infrastructure and implementation of cyber security controls to elevate security and overall resilience.

## COVID-19 post-operations

As the WA health system transitions to living with COVID-19, the management and treatment of the disease is being integrated into the system's business-as-usual processes. This includes the redeployment and placement of the COVID-19 workforce following the scaling back of the State Health Incident Coordination Centre and Public Health Operations.

During 2022–23, due to the impact of COVID-19, the system continued to observe increased acuity and complexity of patients due to delayed or deferred care and compounding waitlist pressures. To address capacity constraints and alleviate demand in hospitals, more than 600 beds are planned to be added to the health system. WA is also partnering with the Commonwealth and other States and Territories to address the challenges following on from the COVID-19 pandemic.

In the 2023–24 budget $68.6 million was allocated for enduring changes to clinical practice for the ongoing management of COVID-19. This funding will support continued investment in infection prevention and control, infectious disease treatment, use of personal protective equipment, and embedding higher levels of cleaning and disinfection to minimise the risk of spreading disease.

In addition to the above, $60.9 million over 2022–23 to 2024–25 will be invested to fund residual COVID-19 response costs, including to cover public health management and outbreak prevention activities. This includes communicable disease control, immunisation, and disaster management and response.

# Report on operations

# Corporate Plan 2022–23

The department's Corporate Plan 2022–23 outlines the key priorities and associated deliverables aligned to the strategic directions.

**Table 1: Department of Health directions and key priorities for 2022–23**

## Lead and innovate

### Key priorities

**1.1** Implement the Sustainable Health Review (SHR) recommendations
**1.2** Deliver person-centred, equitable, seamless access to health care
**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 a culture and workforce to support new models of care
**1.7** Implement WA health system governance review recommendations

## Steward and assure

### Key priorities

**2.1** Implement government priorities
**2.2** Conduct system manager governance and assurance
**2.3** Invest in digital health care
**2.4** Use data wisely
**2.5** Conduct system planning and health services commissioning

## Protect and enable

### 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

## Inspire and empower

### Key priorities

**4.1** Establish a modern work environment
**4.2** Implement the Organisational Development Program 2020–24
**4.3** Continue to integrate and embed risk management as an integral component of core business delivery

In acknowledgement of the ongoing operational requirements associated with the transition to living with COVID-19 and while awaiting the outcome from the Independent Governance Review of the *Health Services Act 2016*, development of the Corporate Plan 2022–23 was streamlined to maintain a focus on continuing progress of existing priority areas for a further year. However, the plan remained fluid, and updates occurred throughout the reporting period to align to new priority commitments to effect change.

This included the continued focus on delivery of the Sustainable Health Review. In November 2022, the Minister for Health announced a refocus on the delivery of the Sustainable Health Review following consultation with the Director General, Independent Oversight Committee, Sustainable Health Review Partnership Group, WA Health staff, and external partners. Intensified effort on access to care, digital health, workforce, and funding reforms over the next 2 years are planned. Importantly, progress will continue on the key foundational pieces of the Sustainable Health Review recommendations to support prevention, partnerships and progressing equity in health outcomes.

The Independent Governance Review into the *Health Services Act 2016* was also completed in March 2023. The State Government accepted in-principle 49 of 55 recommendations. Implementation of these recommendations has commenced.



# Lead and innovate

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

Approximately **11,189 patients** engaged by **17 services** across the WA health system to trial new approaches to health care

**$1.2 billion** obtained for public hospital infrastructure projects through the 2023–24 Budget

**Winner of the WA Multicultural Awards 2023** for work supporting culturally and linguistically diverse cancer consumers

Release of the **WA Nurse Practitioners Workforce Innovation Strategy 2023–2028**

**The Challenge – Reimagining regional and remote health care** launched to seek innovative technology solutions to deliver advanced health care in the Pilbara

WA's first **Health and Medical Research Strategy** released

Release of **WA Health Data Linkage Strategy 2022–24**

Release of the **PeopleWA** data sharing and linkage program to support medical research, whole of government system planning and social investments in WA

**Child Safeguarding Program** established to maintain the safety and wellbeing of children accessing WA Health services

**Aboriginal Health Practitioners** to commence work across the WA health system

In 2022–23, the department continued to support health service providers in the delivery of over 100 infrastructure projects across the WA health system, including redevelopment of Joondalup Health Campus, upgrade to the Bunbury Regional Hospital, and the Peel Health Campus transformation. The Women and Babies Hospital project team is planning the relocation of King Edward Memorial Hospital to a site within the Fiona Stanley Hospital precinct in Murdoch. Osborne Park Hospital will expand its theatres, obstetrics, gynaecology, and neonatal services. A new family birth centre will also be built alongside Osborne Park Hospital.

The department supported implementation of 4 modular facilities to free up hospital beds for patients requiring acute care. The innovative 30-bed modular wards at Osborne Park Hospital, Rockingham General Hospital, Bentley Hospital and Bunbury Regional Hospital are the first of their kind. The facilities have helped enhance bed capacity across WA Health, delivering 120 extra beds into the system for low-to-medium acuity patients.

Following submission of the first business case of the Graylands Reconfiguration and Forensic Taskforce, funding was obtained for Stage 1 works of the project. This funding will enable the construction of at least 53 additional forensic mental health beds, inclusive of 48 non-acute beds and a 5 bed child and adolescent unit. It will also enable consideration of a central patient services hub, site works, roads and secure fencing, and a 12-bed expansion to the already approved Bentley Secure Extended Care Unit. An updated business case is required to be submitted to the Major Projects Expenditure Review Sub-Committee to address options and finalise costings for the Stage 1 works. Future business cases will also be submitted to seek additional funding to complete the forensic mental health expansion at Graylands and start rebalancing the WA mental health system with the introduction of contemporary rehabilitation and recovery beds.

Key projects to support innovative ways of working continued in 2022–23. The first stage of the Electronic Medical Record Program, to lay the digital foundation for modernising health care and future-proof hospitals across WA, continues to be implemented. As planned, the Digital Medical Record system has been rolled out in 2022–23 to Rockingham Peel Group, King Edward Memorial Hospital, Great Southern and Goldfields regions, and the remaining sites in the Pilbara region. The Digital Medical Record system will be implemented at Perth Children's Hospital, Armadale and Kalamunda Hospitals in the second half of 2023.

The new Enterprise Medical Imaging Platform was also introduced at Rockingham and Murray District Hospitals in March 2023, and Fremantle and Fiona Stanley Hospitals in April 2023. The platform offers improved digital diagnostic imaging for clinicians and medical staff through a suite of integrated applications.

The Statewide Telestroke Service, enabling clinicians in rural, remote, and outer metropolitan areas to seek expert advice from leading stroke consultants at the state's tertiary hospitals, reached its one-year milestone in September 2022. By 30 June 2023, more than 680 Telestroke initial and follow-up consultations had been provided to stroke patients across Western Australia. This service experienced a 121 per cent increased demand between 1 January to 31 May 2023 compared to the same period in 2022. The Statewide Telestroke Service was expanded to operate 24 hours a day, 7 days a week on 31 July 2023.

The department continued to focus on improving emergency access and tackling ambulance ramping and bed block. Establishment of the WA Virtual Emergency Department (WAVED) is underway and will give patients the option of being seen virtually in the comfort of their own home when safe and appropriate to do so, rather than waiting in an emergency department.

A WAVED 'proof of concept' model will soon commence in a phased approach to allow for testing, risk mitigation and ongoing monitoring of outcomes. Residential aged care facility patients will be prioritised in the initial phase of this WAVED concept. In addition, health service providers in the metropolitan area will establish or expand local pilot models that support the WAVED model by providing alternative care pathways to in-person emergency department attendance and or admittance.

The department also commenced scoping of the WA Health Community Services Strategy. This work will identify and address gaps in pathways for service alternatives to emergency departments.

The new State Health Operations Centre at the department has recently been established and will focus on improving coordination and collaboration between hospitals and other health services to improve patient flow and easing pressures on the health system including the demand on emergency departments.

## Emergency department alternative care pathways

The department allocated $19.2 million in funding to support health service providers to trial new initiatives aimed to relieve pressures on emergency departments. These innovative pilots aimed to drive improvements across the health system and to identify opportunities for further reform.

The initiatives focused on supporting a range of patient cohorts (older adults, and clients with mental health, oncology and musculoskeletal conditions) and an initiative that targeted clinical emergency department documentation processes. Initiatives were implemented across metropolitan and country health service sites.

Common to all initiatives is the provision of an alternate pathway to emergency department attendance and or admittance. These new models of care aim to reduce emergency care demand by diverting patients to receive the right care in the right place, supported by the right resources, and in doing so further reducing the risk of re-presentations to emergency centres.

An estimated 11,189 patients have been engaged through these initiatives in the latter part of 2022 with results for the targeted patient cohorts showing reductions in emergency department presentations and re-presentations, unplanned hospital admissions, and average wait times for referred patients (See Table 2).



### Table 2: Progress results of emergency department (ED) alternative pathway initiatives by patient cohort

| Initiative | Patient group | Benefits realised for patient group |
|---|---|---|
| **Comprehensive Ambulatory Older Adult Program** | People aged 65 and over residing within the East Metropolitan Health Service catchment | • **40%** decrease in ED attendances from participating Residential Aged Care Facilities (ACIPI)<br>• Emergency readmissions within 28 days reduced by **4%** (ACIPI) and **14%** (OALS)<br>• **361** inpatient admissions avoided because of GEDT |
| **Medical Oncology Symptom and Urgent Review Clinic** | Medical oncology patients attending SCGH for cancer treatment/therapies as well as patients residing within the North Metropolitan Health Service catchment | • **638** ED presentations and **145** inpatient admissions avoided |
| **Integrated Older Adult Model of Care** | People aged 65 and over residing within the North Metropolitan Health Service catchment | • **15%** decrease in ED presentations<br>• **20%** (RAILS) and **24%** (RACE) reduction in ED re-presentations<br>• **1,096** referrals with reduction in average wait times from several months to less than 30 days |
| **Virtual Fracture and Musculoskeletal Clinic (VFMC)** | People attending Fiona Stanley Hospital and Rockingham General Hospital for minor musculoskeletal injuries | • **1,363** patients diverted from ED<br>• Average length of stay for VFMC patients reduced by approximately **70%** compared to ED pathway |
| **Hospital Avoidance Program** | People aged 65 and over residing in WA Country Health Service catchments of Albany, Bunbury and Geraldton | • **30%** reduction in ED average length of stay<br>• **39** ED attendances were avoided for Residential Aged Care Facility patients in Geraldton |

**Notes:**

1. Results are based on data collection from February to September 2022.
2. Not all initiatives are represented in Table 2 due to lack of available data at time of reporting.
3. **Comprehensive Ambulatory Older Adult Program** consists of 3 pathways i.e. Aged Care Innovation Program (ACIPI), Older Adult Liaison Service (OALS) and Geriatric ED Multidisciplinary Team (GEDT).
4. **Integrated Older Adult Model of Care** includes 2 programs across 3 hospital sites i.e. Frailty Rapid Access Clinic (FRAC), Acute Clinic for the Elderly (RACE) and Rehabilitation and Aged Care Intervention Liaison Service (RAILS).
5. **Hospital Avoidance Program** includes 3 programs across 3 sites i.e., Rapid Access Medical (RAM) clinics, Hospital Admission Avoidance (HAAV) team, General Practitioner (GP) in-reach service to Residential Aged Care Facility (Geraldton only).

The Outpatient Reform Program continued to deliver improvements to timely access to outpatient services in line with recommendation 11 of the Sustainable Health Review Final Report. The Manage My Care outpatient appointment application is now supporting almost 100,000 patients and carers to manage their outpatient care. Referral access criteria to guide general practitioners when referring patients to speciality outpatient services are now in place across 5 specialties, with ophthalmology and direct access endoscopy introduced this year. A new service delivery and workforce model for the Central Referral Service was implemented, and planning is underway to bring a second region into scope for this service. Funding was also secured to deliver the Smart Referrals project that will digitally transform the referral management process.

In May 2023, the *WA Health Data Linkage Strategy 2022–2024* was released. The strategy will modernise, simplify and improve access to health data and encourages greater collaboration and partnerships across the Western Australian public, research, and not-for-profit sectors, to support improvements to the state's secure data linkage system. The available data will be used to inform patient care, monitor, and evaluate health outcomes, plan and allocate resources, support research, and ensure compliance and accountability that will ultimately benefit patients and the community. In addition, the first phase of the PeopleWA data sharing and linkage program to establish a central, modern and world class consolidated whole-of-government data linkage and analytics platform was completed. This was a collaborative initiative with the Department of the Premier and Cabinet's Office of Digital Government.

The department is aware of the importance of culture and workforce in driving key elements of sustainability and supporting new models of care. As a result, the department has been leading several initiatives to grow, build and shape its workforce based on new models of care and to tackle immediate and emerging challenges.

The 10-year draft Health and Social Care Workforce Strategy is nearing completion. The inaugural strategy was based on the need to build capability and capacity in the health and social care workforce of the future. The strategy is the result of a collaborative and coordinated effort between the health and social care workforce sectors to meet the needs of the community, consumers, carers, and their families. A draft implementation plan has also been developed and outlines a phased approach aligned with initiatives and outcomes of the strategy.

Launched on 22 November 2022, the Mental Health Clinical Workforce Action Plan aims to address current mental health clinical workforce shortages and ensure an adequate and sustainable mental health workforce to support delivery of existing and future mental health services in WA. Work is underway to complete the Child and Adolescent Mental Health Clinical Workforce Action Plan, aiming to ensure timely and quality care for children, family, and carers.

The department has been involved in several projects to ensure the sustainability of the general practitioner workforce in WA. The General Practitioner Hospital Training Pathway Project successfully transitioned to business as usual in January 2023. The program has increased the profile of general practitioners and enhanced general practitioner training in Western Australian hospitals. A consortium between the department and WA Country Health Service successfully secured $4.9 million of Commonwealth funding for the John Flynn Prevocational Doctor Program, to increase primary care rotations for hospital-based junior doctors in rural areas. In addition, the department is supporting the WA Country Health Service with the proposal of a single employer model trial for rural generalist and/or general practitioners in WA. The trial will allow for general practitioners and rural generalist trainees to transition between hospital and community based primary care placements under the one employer to ensure comparable employment conditions.

In March 2023, the *WA Nurse Practitioners Workforce Innovation Strategy 2023–2028* was launched. The strategy outlines a methodical pathway to enable nurse practitioners to achieve optimum scope of practice and to adapt and respond to the evolving healthcare environment. The department has also progressed work to contemporise standards of practice for Advanced Skill Enrolled Nurses.

To attract and retain nurses and midwives in regional WA, the department offered temporary monetary incentives in 2022–23. The Critical Response Payment scheme for deployed nurses and midwives was approved in July 2022 to address critical workforce shortages at regional and remote health service sites. The Temporary Regional Incentive was also approved for permanent nurses and midwives across 75 rural sites. In addition, the department partnered with health service providers that deliver maternity services to establish a paid midwifery student model for registered nurses. This will result in 60 students undertaking the Diploma of Midwifery while employed within Western Australian public hospitals. These students will graduate within 18 months to strengthen and build the midwifery workforce.

The profession of Aboriginal Health Practitioner was negotiated into the *WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2022*. As a result, Aboriginal Health Practitioners may be employed in emergency departments, maternal and child health services, and in the areas of chronic disease management and mental health care. It is a key step forward to support Aboriginal Western Australians' engagement in their own health care and the health of their families and communities. Aboriginal Health Practitioners have the potential to positively impact the Aboriginal patient journey and Aboriginal workforce participation within the WA health system.



## Health and medical research and innovation

Health and medical research and innovation can contribute to improving the health of individuals and the wider population, help the health system to be more effective and efficient while creating jobs and new industries, and bring broader economic benefits to the state.

### Future Health Research and Innovation Fund Scheme

The Future Health Research and Innovation (FHRI) Fund Scheme, established in 2020, continues to provide a secure source of funding to drive health and medical research, innovation, and commercialisation to improve the health and wellbeing of Western Australians.

Released in August 2022, the refreshed FHRI Fund Strategy on a page provides a high-level vision and goals for research and innovation in Western Australia. It targets 6 strategy objectives with 8 priority goals. The priority goals are approaches, needs or opportunities that have been determined to be critical to achieving the vision of the strategy and align with the purpose of the FHRI Fund. Four focus areas have also been introduced as part of the strategy:

A – Aboriginal, rural, and remote health

B – Burden of diseases

C – Living with COVID-19 and Long-COVID

M – Mental health.

The refreshed strategy guided the development of FHRI Fund Programs and Initiatives during 2022–23. This included supporting 13 programs and initiatives providing a broad range of opportunities for health and medical researchers and innovators in Western Australia (see Table 3).

**Table 3: FHRI Fund Programs and Initiatives supported in 2022–23**

| |
|---|
| Capability Building Program – National Reconstruction Fund – Medical Manufacturing |
| Clinician Research Fellowships |
| Clinician Research Training (partnership with Raine Medical Research Foundation) |
| Early Career Child Health Researcher (ECCHR) Fellowships Program (a Co-Funding Partnerships Program with BrightSpark Foundation) |
| DISCOV3R Focus Grants |
| Innovation Challenge – Generative Artificial Intelligence Applications |
| Innovation Fellowships |
| Innovation Seed Fund |
| FHRI Fund Distinguished Fellows Program |
| Major Research Application Support |
| The Challenge – reimagining regional and remote health care |
| WA Near-miss Awards – Emerging Leaders Fellowships and Grants |
| WA Near-miss Awards – Ideas Grants |

**Note:** In 2022–23, the FHRI Fund made $41.4 million available for health and medical research and innovation and implemented 13 Programs and Initiatives.

Focusing on growing expertise and building the clinician researcher workforce, the Clinician Researcher Training Program is designed to provide scholarships to clinicians to undertake research at a Western Australian university. In addition, the WA Near-miss Awards programs provided $4.6 million in grants to help early and mid-career Western Australian researchers to secure highly competitive National Health and Medical Research Council grants. The Clinician Researcher Fellowships (in partnership with the Raine Foundation) and the Early Career Child Health Researcher (ECCHR) Fellowships Program (a Co-Funding Partnerships Program with BrightSpark Foundation) also provide dedicated research time to support early to mid-career researchers.

The Challenge – reimagining regional and remote health care program (The Challenge) is a global challenge for a world-leading medical research and innovation solution to support health service delivery in the Pilbara region of Western Australia. The Challenge was launched by the Minister for Medical Research in October 2022 and 93 applications were received from local, national and international applicants. Following a rigorous review by health, medical, community and innovation experts, 10 Challenge finalists were announced in June 2023. The finalists will have one year to trial their proposed solutions in the Pilbara, ensuring the development of culturally appropriate applications aligned to population and local health needs. One finalist will be selected as the Challenge winner in October 2024 and awarded the $5 million prize.

To support innovation and commercialisation, the Innovation Seed Fund was established to provide the opportunity for Western Australian innovators to develop and commercialise their innovations, to create high-level health sector jobs, and to enhance the production and manufacturing capacity of the state.

The FHRI Fund Distinguished Fellows Program aims to attract outstanding and innovative world-class research leaders to Western Australia.

Overall, 7 of these programs and initiatives resulted in $17.1 million in grants being awarded to the sector, with grants from the remaining 6 programs to be awarded in 2023–24.

Additionally, one grant was awarded in 2022–23 from a program implemented in 2021–22, resulting in a total of $17.7 million in FHRI Fund grants being awarded in 2022–23 (see Table 4).

### Table 4: FHRI Fund grants awarded in 2022–23

| FHRI Fund Priority programs and initiatives | Grants awarded | |
|---|---|---|
| | (n) | ($) |
| **2021–22** | | |
| Consumer and Community Involvement in Research Workforce Advancement Program | 1 | $573,970 |
| **2022–23** | | |
| Capability Building Program – National Reconstruction Fund – Medical Manufacturing | 3 | $56,500 |
| Clinician Researcher Training Program 2022–23 | 3 | $5,390,000 |
| Co-Funding Partnerships Program – BrightSpark Early Career Child Health Researcher Fellowships | 1 | $2,520,000 |
| DISCOV3r Focus Grants | 1 | $300,000 |
| The Challenge – reimagining regional and remote health care – Stage 1 | 10 | $2,000,000 |
| WA Near-Miss Awards – Emerging Leaders Fellowships and Grants 2022–23 | 23 | $4,577,848 |
| WA Near-Miss Awards – Ideas Grants 2022–23 | 23 | $2,300,000 |
| **Total** | | **$17,718,318** |



### Innovation Seed Fund and Innovation Fellowships

The FHRI Fund, Innovation Seed Fund, and the Innovation Fellowships programs aim to encourage and enhance innovation and commercialisation in WA.

In 2022, the company VeinTech was awarded an Innovation Seed Fund grant and Innovation Fellowship to the value of $643,273.

VeinTech has developed a vein-visualising technology, designed to assist with venous cannulation. This improves the cannulation process experience for both patients and clinicians, reducing failed insertion attempts, and saving time, cost and stress associated with this common procedure. The VeinTech team is preparing for usability testing at Royal Perth and Fiona Stanley hospitals, with plans to commence trials with patients.



It is noteworthy that in 2023, VeinTech was awarded an Accelerating Commercialisation grant of $493,489 from the Australian Government to further grow the team and begin preparations for market access.



## Department of Health funding schemes

In addition to funding associated with the FHRI Fund Programs and Initiatives, the department provides funding to directly support health and medical research and innovation activities.

In 2022–23, the Research Institute Support program awarded $6.5 million to 6 Western Australian Independent Medical Research Institutes. Approximately $6.1 million was also awarded to 11 projects through the co-funded Department of Health and Channel 7 Telethon Trust WA Child Research Fund (WACRF).

The WACRF aims to fund research of direct significance to the health of Western Australian children and adolescents. For example, recent funding was awarded to:

- the 'Kids are not small adults' project that will carry out the first preclinical assessment of age-appropriate immunotherapies for childhood cancers
- burns specialist Fiona Wood for a project to better understand the lifelong impact of paediatric burns on health.

## Preventing peanut allergies in babies

One example of the important work supported by the WACRF is a grant awarded to Associate Professor Debra Palmer to conduct research to determine the ideal amount of peanuts in breastfeeding mothers' diets to prevent peanut allergies in their babies.

Australia has a relatively high prevalence of peanut allergy. Almost 3 per cent of children aged one year have a peanut allergy. Peanut allergies place individuals and their families under enormous stress and have been shown to decrease quality of life associated with lifestyle restrictions. Most children do not 'grow out' of a peanut allergy and there is no cure. As such research is focusing on prevention.

Findings from A/Prof. Palmer's recent pilot study involving 109 women and their babies, suggests that a mother's diet high in peanuts during breastfeeding may reduce the chances of her baby developing a peanut allergy. To develop practice guidelines concerning maternal diet during breastfeeding that may help reduce the risk of infants developing a peanut allergy, the study will be repeated with an increased sample of women (400) and their babies. Participating mothers will be randomly put into either a high peanut (60 peanuts per week), or a low peanut (maximum 20 peanuts per week) group, for 6 months from the birth of their baby, with the final allergy testing at 12 months.

This research has been co-designed with consumers (people with lived experiences of allergies or caring for a child with allergies), who will continue to be involved in all stages of the research.

A/Prof. Palmer believes this study will contribute to the discovery of a simple, effective prevention strategy for peanut allergy, which in turn will improve quality of life, and reduce the financial burden for Western Australian children, their families, and the medical sector.



## Strategy a milestone for Western Australian health and medical research

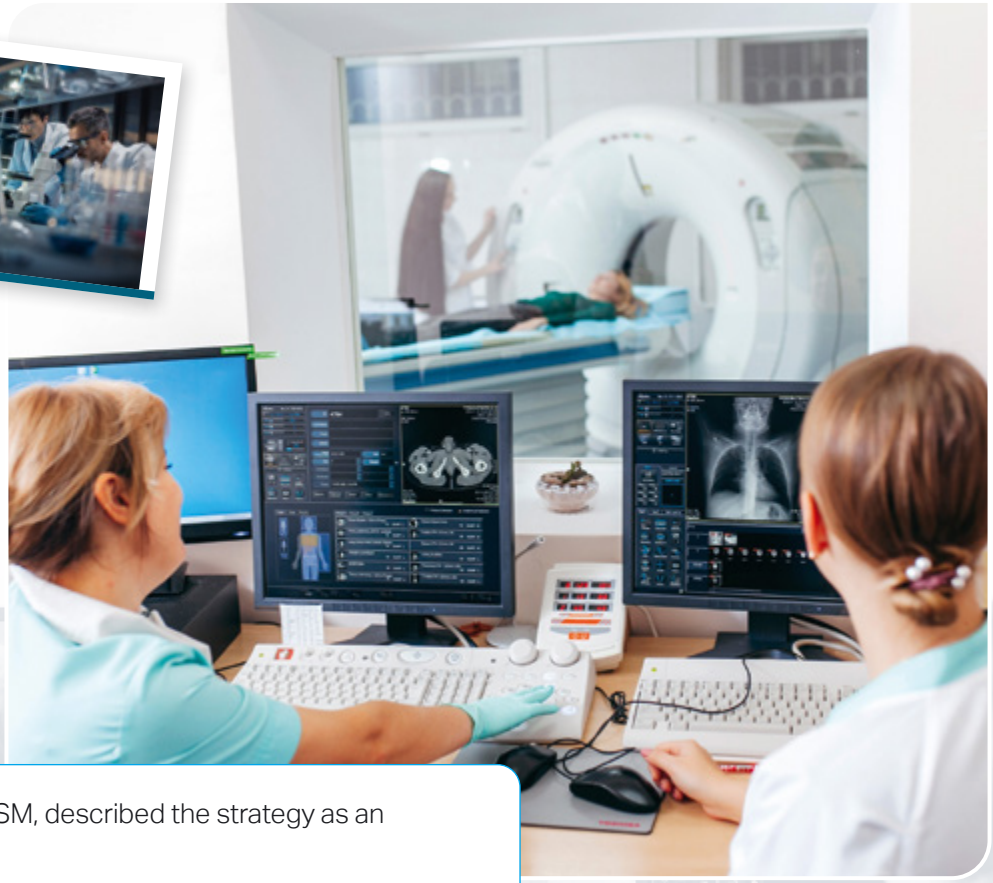
On 9 February 2023, the Minister for Medical Research and Innovation, the Hon. Stephen Dawson launched the *WA Health and Medical Research Strategy 2023–2033*.

Spanning a 10-year period, the strategy plans to leverage off existing research strengths to support and grow the sector and exploit opportunities in new areas of importance to the state. The strategy reflects the needs and priorities of the complex health and medical research ecosystem in WA.

The strategy development was led by the department and included extensive engagement with stakeholders through 5 workshops, online submissions, and in-depth one-on-one sessions with critical stakeholders. Consultations were held with more than 90 individuals across 48 organisations and included researchers, healthcare providers, funders, and industry. Also guiding strategy development was a steering committee that included representatives from both the Department of Health and the Department of Jobs, Tourism, Science and Innovation.

Implementation of the strategy will begin in July 2023, managed by a dedicated team at the department.



At the launch the Department of Health Deputy Director General, Ms Angela Kelly PSM, described the strategy as an important milestone for the sector.

*"For the first time – a comprehensive roadmap that would help strengthen the competitiveness of WA researchers in securing national and international research funding and ensure a more robust future for health and medical research in WA'.*

*'We know that by strengthening the sector, we will improve the quality, safety and sustainability of healthcare delivery, attract high-calibre health and medical researchers to WA and gain insights into illness and disease that will lead to improved treatments and therapies, enhancing the health and wellbeing of our community,'* she said.

*'The new strategy will complement existing government strategies including the Sustainable Health Review and Future Health Research and Innovation Fund and will provide important direction for the research community'.*

## Genomics in health care

With major advancements in genomics, we now have a much more detailed understanding of the link between our genes and our health.

Genomics is the examination of all genes and how they interact with each other and the environment. Advances in genomic knowledge and technologies are providing new insights into the genetic causes of disease and is leading to the development of new treatments and management strategies. These applications extend from very rare conditions through to common, complex diseases such as diabetes and cancer.



The integration of genomic knowledge and technologies in the healthcare setting enables:

- earlier and more precise disease detection and diagnosis
- earlier intervention
- new treatments tailored to the individual.




The WA Genomics Strategy 2022–2032: Towards Precision Medicine and Precision Public Health, released in October 2022, aims to provide a statewide, strategic approach to the delivery of genomic health care in WA.

The development of the strategy was guided by input from numerous stakeholders, including consumers, healthcare workers, researchers, and subject matter experts.

The strategy's vision is to ensure the community benefit from the timely and appropriate translation of genomics by enabling precision medicine and precision public health. It aims to achieve this by coordinating and maximising stakeholder efforts and has identified 5 priorities areas, each with an accompanying goal for achievement.

Implementation of the strategy is currently underway. In progress is the co-design of a Clinical Service Plan for Genetic Services of Western Australia. Also, access to ultra-rapid whole genome sequencing is being facilitated for eligible critically ill babies and children in intensive care units, and 2 rare diseases (spinal muscular atrophy and severe combined immunodeficiency) have been added to the state's Newborn Bloodspot Screening Program.

## Strategy snapshot

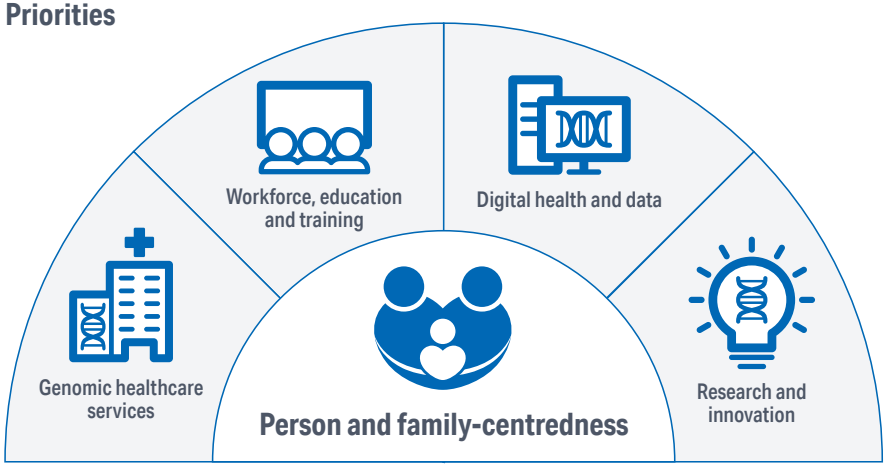
### Vision

To ensure all Western Australians benefit from the timely and appropriate translation of genomics, enabling precision medicine and precision public health.

### Aim

To coordinate and maximise stakeholder efforts to enable efficient, effective, ethical and equitable translation of genomics knowledge into the WA health system.

### Priorities




### Enablers of success

- Sustainable investment
- Meaningful partnerships and collaboration
- Senior leadership and support
- Accountability, roles and responsibilities

### Underlying principles

- The application of genomic knowledge to health care is equitable and is informed by scientific evidence and the diverse needs of consumers, families and the community.
- Investment in genomic services and applications is strategically prioritised based on their value to consumers, services and the WA health system.
- Consumers, families and the community are empowered to make decisions about the application of genomic knowledge in their health care.
- Trust in the use of genomics in health care is promoted through adherence to quality and safety standards and compliance with privacy and confidentiality policies.

## Cancer staging project

Cancer is a major cause of illness and death in Australia, with 14,781 Western Australians diagnosed with cancer in 2020. When patients are diagnosed with cancer the process of staging is conducted to determine how far the cancer has grown and spread, enabling clinicians to provide the most appropriate treatment options.

In 2022–23, the department, WA Cancer and Palliative Care Network Clinical Implementation Unit, and Curtin University continued to develop a 'stage of cancer at diagnosis' data collection for selected cancers. The project aims to determine the methodology required to establish the collection of patient cancer staging data. It also involves engagement with key stakeholders across health, academic, and non-government sectors to ensure information collected is fit for purpose, accurate, and aligned with national and international health data classifications. The work is critical in understanding early cancer diagnosis, informing treatment, and measuring whether variation in survival is due to earlier detection or improved treatment outcomes.

Since 2019, the cancer staging project team has focused on progressing the collection of 'stage at diagnosis' of breast and colorectal cancers using new artificial intelligence technologies; natural language processing and machine learning. This enables efficiencies by developing and automating routine medical data collection and assisting in clinical classification and staging of cancers from patient records. Funding received from the Australian Government's Health Innovation Fund enabled the project team in 2022–23 to develop population-based cutaneous melanoma cancer staging business rules and collect 'stage at diagnosis' data for all 2019 and 2020 melanoma cancers within the project scope.

Detailed collection manuals and documentation have also been developed to support the project's work, and engagement with other jurisdictions has occurred to share WA's learnings and to gather feedback from other states and territories.

Through this work WA is becoming known nationally as an active leader in cancer staging and expert in artificial intelligence development to improve healthcare data.



# Steward and assure

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

Finalisation of **11 agreements** with the Australian Government for the funding of public health services

Updated **Memorandum of Understanding** with Department of Communities providing a framework to support and protect children who have experienced or are at risk of harm

Release of **WA Health governance protocols** to ensure the appropriate application of **data capture and business intelligence tools** in the development of data products



**2022–2023 Strategic Forward Procurement Plan** completed

Negotiated and delivered a **new contract** for the provision of ambulance services with **St John WA**

Development of a **suite of training materials for staff** that provide fundamental knowledge about **data capture, transformation, and visualisation**



Introduction of **new key performance indicators** to enhance monitoring capabilities of **emergency department performance**

Introduced **new data collection** of WA **public hospital bed ward status** and new time series predictive modelling of **emergency department activity**



In March 2023, the WA State Government accepted in-principle 49 of the 55 recommendations from the *Independent Review of WA Health System Governance Report*. The department has commenced the implementation of the recommendations to strengthen the maturation of governance arrangements across the WA health system, including providing clearer mandates within the system for the delivery of major projects, ICT and procurement, strengthening of systemwide leadership, and better use and sharing of data.

Amendments to the *Health Services Act 2016* came into effect on 1 July 2023. Changes included clarification of responsibilities for health service providers (HSPs) and the department regarding capital works and infrastructure, and land and property. The department has been progressing reforms which implement these amendments. These include assignment of capital works and maintenance works responsibilities to HSPs through their service agreements, working with key external stakeholders such as the Department of Finance to amend the Agency Specific Procurement Direction, and with the Department of Planning Lands and Heritage to correct land records. The department continues to work closely with HSPs as they transition to the new HSP powers and authorities, including the powers and limits to dispose of land and for the management of HSP land services.

The department continues to develop the Major Health Project Governance Framework consistent with the amendments and informed by partner agency input. This improves oversight and visibility of major health infrastructure projects and ensures clarity of roles and responsibilities.

Development of the 10-year State Health Plan is underway. The plan will set the strategic direction for WA health care over the next decade. It consolidates key system reforms already underway and provides clarity for service providers and the community on the future of the health system.

The Clinical Services Framework Executive Steering Committee recently endorsed the development of a contemporary clinical service plan to guide optimal clinical service development across the health system. The clinical plan is part of the project to update the *Clinical Services Framework 2014–2024* and will include involvement in the development of the new Major Health Project Governance Framework.

A review of the *WA Health Digital Strategy 2020–2030* was completed in July 2022, and a project to re-baseline the strategy, estimated to be completed in 2023–24, is underway. A dashboard was created in August 2022 to track the implementation status of the strategy. A digital assurance strategy and framework is also being developed to provide assurance that a systematic risk-based approach is being considered for high value digital and information communication technology (ICT) programs. In addition, an interim ICT governance model is in place as part of the ICT Governance Transition Project endorsed by the Health Executive Committee.

The department has continued to empower value-based, data-driven decision making through improved training, support and products for WA Health staff in the application of data capture, transformation, business intelligence and visualisation tools; with a goal of maturing the data and analytics capabilities of the entire WA health system.

Critical initiatives progressed in 2022–23 include the development of data products to facilitate the sharing of data for WA Health cross-sectoral, cross-jurisdictional, and public reporting. This includes the release of Power Business Intelligence (BI), Research Electronic Data Capture (REDCap) and structured query language (SQL) training packages for WA Health staff. Additionally, PowerBI and REDCap governance documents were released to ensure the appropriate application of data capture and business intelligence tools in the development of data products, aligned with mandatory legislation and policies governing information access, use and disclosure. A data and analytics community was also established to promote best practice use of tools across the WA health system, allowing users to learn and apply that knowledge organically.

Throughout 2022–23 the department continued to provide oversight of the performance of the WA health system. It also continued to enhance performance monitoring and reporting particularly to inform and guide health service delivery.

The department, on behalf of the State Government, successfully negotiated and delivered a new contract for the provision of ambulance services with St John WA. The contract commenced on 1 January 2023 and covers a 5-year term. The contract has been contemporised in line with other public private partnership agreements to ensure it meets the needs of the health system now and into the future. In developing the new agreement, the department engaged with clinical and operational staff across the system to inform 150 hours of contract negotiations in under 6 months. The new contract incentivises enhanced performance and achieves greater collaboration and accountability. This contract also reduces demand on hospitals through appropriate triaging and payment reforms, including the cessation of the extended transfer of care payment.

As part of emergency department access reforms, the department is in the process of expanding performance indicators to improve monitoring and provide insight into processes and workflows to enable analysis of key issues and responsive decision making at hospital and health service provider level. Hospitals will have access to these additional indicators to boost accountability and enhance performance monitoring capabilities. For added transparency, a publicly available dashboard is being revised to include these measures and will be launched in late 2023.

New time series predictive modelling of hospital activity is also being explored to provide short-term forecasts of emergency, admission, and discharge activity across the WA health system. An enterprise-wide data platform is being developed by Health Support Services to enable real-time dashboard and snapshot reporting. This platform will be used in conjunction with other existing reports to aid in systemwide planning and performance, and the identification of localised pressures across the patient journey.

The department is leading the development of a WA Aboriginal health dashboard for enhanced and consolidated systemwide performance and progress monitoring related to equity in health care access and health outcomes for Aboriginal people. New performance indicators to measure variation in hospital diagnostic and/or interventional procedures received between Aboriginal and non-Aboriginal patients are also in development.

## Patient safety surveillance

Patient safety is considered a framework of organised activities in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make errors less likely, and reduce the impact when errors do occur.[2]

Clear policies, data to drive safety improvements, skilled healthcare professionals and effective involvement of patients and families in the care process, are all needed to ensure sustainable and significant improvements in the safety of health care.

Part of the role of the department is to oversee, monitor and promote improvements in the safety and quality of health services provided by HSPs.

This is managed through the Clinical Governance, Safety and Quality Policy Framework and implementation of safety and quality programs. A strong patient safety reporting culture, patient safety systems, including clinical incident, consumer feedback, and mortality review processes, all form part of the clinical governance structure across the WA health system. This enables continuous learning and quality improvement that supports the provision of safe, high-quality, person-centred care.

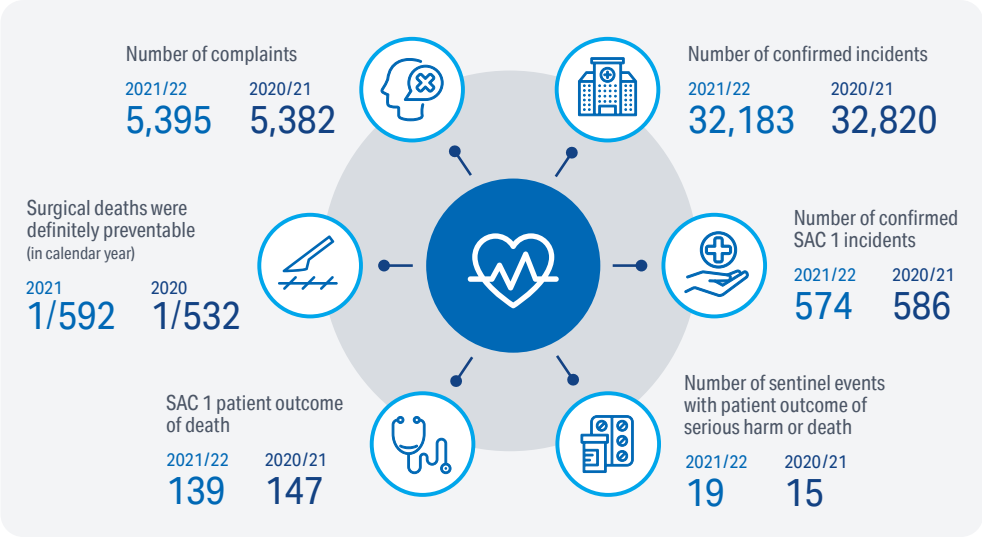
Included in this approach for continuous quality improvement is the reporting of statewide clinical incident (including sentinel events), mortality review and complaint data. The Your safety in our hands in hospital[3] annual report provides patient safety information (see Figure 6), integrates case studies to highlight the patient story behind patient safety events, and shares the lessons learnt from these events.




Recent findings identified the rate of inpatient confirmed incidents in hospitals resulting in no harm was 62.3 per cent. Incidents resulting in serious harm or death (Severity Assessment Code (SAC) 1) remain low at 1.6 per cent of all patients. Infection control breaches (n=124; 22.6 per cent) and complications of a fall in a health service (n=105; 19.2 per cent) remain the 2 most frequently reported types of SAC 1 clinical incidents. Contributing factors to these incidents included communication errors (n=330; 69.9 per cent) and issues associated with policies, procedures, and guidelines (n=314; 66.5 per cent).

Moving forward the department aims to continue to promote a culture of reporting and learning from patient safety events. This includes ensuring that clinical incidents with serious, harmful outcomes are reviewed thoroughly as SAC 1 events.

**Figure 6: WA Health patient safety summary findings, 2022**




**Note:** Comparison is based on data published in the 2021 report

2. World Health Organization. (2021). Patient safety: *About us*
3. Patient Safety Surveillance Unit (2022), Your Safety in Our Hands in Hospital. An Integrated Approach to Patient Safety Surveillance by WA Health Service Providers, Hospitals and the Community: 2022. Delivering Safer Care Series Report Number 11. Department of Health: Perth. Version 1

# Protect and enable

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

***Abortion Legislation Reform Bill 2023*** introduced in Parliament



**WA Health Promotion Strategic Framework 2022–2026** released

Final Report of the Ministerial Expert Panel on **Assisted Reproductive Technology and Surrogacy and Government Response** released

**Nitrous oxide regulated** under the *Medicines and Poisons Act 2014*

Script Check WA launched

**Medical and logistical support**, communications, and environmental health advice for **Kimberley floods** provided

Responded to **Japanese Encephalitis Virus**

- **1,065** mosquito traps set
- **5,586** mosquito pools tested
- **3,000** high risk individuals vaccinated

On 18 May 2023, the WA State Government released the final report of the Ministerial Expert Panel (MEP) on Assisted Reproductive Technology (ART) and Surrogacy. The department supported the MEP from May to December 2022. The WA State Government has endorsed the development of new legislation for ART, including surrogacy, for WA. The drafting of 2 bills is proposed; the first to regulate ART including surrogacy, and the second to deal with matters relating to research involving excess ART embryos and the continued prohibition of human cloning for reproduction. The new legislation will expand access to Western Australians needing ART to start or grow their families, while maintaining the health, safety, welfare, and interests of persons born of ART and participants in ART. Providers of ART in WA will continue to be regulated under a licensing framework with a safety and quality focus. The department will continue to develop policy positions and undertake further activities to support the development of the new legislation.

In March 2023, ScriptCheck WA was rolled out to general practitioners, prescribers, and pharmacists across WA. ScriptCheck WA provides secure access, in real time, to information on the prescribing and dispensing of controlled drugs. The system is a major technological advance in the existing prescription monitoring program and supports practitioners to make well informed and safer decisions at the point of care. ScriptCheck WA is expected to have a significant impact on patient doctor shopping and prescription drug overdose. Any prescriber or pharmacist is eligible to register, and training packages for professionals have been released.

The implementation of ScriptCheck WA provided the opportunity to reassess the adequacy of the existing regulatory framework for controlled drugs. Between August and October 2022, the department conducted a major online consultation process on the Medicines and Poisons Regulations, which govern prescribing and supply. The review sought input from health practitioners and consumers on changes to reduce red tape, bring the rules up-to-date and enhance public protection. The results will be used to design new laws for stimulants, opioids, medicinal cannabis, and other related drugs.

The department collaborated on a multi-agency response to manage the risk of Japanese encephalitis virus (JEV), a mosquito-borne virus detected in WA for the first time in 2023. A total of 79 paired feral pig serum and tonsil samples were tested. Also, 1,065 mosquito traps were set with 5,586 mosquito pools tested as part of the response. Since May 2022, 3,000 people at higher risk of JEV have been vaccinated by WA Health, and program and prevention messages have been translated into 4 local languages for Kimberley and Pilbara communities.

In May 2023, the Australian Government announced funding for a new National Lung Cancer Screening Program, commencing in July 2025. In anticipation of this announcement, the department worked with key stakeholders to consider implications for WA of the proposed population screening program. The department is now preparing for implementation, considering factors such as workforce, infrastructure, and data needs.

## Climate health

Through the *Western Australian Climate Policy*, the WA State Government is committed to net-zero emissions for WA by 2050 and improving the state's resilience to the effects of climate change. In addition, the State Government recently announced an ambitious interim emissions reduction target of 80 per cent by 2030, based on 2020 levels, for all public sector agencies.

The department is leading and coordinating the WA health system response on climate action and sustainability.

### Strategic focus to reducing emissions

In early 2023, the department led an extensive consultation process across the system to inform the development of a strategy to build a climate resilient and sustainable health system. The strategy will outline a systemwide approach to reduce greenhouse gas emissions, operate more sustainably, and implement adaptation measures to protect the community from the health risks associated with climate change.

In October 2022, clinicians, consumers, and health directors from across the state came together to discuss low carbon health care. This was a virtual event consisting of a series of 3 webinars with local, national, and international speakers.

A discussion paper was then developed to facilitate stakeholder engagement and broader system input into the strategy. WA Health staff and health sector leaders, including key government partner agencies and service providers, were invited to comment on the discussion paper via an online survey at the beginning of 2023. A total of 74 responses, including 31 on behalf of organisations or entities, were received.

Consumer and community engagement was undertaken via 2 targeted community workshops in March 2023. Consultation concluded with a half-day, interactive Senior Leaders Forum with 40 senior executives from across WA Health to finalise key elements of the strategy.

### Integrating sustainability into work-based practice

The health workforce has a key role in delivering sustainable health care and responding to the health impacts of climate change. To build organisational capacity, the department rolled out a scholarship program to support climate and health related education and training opportunities for WA Health staff. There were 7 staff members who completed the Environmental Sustainability and Health Care Systems online course delivered by the University of Notre Dame Australia in 2022, and the department will support 5 staff members to complete the course in 2023.

To inform staff of ways to reduce their environmental impact and carbon footprint at work, the WA Health Greening the Office Guide was developed. This guide assists office and administration staff by providing examples of interventions that can be implemented at both an organisational and at an individual level.

In addition, the *Gateway clinical practice changes to reduce carbon emissions in WA Health report*[4] identifies and prioritises interventions that can be implemented by health service staff in clinical practice to help reduce WA Health's carbon emissions.

4. MacKenzie H. Gateway clinical practice changes to reduce carbon emissions in WA Health. Perth (Australia): Department of Health; 2022.

## Department pledge to sustainability

The Department of Health 2022–24 Climate Action Plan was developed to reduce the environmental impact of the department's operational activities and commit to more innovative and environmentally friendly ways of working. Staff were invited to provide feedback on proposed priority areas and actions for the development of this plan.

Released in September 2022, the plan identified 26 actions across 5 priority areas.

To support implementation of the plan, a Climate Action Working Group was created. The working group has supported several achievements against the plan, including the establishment of an online intranet hub for staff and an Eco (Change) Champions Network. This network consists of 36 champions across the department who provide advice to staff and promote adoption of environmentally friendly practices.

The cleaning and waste services contract for the May Holman building was also reviewed, with new waste streams including Containers for Change, co-mingled recycling, and organics being implemented. This change to waste management resulted in the removal of approximately 1,200 under-desk bins at the May Holman building, saving approximately 280,000 plastic bin liners from landfill each year. The review of waste services at the GPO office accommodation also commenced with expected new waste streams to be implemented before the end of 2023.

The department continues to raise awareness and educate staff regarding waste separation. This includes the establishment of a monthly building waste report to monitor volumes across different waste streams, and target increases in waste diversion rates. To maintain and improve staff engagement, the department promoted and participated in environmental awareness campaigns including National Recycling Week and World Earth Day. This involved encouraging staff to switch to a reusable cup when purchasing coffee to reduce the number of coffee cups disposed into landfill, and a donation bin for second hand clothing was made available in the cafeteria for staff to donate unwanted clothing and thus divert waste from landfill.

### Climate action plan priority areas

1. Collective leadership
2. Waste disposal and management
3. Energy generation and usage
4. Procurement and supply of goods
5. Business transport and staff commute



## Strategic framework to improve health and wellbeing

The latest strategy for improving the health and wellbeing of Western Australians was released in May 2023. The Western Australian Health Promotion Strategic Framework 2022–2026 sets out a strategic plan to help empower and enable Western Australians to lead healthier lives by supporting equitable and sustainable improvements in health behaviours and environments. Treating chronic disease and injury costs the WA healthcare system around $2 billion every year. The framework outlines the health system's directions over the next 5 years for tackling one of the state's biggest health challenges – preventing chronic disease and injury.



The comprehensive framework takes a whole-of-population approach to preventing chronic disease and injury. This will be achieved by:




- reducing tobacco use in WA, especially among populations at higher risk of tobacco harm
- strengthening the regulation of alternative nicotine and non-nicotine delivery products, including e-cigarettes
- promoting environments that support healthy eating and active living
- preventing and reversing childhood obesity
- preventing and delaying the uptake of alcohol by children and young people
- managing the supply and availability of alcohol
- preventing falls in older people
- improving safety in, on and around water.

The strategy builds on the many improvements WA Health's prevention programs have already achieved, including lower smoking rates.

Prevention is the number one priority of the Sustainable Health Review, and the framework upholds that focus.

The new framework features a map of the shared areas of work across all WA public sector agencies that support the health and wellbeing of Western Australians. The map is intended to guide the work of WA Health and its stakeholders in building strong and supportive partnerships in prevention across government. Creating environments that promote good health keeps Western Australians healthier for longer and helps to make the health system more sustainable.

## Supporting the health of vulnerable members in our community

The Sustainable Health Review Final Report noted that Australian and international evidence shows that a small proportion of people managing more than one complex health issue attend hospitals and emergency departments more frequently than others. In many cases, people who attend hospital frequently need support in other areas such as social, disability or housing services. The department has been coordinating a variety of projects to address the specific health and wellbeing needs of vulnerable people, guided by Sustainable Health Review recommendations.

### Children in out-of-home care

The Health Navigator Pilot Program (HNPP) was launched in late 2022 to better connect children in out-of-home care with health, mental health, and disability services in Mirrabooka and the South West. Approximately 1.7 per 1,000 children were in out-of-home[5] care across Western Australia in 2021[6].

The program is a collaboration between the department and Department of Communities and was co-designed with people who have lived experience of out-of-home care, carers, advocacy groups, Aboriginal community-controlled organisations, Aboriginal Medical Services, and non-government service providers.

The co-designed engagement process was enabled following joint endorsement by the Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services and the Minister for Health and Mental Health.

A series of workshops were conducted with 143 key stakeholders to discover, develop, test and implement the pilot. Initial workshops were designed to develop visibility, through identification of the current state, key areas for improvement and what worked well within the existing landscape, to set the direction and principles for the HNPP. Follow-up workshops were held to test and confirm understanding of what was heard to ensure the draft operational model aligned to community and stakeholder expectations.

The HNPP enables children and young people in out-of-home care to access the right service at the right time, including access to culturally safe and holistic services.

Health professionals such as nurses or Aboriginal health workers are employed as 'health navigators' to assist children in out-of-home care, their parents, carers, and child protection workers to support coordination and communication so that children and families are better connected to timely health, mental health, and disability services. This includes access to child health nurses and paediatricians.

An interim independent evaluation report by the University of Western Australia Centre for Social Impact, found the program is already bridging gaps in timely access, with 90 per cent of children and young people receiving an initial health assessment within 30 days, compared to 15 per cent in the year prior to launching the program. In addition, children from Aboriginal and culturally and linguistically diverse backgrounds were found to be accessing a range of culturally appropriate medical services.

Ongoing engagement continues with advisory groups and via the HNPP evaluation. These mechanisms monitor that the pilot continues to test and respond to demand.

5. Refers to a range of short or long-term care options for children and young people aged less than 18 years who are unable to live with their families for a variety of reasons.
6. Child protection Australia 2020–21

## People with complex needs and disability

Through the Long Stay Patient Program, the department collaborated with the Department of Communities and the Mental Health Commission to improve care coordination for people with complex needs and disability. The cross-agency Long Stay Working Group provides complex case input and bespoke solutions to support patients medically ready to be discharged from hospital but are awaiting long-term community support or accommodation. Since July 2021, the Long Stay Working Group has consulted on more than 770 patients experiencing discharge delay; this includes the approval of funding packages for 61 individuals to provide interim solutions to enable discharge to community living.

In October 2022, the From Hospital to Home Disability Support Transition Pilot was expanded to include accommodation in Coolbinia and Swan View to support people on discharge from hospital while awaiting secure long-term accommodation. As at 30 June 2023, Coolbinia and Swan View have supported the discharge of 16 patients and reduced the bed block burden by 1,493 days.



## People with COVID-19

In collaboration with the Aboriginal Health Council of Western Australia and Derbarl Yerrigan Health Service, high quality and culturally secure community healthcare services were made available for Aboriginal people with COVID-19. The services offered aimed to improve individual patient outcomes and reduce transmission potential. The delivery of these services was tailored to meet the needs of people living in metropolitan Perth and for those in rural and regional areas of Western Australia. For Aboriginal people living in Perth the focus was to ensure readily available access to health information. This was achieved through implementation of a COVID Care Line and communication via Noongar radio and other media platforms. Upskilling staff in the use of antivirals and the formation of a community of practice with local infectious diseases specialists all contributed to a holistic model of care. In the Kimberley, Pilbara, Murchison/Gascoyne, Goldfields, Central Desert, and South West regions, the Aboriginal Community Controlled health services supported local communities including managing COVID-19 outbreaks.

In July 2022, Shelter WA was funded by the department to help support vulnerable communities and people experiencing homelessness who were affected by COVID-19. As part of this grant, Shelter WA supported approximately 160 Western Australian agencies, including refuges, safe houses, congregate living services, and specialist homelessness services, allowing them to link clients with accommodation, psychosocial support, and COVID-19 treatment and management.

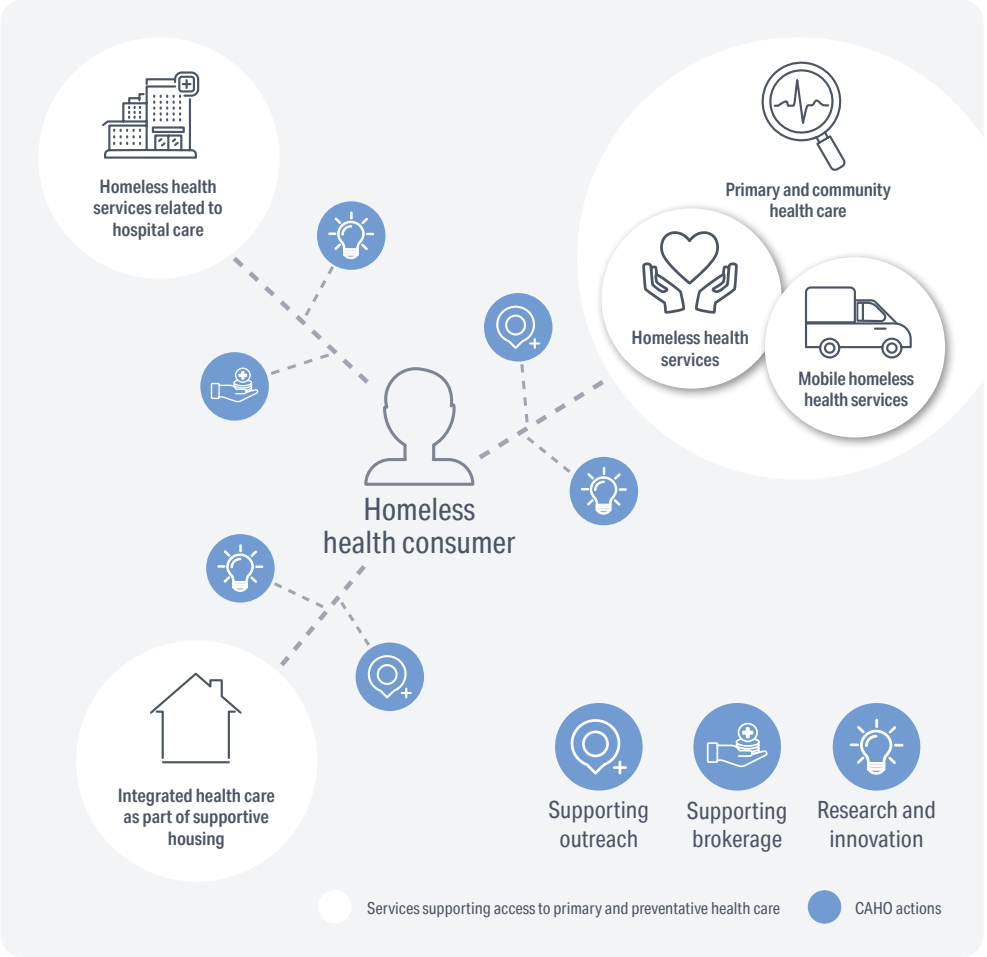
## People experiencing homelessness

The 2021 Australian Census estimated that more than 9,700 people experience homelessness in WA on any given night. Western Australia had the highest proportion of people living in improvised dwellings, tents, or rough sleeping (23.8 per cent).[7] People experiencing or at risk of homelessness have high levels of social economic disadvantage and they are among the most marginalised people in society[8]. To improve care and care coordination for people experiencing homelessness, the Chief Allied Health Office Homeless Health Action Plan 2022–2025 was developed. The plan outlines the actions required to improve health care access, equity and quality for people experiencing homelessness. Figure 7 shows how people experiencing homelessness are connected with timely, safe and appropriate healthcare services. Implementation of the plan has recently included the expansion of homeless mobile health services to Perth areas with unmet need, to ensure people experiencing homelessness in Perth continue to be supported to access primary health care.

Australia's first medical respite care service for people experiencing homelessness who are being discharged from hospital was delivered in 2022–23. The Medical Respite Centre provides clinical care for people experiencing homelessness while also establishing support systems to deal with the long-term issues of homelessness. Care occurs either post discharge from hospital, or as an alternative to hospital admission. The Medical Respite Centre operates 7 days a week and is staffed by nurses, general practitioners, key case workers and alcohol and other drug services counsellors.

A pilot to provide practical support to people experiencing homelessness presenting to hospitals was also implemented. The Homeless Discharge Facilitation Fund pilot provides for the purchase of accommodation and necessities such as medication and transport and aims to reduce demand on public hospital emergency departments and improve safer discharge pathways for patients experiencing homelessness. An evaluation of the pilot was completed and will guide further improvements.

**Figure 7: Services supporting access to primary and preventative health care**




7. Australian Bureau of Statistics. (2021). Estimating Homelessness: Census. ABS. Estimating Homelessness: Census, 2021 | Australian Bureau of Statistics (abs.gov.au)
8. Homelessness and homelessness services – Australian Institute of Health and Welfare (aihw.gov.au)

## Nangs

Nitrous oxide is used as a medicine for the purposes of anaesthesia, sedation, or pain management. It is also used in domestic and commercial catering settings as a propellant for whipped cream, to infuse flavour into alcoholic drinks, and to create mousses and foams.

The nitrous oxide is contained in small cylinders, referred to as 'nangs'. Nitrous oxide is known as a 'party drug' and is commonly used at night venues, clubs, pubs, events like music festivals and other parties attended by young adults. When inhaled (referred to as nanging), nitrous oxide can cause giggle fits, short euphoria, sound distortions, blurred vision and loss of coordination. Some people may develop psychiatric symptoms such as delusions and delirium. Of greater concern is that excessive nanging can cause irreversible damage to the nervous system.

The recreational misuse of this gas has grown in Australia. In 2019, information about recreational drug use collected through the National Drug Strategy Household Survey found 1.0 per cent of Western Australians aged 14 years and over (approximately 22,000 individuals) reported using inhalants in the past 12 months[9]. The most common forms of inhalants used in 2019 were nitrous oxide. During 2020 there were 22 nitrous oxide related presentations to emergency departments at Western Australian public hospitals, including 8 patients with severe subacute degeneration of the spinal cord[10].

In response to the public health risks associated with nangs the department sought feedback on proposed reform options from key stakeholders including industry peak bodies representing wholesalers, retailers, and the restaurant, catering, and hotels industry.

On 1 October 2022, nitrous oxide gas canisters were reclassified as a Schedule 6 poison and the sale of nitrous oxide was regulated under the *Medicines and Poisons Act 2014* in line with the national restrictions on the sale of nitrous oxide.

Canisters must now be labelled with the word 'poison' and have specific warnings against inhalation. Schedule 6 poisons cannot be sold to persons under 16 years of age and where they are supplied for retail, must be stored in such a way as to prevent access by children.



9. National Drug Strategy Household Survey 2019 (aihw.gov.au)
10. CRIS Supply of nitrous oxide September 2022 (health.wa.gov.au)

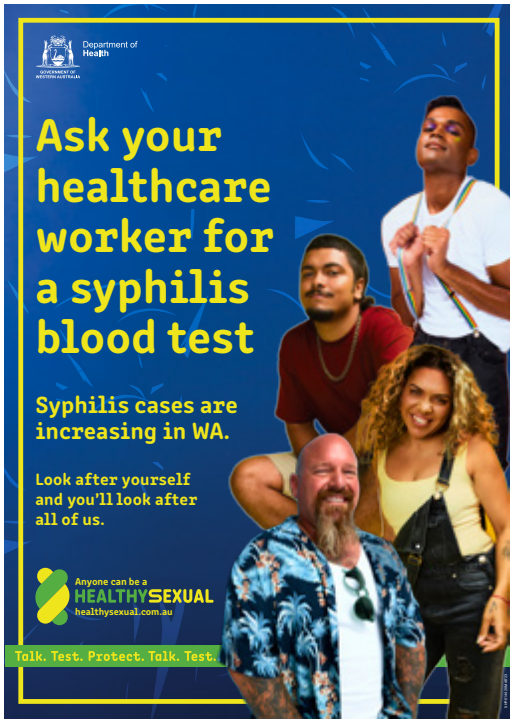
## Health promotion and protection campaigns

In 2022–23, the department ran several communications campaigns for the public, local communities, and businesses to raise awareness about health issues like communicable diseases, environmental health, food safety and to encourage people to make positive health choices.

### Talk. Test. Protect

*Healthysexual* aims to raise awareness about sexual health and encourages Western Australians to talk, test, and treat to minimise the personal and social impact of sexually transmissible infections.







### Stay well this winter

*Stay well this winter* aims to remind Western Australians to get their annual influenza vaccination, keep up healthy hygiene habits, and stay up to date with their COVID-19 vaccinations.



## This is palliative care

*This is palliative care* aims to increase awareness and improve understanding of end-of-life and palliative care in the WA community.







## Looking for signs of monkeypox

*Looking for signs of Monkeypox* (later renamed mpox) campaign was launched to encourage Western Australians to look out for symptoms of monkeypox and seek medical advice if they suspect they have the virus.

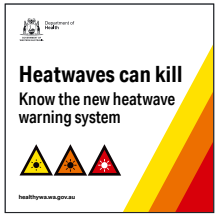



## Reduce the junk. Reduce your cancer risk.

In 2022, a TV commercial 'Reverse' was launched by the LiveLighter® campaign, linking junk food consumption with excess body fat and an increased risk of cancer.




LIVELIGHTER®




## New heatwave warning system

WA Health adopted a new system to warn the community about the health dangers of heatwaves, consistent with the Australian Warning System in November 2022. To inform and educate Western Australians a campaign was launched.





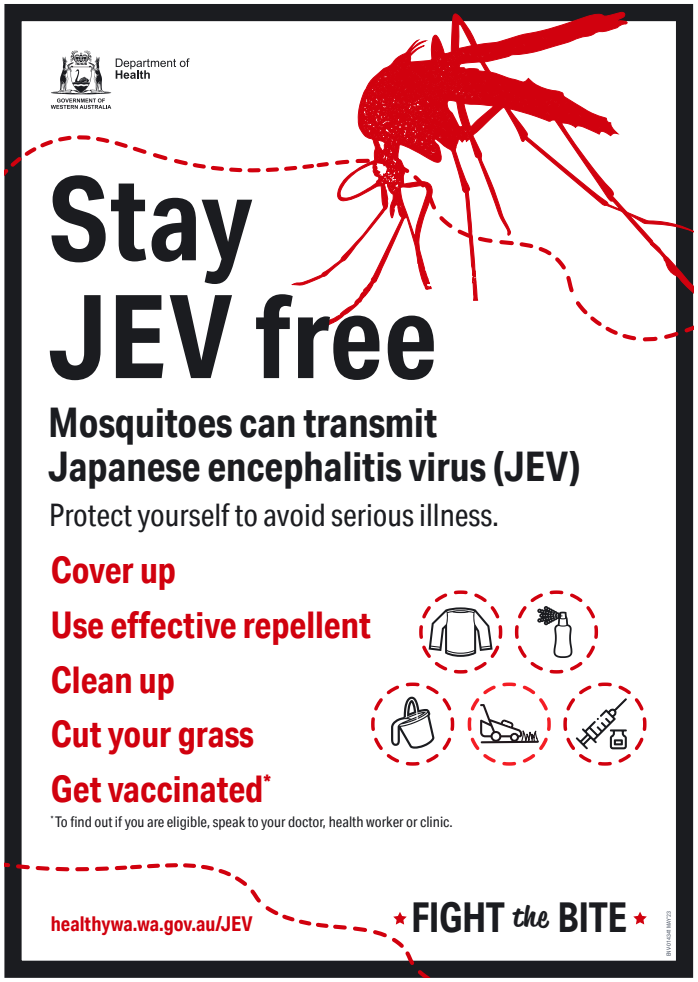


## Do you know what you're vaping?

The *Do you know what your vaping* campaign aims to raise awareness about the health risks of vaping and address the misconceptions about vaping among young people and their parents and carers[11].

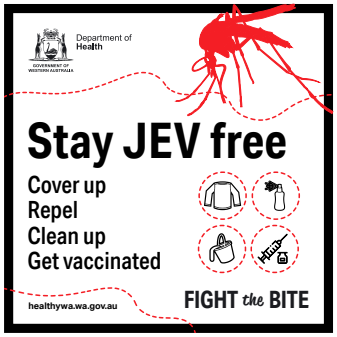



11. The Department of Health WA acknowledges NSW Health's authorship and ownership of the Do you know what you're vaping? campaign.




## Stay JEV free

The Japanese encephalitis virus (JEV) awareness campaign aimed to raise public awareness of the presence and increased risk of JEV in WA, the availability of the JEV vaccine, and ways to avoid infection.




## New national food safety standards

The objective of this campaign was to educate food service, retail or catering businesses in WA about new food standards to improve food safety and prevent food borne illness.






# Inspire and empower

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

**735 staff** engaged in My Achievement Plan to support their development

My Achievement Plan

**10,075 hours** of eLearning and face-to-face training completed

Establishment of **Mental Health First Aid (MHFA) Network** and recognition as a Skilled Workplace by Mental Health First Aid Australia

Skilled

Establishment of **People and Culture Sub-Committee** and **Culture Champions Network**

**66 per cent** employee engagement score

Your Voice in Health

The fourth Your Voice in Health employee engagement survey opened on 7 March 2023, providing a platform for employees to share opinions about their workplace. The survey measures staff engagement and workplace culture to drive systemwide staff engagement programs and support proactive strategies for future workplace planning.

Seventy-two per cent of department employees responded to the survey. The employee engagement score was 66 per cent, indicating how connected employees are to the organisation and in helping it achieve its goals. This was comparable to the 2021 survey score of 67 per cent.




The department will focus on addressing areas for improvement, and strenghtening its values-based culture. To support this work a People and Culture Sub-Committee was recently formed to progress people and culture related matters and associated change management activities. A Culture Champions Network was also formed so employees have the opportunity to explore the survey results, engage with colleagues, and advocate for change.

In addition, a cultural framework is being developed to provide a shared vision for the desired culture and an agreed set of principles to be embedded across the WA health system. This work will further inform the department's cultural lens for change.

The department is committed to inspiring and empowering its people to deliver a safe, high-performing and sustainable health system for WA. To align to this purpose, learning and development opportunities enable employees to grow their skills and encourage lifelong learning and a growth mindset.

The department supports employees and their managers through annual performance development reviews using the My Achievement Plan (MAP) program. MAP is a shared responsibility between employees and their managers, providing an open and transparent mechanism for defining employee achievements and deliverables, as well as the opportunity to outline development support needed to build capability.

In August 2022, the MAP transitioned from a PDF form to a more user friendly and flexible eForm. This action forms part of the department's aims to embed innovation and further engage managers and employees in learning and growth. The 2022 MAP cycle closed on 31 October 2022. The uptake of the new process was positive, with 735 employees engaging in the performance development process. Data collected from this cycle was used to inform the department's 2023 Learning and Development Program.

The department's Policy Essentials Program, facilitated by key policy leaders, relaunched in October 2022. The program, delivered across 4 modules, is designed to build strategic policy setting capability with focus on agenda setting, data and decision making, consultation, implementation, and evaluation. With support from 3 mentors, the 2022–23 cohort of 12 participants learnt from local and guest facilitators, participating in theoretical as well as workshop learning activities, and a group project.

The department launched the WA Public Health Officer Training Program pilot in July 2021 to increase public health capacity and leadership. The program initially aimed to enhance the effectiveness of the COVID-19 pandemic response by providing on-the-job training and support for the growing public health workforce. The program ran in 2022 and is anticipated to continue in 2023 as an established 3-year funded training program for eligible WA health system staff. The program will consist of 6-month rotations to various public health workplaces to enable the achievement of a wide range of competencies and will be recognised by a certificate of completion.

In 2022–23, the department maintained a focus on developing its talent pipeline to support current and future leaders to lead confidently in a values-aligned, collaborative, and system-focused manner. Work commenced to align existing leadership development programs such as manager training and development programs, the level 8 peer network, and the leadership alumni, with the Public Sector Commission's new Leadership Expectation Framework. The department continues to partner with the Public Sector Commission to ensure system and sector leadership opportunities are accessible to its workforce.

The department aims to increase the representation of people from different backgrounds at all levels and ensure all employees in the department experience a sense of belonging and inclusion in the work environment. The department's diversity and inclusion framework combines 6 government-led diversity and inclusion initiatives into a single approach. Implementation of the framework is driven through diversity and inclusion staff groups. Priorities from the framework are set by the working group and actioned by the reference group, with both groups having representatives from all divisions, who work collaboratively to build internal and external partnerships to achieve success across these important initiatives. Priority areas continue to progress, including hosting a program of events and communications to celebrate diversity and inclusion and bringing a diversity and inclusion lens to recruitment practices.

The department has recognised the importance of managing mental health at work and the benefits of creating a mentally healthy workplace that includes education and adopting policies and practices that create a 'culture of care' where employees are encouraged to talk openly about mental health. This includes the provision of mental health first aid in the workplace. In 2023, 74 department employees were provided training and accreditation to become mental health first aiders in the workplace. Over time, it is anticipated that mental health first aiders will contribute to a supportive workplace culture where employees feel safe to seek mental health assistance. In April 2023, the department was recognised as a Skilled Workplace by Mental Health First Aid Australia.

## School-based trainees

The department's engagement with the Public Sector Commission's School-Based Traineeship program has resulted in 7 trainees who have had the opportunity to experience a traineeship at the department.

The overall aim of the program is to develop a strong, diverse, and capable public sector youth workforce.

The department's most recent program graduates embraced the opportunity to gain valuable work experience. Over an 18-month period they settled into the department with ease, showing resilience through the height of the pandemic, while maintaining a school and work-life balance. They also received an income and a formal qualification, all while completing their high school education.

After identifying the benefits and opportunities associated with supporting youth in the workplace the department has implemented a 3-step pathway. The initial step is completion of the School-Based Traineeship program, followed by completion of a 12 month corporate traineeship, and then support in sourcing and applying for suitable positions at the department or potentially across the public sector.

Two students from the first cohort are participating in this pathway and have taken up corporate traineeships following notable achievements in their vocational education and training studies.

The department continued its engagement with the program in February 2023, welcoming 3 new school-based trainees.

**Can you provide a highlight of your time/experience at the department?**

*Working with so many people, in so many areas – developing the skills and knowledge I have today wouldn't have been possible without this opportunity.*

**What is a typical day of work for you?**

*There was no set routine I go by, but I actually enjoy that because every time I come into the office there are new projects I work on and sometimes these projects take a week or two to complete.*

**Where do you see yourself in 5 years?**

*My dream job has changed because of my traineeship. I now enjoy working in the public sector more than I can imagine. I hope to see myself working in the public sector with a career that I am passionate and enthusiastic about.*

## Growing our future Aboriginal leaders

Building leadership capability in the Aboriginal health workforce is key to enabling safe, accessible and culturally responsive services.

The WA Health Aboriginal Leadership Excellence and Development Program (LEAD) supports Aboriginal employees to gain the skills, abilities and confidence necessary to succeed in senior management, executive, and leadership roles in the WA health sector.

LEAD is a systemwide leadership initiative specifically tailored for Aboriginal staff working in the WA health system.

The aim of the program is to:

- identify and develop the leadership capabilities of current and emerging Aboriginal leaders
- provide participants with a range of leadership and learning opportunities delivered in a structured and culturally secure way
- establish a pool of Aboriginal staff capable of providing future corporate and cultural leadership.

The program comprises of 3 modules that explore a participant's leadership strengths and develop the skills and tools they require to further lead and inspire excellence within the health system. Participants also explore what it means to be an Aboriginal leader from a community and cultural perspective and how this translates at a personal and professional level into the corporate workspace.

Since 2020, the department has partnered with the Aboriginal Community Controlled health sector to further grow and develop a skilled and mobile Aboriginal workforce across the state.

The 2023 program commenced in June 2023 and will support 14 participants on their leadership journey.



Katie Finucane, Susan Quay, Billie Webb and Tahli Raftery

**Billie Webb, Manager Aboriginal Health, WA Country Health Service, provided us with insight into what it means to participate in the LEAD Program.**

*I was interested in doing the LEAD Program to support the development of leadership skills in my substantive role at the time.*

Since its inception in 2016, 60 aspiring leaders have graduated from the LEAD Program with many moving to more senior positions in government or the community sector.

*The strength focused approach of the program supported our group to identify and build on our leadership skills. I found the coaching to be a vital part of the program as it provided a one-on-one opportunity to discuss the theoretical models and unpack how I could apply those learnings both in a professional and personal setting.*

*Another invaluable aspect of the program is the ability to develop and explore relationships with other Aboriginal participants from across WA. As a group we were able to share our perspectives and listen and learn from each other in a culturally safe environment and I am still in contact with my group today.*

*Since completing the LEAD Program I have been offered the opportunity to work in a leadership position at the department and in October 2022 I was the successful applicant for a managerial position at the WA Country Health Service.*

# Our partnerships 2022–23

## Collaborating to support communities

The department worked with several agencies and organisations throughout the year to assist communities in dealing with emergency responses or local events.

### Support for Fitzroy Crossing flood recovery phase

Following severe flooding in the Kimberley region, department staff visited Fitzroy Crossing to establish a Flood Hub to assist the recovery phase in coordination with representatives from:

- Department of Fire and Emergency Services
- Department of Communities
- Shire of Derby-West Kimberley
- National Emergency Management Agency.





**Above:** Mosquito collecting trap with Mark Chadwick. **Right:** Mould cleaning kits, Patrick Davies from Nindilingarri Cultural Health Services and Meredith Chidlow from the department. **Far right:** Fitzroy Crossing Flood Hub




The hub provided a 'one stop shop' for residents to obtain information and advice regarding their properties and assistance available to them. Department staff provided training sessions on mould, mosquito management and healthy homes to local health and housing organisations. They also attended community meetings to provide information to residents and liaised with agencies involved in the recovery to address environmental health-related issues. A specialist mosquito-borne disease team was also sent to undertake targeted surveillance for Japanese encephalitis virus.

## Solar eclipse preparation a team effort

The department also led a collaborative, multi-agency health response to support the unprecedented influx of visitors to the North West Cape region to experience the solar eclipse on 20 April 2023.

The department coordinated a range of health, logistics and emergency response preparations, working in close collaboration with WA Country Health Service (WACHS), St John WA, Royal Flying Doctor Service, Department of Fire and Emergency Services, and the Department of Jobs, Tourism, Science, and Innovation.

Key health activities included:

- significant planning and preparation for hospital readiness, emergency response and clinical processes
- strengthening local health facilities
- environmental health and local government coordination and oversight of public/environmental health risks on water, wastewater, events, vector-borne disease, and food safety
- appointment of a public health officer to the cross-agency Project Control Group
- communicating public health messaging around soler eclipse eye health and travel health.

The department and WACHS also provided additional health capability and capacity at Exmouth, Onslow, and Carnarvon hospitals, and for nursing posts at Coral Bay and Burringurrah. St John WA provided additional vehicles and extra staff at strategic locations and the Department of Fire and Emergency Services provided an emergency rescue hospital for swift patient retrieval and access to more remote areas.



# Agency performance

# Our performance management framework

The department 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 State Government goals.

Table 5 demonstrates the alignment between whole of government goals and the WA health system Outcome Based Management Framework. The outcomes and services related to the department are marked in blue.

**Table 5: Outcome Based Management Framework for the WA health system**

| Government goals | Desired outcomes | Services |
|---|---|---|
| **Safe, strong and fair communities:**<br>Supporting our local and regional communities to thrive. | 1. Public hospital-based services that enable effective treatment and restorative health care for Western Australians. | 1. Public hospital admitted services<br>2. Public hospital emergency services<br>3. Public hospital non-admitted services<br>4. Mental health services |
| | 2. Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. | 5. Aged and continuing care services<br>6. Public and community health services<br>7. Pathology services<br>8. Community dental health services<br>9. Small rural hospital services |
| **Strong and sustainable finances:**<br>Responsible, achievable, affordable budget management. | 3. Strategic leadership, planning and support services that enable a safe, high quality and sustainable Western Australian health system. | 10. Health system management – policy and corporate services<br>11. Health support services |

The department 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. 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, that 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 include 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 is 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 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 2022–23 is summarised in the Agency performance section and described in detail in the Key performance indicators section of this report.

# Performance summary

## Summary of financial performance

Table 6 provides the financial and performance information of the department for 2022–23. Full details of the department's financial performance including variance explanations are provided in the financial statements section of this report.

### Table 6: Actual results versus budget targets for the Department of Health

| | 2022–23 Target ($'000) | 2022–23 Actual ($'000) | Variation (+ / -) ($'000) |
|---|---|---|---|
| Total cost of services (expense limit) | 8,981,224 | 9,676,201 | 694,977 |
| Net cost of services | 6,168,432 | 6,954,883 | 786,451 |
| Total equity | 366,268 | 318,817 | -47,451 |
| Net increase/(decrease) in cash held | 118 | -63,685 | -63,803 |
| Approved salary expense level | 168,962 | 175,805 | 6,843 |
| Approved borrowing limit | 0 | 0 | 0 |

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. In 2022–23, the cash limit target and actual for the WA health system are provided in Table 7.

### Table 7: Agreed working cash limit for the WA health system

| | 2022–23 Agreed Limit ($'000) | 2022–23 Target / Actual ($'000) | Variation (+ / -) ($'000) |
|---|---|---|---|
| Agreed working cash limit (at budget) | 525,577 | 525,577 | 0 |
| Agreed working cash limit (at actuals) | 570,305 | 576,074 | 5,769 |

**Notes:**

1. The working cash limit is for all WA health system entities, including health service providers.
2. The cash position for the Department of Health can be found in the notes to the Financial Statements.

Act of grace payments and ex-gratia payments paid in 2022–23 are provided in Table 8 .

**Table 8: Department of Health act of grace and ex-gratia payments paid in 2022–23**

| Funding source | Payment date | Payment amount ($) | Purpose of payment |
|---|---|---|---|
| **Act of grace payment** | | | |
| State appropriation | 12 December 2022 | 11,000 | For financial losses of the Cutting Board Group Pty Ltd after their premises were incorrectly listed as an exposure site during the COVID-19 pandemic. |
| **Ex-gratia payments** | | | |
| State appropriation | Throughout the year | 4,587,317 | Payments to health service providers to cover out-of-pocket expenses incurred by patients who chose to be treated as a private patient in a public hospital. |

## Summary of key performance indicators

The department 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 9 and efficiency results are summarised in Table 10. Detailed information can also be found in the key performance indicator section of the report.

**Key:**
Achieved target
+/- 10% from target
>10% from target

### Table 9: Actual results versus key effectiveness performance indicator targets

| Page | | Desired outcomes and related effectiveness indicators | 2022–23 target | 2022–23 actual | Variation (actual minus target) |
|---|---|---|---|---|---|
| **Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives** | | | | | |
| 92 | 1 | Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Program | ≥77% | 85% | 8% |
| 93 | 2 | Percentage of people accessing specialist community-based palliative care who are supported to die at home | ≥76% | 73% | -3% |
| 95 | 3 | Potential years of life lost for selected common causes of premature death | | | |
| | | a. Lung cancer | 1.4 | 1.0 | -0.4 |
| | | b. Ischaemic heart disease | 2.1 | 2.2 | 0.1 |
| | | c. Malignant skin cancers | 0.4 | 0.4 | 0.0 |
| | | d. Breast cancer | 1.9 | 1.5 | -0.4 |
| | | e. Bowel cancer | 1.1 | 0.9 | -0.2 |
| 97 | 4 | Percentage of fully immunised children | | | |
| | | a. 12 months | ≥95% | 93.3% | -1.7% |
| | | b. 2 years | ≥95% | 90.5% | -4.5% |
| | | c. 5 years | ≥95% | 93.2% | -1.8% |
| 99 | 5 | Percentage of 15 year olds in Western Australia that complete their HPV vaccination series | | | |
| | | a. Males | ≥80% | 79.2% | -0.8% |
| | | b. Females | ≥80% | 81.4% | 1.4% |
| 101 | 6 | Response times for emergency road-based ambulance services (Percentage of priority 1 calls attended to within 15 minutes in the metropolitan area) | ≥90% | 85.4% | -4.6% |
| **Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system** | | | | | |
| 102 | 7 | Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of system manager functions | ≥75% | 71% | -4% |

### Table 10: Actual results versus key efficiency performance indicator targets

| Page | | Desired outcomes, services delivered and related efficiency indicators | 2022–23 Target | 2022–23 Actual | Variation (actual minus target) |
|---|---|---|---|---|---|
| **Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives** | | | | | |
| **Service 5: Aged and continuing care services** | | | | | |
| 104 | 1 | Average cost of a transition care day provided by contracted non-government organisations/service providers | $334 | $382 | $48 |
| 105 | 2 | Average cost per home-based | | | |
| | | a. hospital day of care | $308 | $335 | $27 |
| | | b. occasion of service | $143 | $141 | -$2 |
| 106 | 3 | Average cost per day of care for non-acute admitted continuing care | $775 | $862 | $87 |
| 107 | 4 | Average cost to support patients who suffer specific chronic illness and other clients who require continuing care | $19 | $19 | $0 |
| 108 | 5 | Average cost per client receiving contracted palliative care services | $8,942 | $9,356 | $414 |
| **Service 6: Public and community health services** | | | | | |
| 109 | 6 | Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury | $174 | $90 | -$84 |
| 110 | 7 | Cost per trip for road-based ambulance services, based on the total accrued costs of these services for the total number of trips | $553 | $680 | $127 |
| **Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system** | | | | | |
| **Service 10: Health system management – Policy and corporate services** | | | | | |
| 111 | 8 | Average cost of public health regulatory services per head of population | $7 | $6 | -$1 |
| 112 | 9 | Average cost for the Department of Health to undertake system manager functions per health service provider full time equivalent | $4,632 | $5,490 | $858 |

## Sustainable health review progress report

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. Since its launch in 2019, a range of initiatives have focused on driving preventative, equitable and accessible health care. The following is a snapshot of key programs of work progressed.




- Release and implementation of the *Climate Health WA Inquiry Final Report* to guide the WA health system to adapt to climate change.
- Opening of youth mental health and alcohol and other drug and homelessness service in Queens Park.
- Development and implementation of Voluntary Assisted Dying legislation and the End-Of-Life Care Program.
- Child Safeguarding Program established to maintain the safety and wellbeing of children accessing WA Health services.
- Roll out of the Telethon Kids Institute 'Early Years Initiative' to achieve better outcomes for WA children and families.
- Implementation of the Emergency Access Reform Program.
- The Outpatient Reform Program to deliver improvements to timely access to outpatient services.
- Significant investment to support hospital service delivery including redevelopment of Joondalup Health Campus, upgrade to the Bunbury Regional Hospital, and the Peel Health Campus transformation.
- Implementation of the WA Nurse Practitioners Workforce Innovation Strategy 2023–2028.
- Aboriginal Health Practitioners to commence work across the WA health system.
- The Electronic Medical Record Program, to lay the digital foundation for modernising health care.
- Improving telehealth such as the implementation of the 24/7 Statewide Telestroke Service.
- Implementation of Future Health Research and Innovation (FHRI) Fund programs and initiatives supporting health and medical research and innovation.

While the above list is not exhaustive it highlights some of the achievements aligned with the Sustainable Health Review (SHR) Enduring Strategies to address public health issues, support great beginnings and a dignified end of life, provide person-centred, equitable access, invest in digital health care, and innovate for sustainability.

## Sustainable Health Review refocus

In November 2022, following consultation with the Director General, Independent Oversight Committee, SHR Partnership Group, and recommendation sponsors and leads, the Minister for Health announced a refocus of SHR delivery. It was a timely opportunity to revisit the SHR as the system returned to business-as-usual following the COVID-19 pandemic.

The Minister for Health, Director General and Chair of the SHR Independent Oversight Committee each reaffirmed their commitment to the SHR, celebrated the many achievements and discussed the need to focus on access to care, digital health, and workforce and funding reforms, to ensure future success of the program.

A 2-year reset period will see intensified effort on the following recommendations:

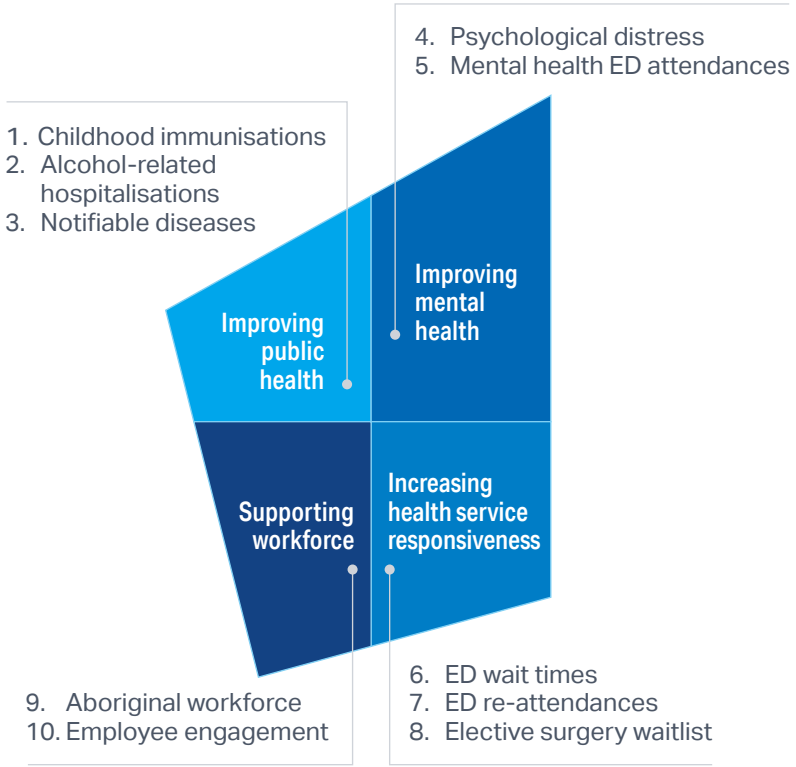
1. **Recommendation 11:** timely access to outpatient services
2. **Recommendation 13:** models of care for people with complex conditions who are frequent presenters
3. **Recommendation 17:** a new funding and commissioning model supporting new models of care and joint commissioning
4. **Recommendation 22:** 10-year digitisation
5. **Recommendation 23:** culture and innovation
6. **Recommendation 26:** workforce capability.

As with the previous successes, achievement in these areas will occur through working together and with key partners, with a shared vision of delivering a WA health system that is sophisticated, patient-oriented and above all sustainable. Partnerships with consumers, carers, people with lived experience and non-government organisations will remain integral to the delivery of the SHR program.

## Sustainable health review fast track outcome measures

It is important to evaluate the impact of the SHR program on the WA health system over the next 10 years. The SHR Outcome Measures Project (OMP) is responsible for selecting and reporting outcome measures to monitor improvements over time. However, because of this long lead time for the OMP, an interim set of 'fast-track' outcome measures were proposed in 2022.

Ten fast-track outcome measures were identified as being suitable for reporting. In addition, the department continues to introduce new and expanded key performance indicators and to develop new data collection activities to enhance monitoring capabilities of systemwide performance and success of SHR key programs of work.



## 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 a child care service, community kindergarten or school. A child care service includes long day care and family day care. A child is considered up-to-date if they have received all vaccinations listed on the National Immunisation Schedule for their age. 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, community kindergartens, and schools are required to report these exempt children for follow-up.

Child care services are directed to report a child's immunisation status at the time of enrolment, while community kindergartens and schools are directed to report a student's immunisation status by the end of term 1 each year. The different reporting requirements of child care services, kindergartens, 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) with an immunisation status that is not up-to-date
- children enrolled in community kindergartens and schools in term 1 of a calendar year (i.e. between 1 January and 31 March) with an immunisation status that is not up-to-date.

The immunisation records of the children reported as not up-to-date by child care services, community kindergartens and schools are confirmed by comparing to the Australian Immunisation Register. Children with an immunisation status that is not up-to-date are referred to the local public health unit to provide support for families to access local immunisation services.

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



### Results

Of the 584 children who did not have an up-to-date immunisation status as reported in the 2021–22 reporting period, 278 (47.6 per cent) are now recorded as up-to-date as of 6 July 2023.

In the 2022–23 reporting period, 668 children were reported by child care services (n=33), community kindergartens (n=24) and schools (n=611) as having an immunisation status of not up-to-date. As of 6 July 2023, the immunisation status of 144 (21.6 per cent) of these children is now considered up-to-date, while a further 30 children (4.5 per cent) are on a catch-up schedule.

The number of children reported as having an immunisation status of not up-to-date at enrolment in 2022–23 increased by 14.5 per cent from 2021–22. This may be attributed to the impact of COVID-19 on vaccine uptake that includes vaccine hesitancy and fatigue, and an increase in the number of children arriving from overseas following reopening of the borders to overseas arrivals. Public health unit follow up of these children is ongoing.

An evaluation of the impact of this legislation on immunisation rates was completed with results to be released in the later part of 2023.

### Table 11: Immunisation status of children who were not fully immunised by enrolment cohort, 2021–22 and 2022–23

| Enrolment cohort | Reported as not up-to-date at enrolment | Immunisation status as at 30 June 2023 | | | |
|---|---|---|---|---|---|
| | | Up-to-date | On a catch-up schedule | Not up-to-date | Unable to find on Australian Immunisation Register |
| **2021–22** | | | | | |
| Children enrolled in child care between 1 July 2021 and 30 June 2022 | 26 | 7 | 0 | 16 | 3 |
| Children enrolled in kindergarten/school between 1 January and 31 March 2022 | 558 | 271 | 0 | 234 | 53 |
| **Total** | **584** | **278** | **0** | **250** | **56** |
| **2022–23** | | | | | |
| Children enrolled in child care between 1 July 2022 and 30 June 2023 | 33 | 9 | 3 | 18 | 3 |
| Children enrolled in kindergarten/school between 1 January and 31 March 2023 | 635 | 135 | 27 | 387 | 86 |
| **Total** | **668** | **144** | **30** | **405** | **89** |

**Notes:**

1. Data is based on all children enrolled at long day care, family day care, pre-kindergarten, and 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' includes children whose immunisation records were not yet included in the AIR at the time of reporting (e.g. children arriving from overseas) and children whose immunisation records are not visible to third parties. Improved data matching systems implemented in 2023 have decreased the number of children unable to be identified on the AIR.
3. Due to the time lag between reporting, data cleaning, and follow up activity the immunisation status of both cohorts as at 2021–22 is considered final and for 2022–23 the findings are considered preliminary. Any changes to immunisation status of children reported in the 2022–23 period will be provided in the 2023–24 Annual Report.

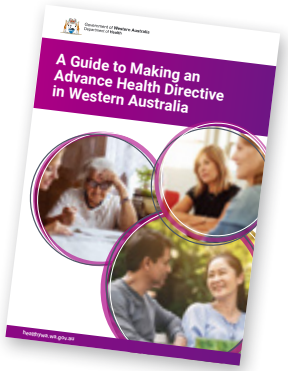
**Data sources:** WA Department of Health database, Communicable Disease Control Directorate; Student Information System (SIS) Database, WA Department of Education; Australian Immunisation Register, Services Australia.

## End-of-life care

The department is committed to enhancing palliative care services to support a dignified experience at the end of life. The End-of-Life Care Program provides statewide strategic direction for the WA health system. Implementation of initiatives related to end-of-life and palliative care, and advance care planning, as well as the V*oluntary Assisted Dying Act 2019* are delivered through the Program.

In 2022–23, a number of initiatives were achieved. The revised Advance Health Directive (AHD) was launched by the Minister for Health in August 2022, making choices around future health and personal care simpler and more accessible. An AHD is a voluntary, person-led legal document that allows an adult to specify the health treatment(s) for which consent is provided, refused or withdrawn under specific circumstances should they become unable to make or communicate these important decisions themselves.






A suite of new accompanying resources was produced to support consumers in their engagement in Advance Care Planning (ACP) and completion of AHDs. The Guide to Making an Advance Health Directive in Western Australia is one of the key resources produced for consumers and is translated into 15 languages. A guide to support health professionals was also produced.

Other resources include brochures, workbooks, webpages and videos for health consumers and health professionals to increase awareness about the new AHD. Partnership with key stakeholders such as Palliative Care WA ensures ongoing community education on ACP and AHD uptake.

The department undertook a palliative care education and awareness raising campaign to improve community understanding of palliative care. The campaign challenged the perception that palliative care is only for the final weeks of life and instead shows how accessing early palliative care services can enhance the quality of a person's life through symptom management, counselling and support to meet cultural obligations.

The campaign ran from September to December 2022 using mass media such as television and radio (including stations for people of culturally and linguistically diverse backgrounds), outdoor posters and billboards, and through press and digital platforms. Review of the campaign indicated that it was effective in meeting its primary goal of improving the understanding of palliative care in the community.

Other initiatives are underway to improve palliative and end-of-life care for older people living in residential aged care. Education and training initiatives include upskilling carers and clinical staff in the provision of palliative care, and advance care planning, and psychosocial support for residents and their families. In addition, effective transitions of care across settings and information sharing between providers are being supported, including case conferencing and integration of primary care as a corner stone of care.

# Operational disclosures

# Employee disclosures

## Employment profile

As at 30 June 2023, the department employed the equivalent of 1,186 full time employees. A summary of the number of full-time equivalent (FTE) employees, by category, for 2022–23 compared with 2021–22 is shown in Table 12.

### Table 12: Total full-time equivalent by category

| Category | 2021–22 | 2022–23 |
|---|---|---|
| Full-time permanent | 567 | 615 |
| Full-time contract | 335 | 280 |
| Part-time measured as full-time equivalent | 189 | 219 |
| Secondment in | 47 | 39 |
| Secondment out | 2 | 2 |
| Other | 64 | 31 |
| **Total** | **1,204** | **1,186** |

**Notes:**

1. Data extracted on 11 July 2023.
2. 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.
3. Full-time equivalent employee figures provided are based on actual (paid) month-to-date, full-time equivalent employees.
4. Excludes staff employed under the Health Services Union award.
5. Secondment-out figures may not accurately represent actual secondments out due to data capture limitations in the Human Resource Data Warehouse.
6. The Other category includes casuals, agency and sessional employees.

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

## Industrial relations

The department is responsible for managing industrial relation matters that will have systemwide impact.

A key function is the maintenance and modernisation of WA Health-specific industrial instruments, which includes the negotiation, monitoring and evaluation of industrial agreements and subsidiary agreements, and management of award amendments.

During 2022–23, the following replacement industrial agreements were negotiated, consistent with the Public Sector Wages Policy Statement 2022, and registered with the WA Industrial Relations Commission:

- WA health system – Medical Practitioners – AMA Industrial Agreement 2022
- WA health system – United Workers Union (WA) – Hospital Support Workers Industrial Agreement 2022
- WA health system – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Workers and Aboriginal Health Practitioners Industrial Agreement 2022
- WA health system – HSUWA – PACTS Industrial Agreement 2022
- WA health system – Medical Practitioners (Clinical Academics) – AMA Industrial Agreement 2022
- WA Health Engineering and Building Services Industrial Agreement 2023.

In addition to this, in-principle agreement was reached for replacement industrial agreements covering dental technicians and dental officers.

Negotiations continue for a replacement WA health system – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2020.

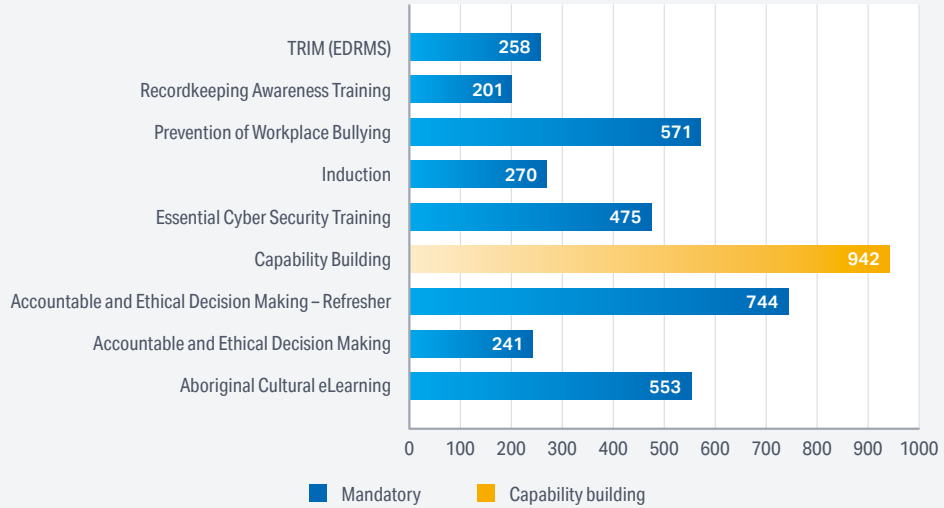
In 2024, all WA Health industrial agreements will be subject to renegotiation. Planning has commenced in preparation for this significant body of work.

## Staff development

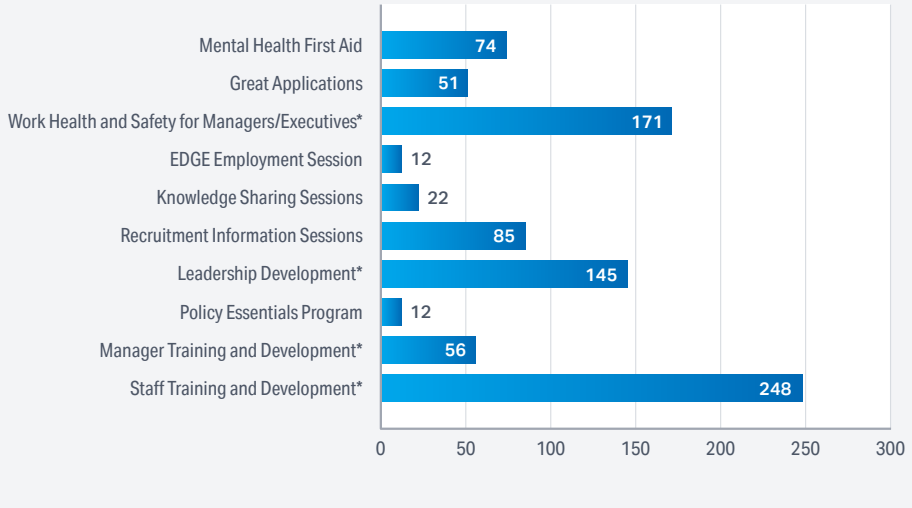
Employee development opportunities at the department are structured around the learning model defined in the Learning and Development Plan 2020–2024. A mix of on the job training, collaborative and formal learning, and growth opportunities aligned to business needs, are available to staff.

The department's formal learning catalogue includes on-demand eLearning through the MyLearning platform, and face-to-face opportunities. In 2022–23, employees completed 5,054 hours of eLearning programs and 5,021 hours of face-to-face training and development. An overview of participation can be seen in Figures 8 and 9.

### Figure 8: eLearning: Participation by training type, 2022–23




### Figure 9: Face-to-face learning: Attendance by training type, 2022–23




* Denotes categories where an individual staff member may attend more than one development session.

## Work health, safety and injury management

### Commitment to workplace health and safety

The department is committed to providing a safe and healthy work environment, and to maintaining the safety and health of staff, contractors and visitors in alignment with the *Work Health and Safety Act 2020* (the Act).

In 2022–23, the department's work health and safety (WHS) management system was reviewed to ensure alignment with the new work health and safety legislation that came into effect on 31 March 2022. This included updating the WHS policy and associated procedures.

To raise awareness of the new Act information was communicated to staff via a range of mediums. This included refresher WHS training for managers, and the introduction of a new training package designed to assist the executive team to understand and meet their legal duties. A total of 5 executive training sessions were delivered between February and March 2023.

To assess implementation of the new legislation, the department plans to conduct a WHS gap analysis to ensure the safety management system is effective and compliant with the appropriate legislation, and industry best practices and regulations. In addition, an internal audit of the department's Health, Safety and Wellbeing program is underway.

The department also continued to mature the WHS management system by improving compliance and monitoring mechanisms to aid in decision making and support hazard and risk management. This included a new interactive dashboard developed to monitor mandatory WHS staff training, and to provide real time and trend data concerning incidents and hazards. This information will inform strategic initiatives and action plans.

The department's Health and Safety Committee is responsible for ongoing monitoring and review of WHS management requirements, strategic initiatives and action plans. The committee also provide a mechanism for WHS issues to be discussed and escalated. In 2022–23, an Executive Sponsor was established for the Health and Safety Committee to support matters that may require decision or approval by the department's executive.

Another new initiative was the establishment of the Mental Health First Aid (MHFA) network as detailed in the Inspire and empower section of this report.

### Injury management and return to work

The department is committed to assisting employees with work-related injuries to return to work as soon as is medically appropriate. A formal injury management system is in place that meets the requirements of the *Workers' Compensation and Injury Management Act 1981*.

Management supports the injury management process, with recognition that success relies on active participation and cooperation by the injured worker. Whenever possible, and having regard for the injured worker's medical restrictions, suitable duties are arranged through a return-to-work program.

### Workers' compensation

The worker's compensation scheme in WA is regulated and administered by WorkCover WA under the *Workers' Compensation and Injury Management Act 1981*. In 2022–23 a total of 7 workers compensation claims were made, an increase from 4 in 2021–22.

### Work health and safety performance

The annual performance for the department in relation to work health and safety and injury management is summarised in Table 13.

Participation in manager WHS training has continued to trend upwards due to improved compliance monitoring.

### Table 13: Work health and safety performance, 2020–21 to 2022–23

| Measure | Target | Actual performance | | | Performance against target |
|---|---|---|---|---|---|
| | | 2020–21 (base year) | 2021–22 | 2022–23 | |
| Number of fatalities | 0 | 0 | 0 | 0 | Achieved |
| Lost time injury and disease incidence rate (LTI/D per 100) | 0 or 10% reduction | 0.38 | 0.14 | 0.56 | Not Achieved |
| Lost time injury and severity rate (rate per 100) | 0 or 10% reduction | 40 | 0 | 57 | Not Achieved |
| Percentage of injured workers returned to work: | | | | | |
| i. within 13 weeks | N/A | 100% | 0% | 66% | N/A |
| ii. within 26 weeks | Greater than or equal to 80% | 100% | 50% | 66% | Not Achieved |
| Percentage of managers trained in occupational safety, health and injury management responsibilities, including refresher training within 3 years | Greater than or equal to 80% | 76% | 79% | 83% | Achieved |

**Notes:**

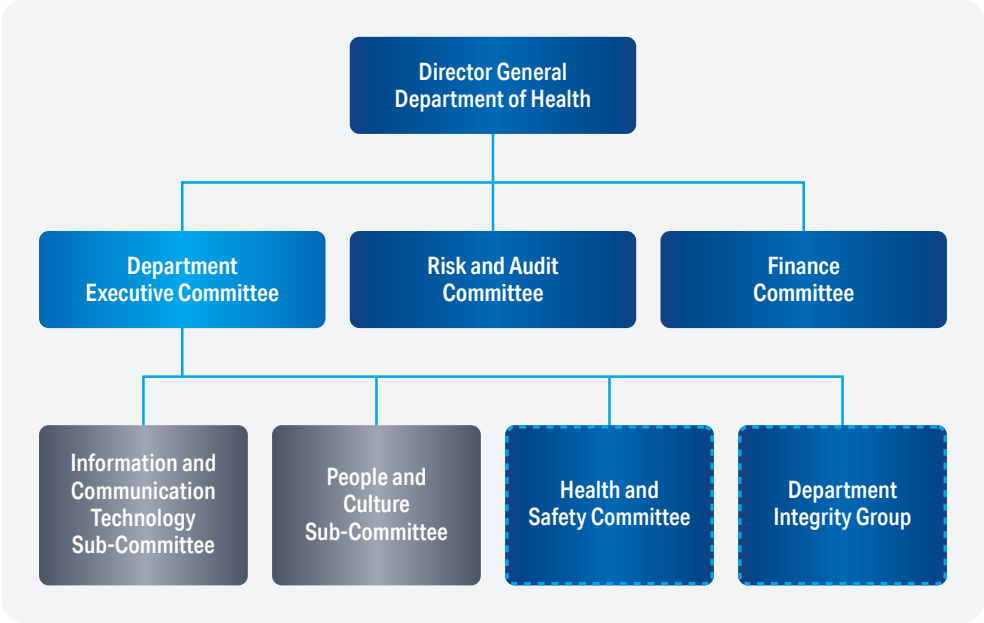
1. Percentage of injured workers returned to work is reported by calendar year (2020, 2021, 2022) to ensure 26 weeks have passed since injury date. Results for 2020–21 and 2021–22 have been rebased to account for the methodological change and as a result differ to that reported in the Annual Report 2021–22 that were based on financial year.
2. Due to the small number of staff with a workers compensation claim per year caution should be taken when comparing with base year results.

# Internal governance

## Governance oversight

The department's governance structure ensures the department executes its responsibilities in a coordinated, effective and efficient manner and assists the Director General to discharge his duties as department Chief Executive Officer.

### Figure 10: Department of Health internal governance structure




1 – Tier 2 Committees as defined by the Department Executive Committee Terms of Reference that have a formal reporting relationship with the Department Executive Committee.

2 – Standalone committees where the reporting relationship with the Department Executive Committee is prescribed by their respective Terms of References.

## Department Executive Committee

Overarching strategic leadership is provided by the Department Executive Committee, with 4 internal groups. Each group has a focused purpose and reports to the Department Executive Committee.

The **Department Integrity Group** supports stewardship of good governance, integrity and ethics, and prevention and management of fraud and corruption across the department.

Key focus areas in 2022–23 included overseeing integrity projects and initiatives, monitoring integrity data, and facilitating coordinated responses to address systemic integrity issues.

The **Information and Communications Technology (ICT) and Information Management Sub-Committee** provides assurances in discharging a coordinated, integrated, and efficient approach to ICT matters.

Key areas of work in 2022–23 included:

- the review and consolidation of governance and business systems to support the work of the sub-committee
- providing input and advice on priorities or concerns pertaining to digital strategic planning and portfolio demand prioritisation work across the WA health system
- monitoring the program of work to ensure compliance with the WA Government Cyber Security Policy
- considering ICT applications in line with local ICT governance processes.

The **Health and Safety Committee** facilitates cooperation between the department and employees to maintain and strengthen the health, safety and wellbeing in accordance with the *Work Health and Safety Act 2020*.

In 2022–23, the Committee gave attention to the election of health and safety representatives; with 20 representatives appointed for a 3-year term. Review of workplace inspections and review of emergency evacuation protocols were also completed.

The **People and Culture Sub-Committee** sets priorities, tracks progress and drives accountability of people and culture related matters. It also champions change management activities to embed values and positive organisational culture.

This is a new part of the governance structure, formed in March 2023.

## Finance Committee

The Finance Committee assists the Director General to discharge responsibilities under the *Financial Management Act 2006* and facilitates a coordinated and consistent approach to matters relating to financial management and financial risk in the department.

Key focus areas in 2022–23, were the alignment of budgets against strategic priorities, management of financial risks identified in audits and external reviews, and the review and endorsement of additional funding requests, repurposed surpluses, and resource allocations impacting future financial years.

## Risk and Audit Committee

The independent Risk and Audit Committee provides systematic oversight of the department's governance, risk management and control practices.

Advice and guidance on the adequacy of governance and assurance is provided to the Director General to support the achievement of strategic objectives, compliance with regulations, policies and other requirements including the expectations of customers, employees and the community.

The committee meets quarterly and is composed of 4 external members (including the chair) and 2 senior leaders from the department. This representation ensures the committee's independence and affords broader access to the skill sets that enable the committee to effectively fulfil its role.

A key focus in 2022–23 was the department's risk culture, including defining the department's risk appetite, developing an integrated assurance map, and improving risk reporting and oversight. In addition, the Committee focused on risk management and assurance for major contracts and health projects and provided oversight of the work across the system to address the Office of the Auditor General audit qualification pertaining to network security.

## Risk and Audit Committee Members, 2022–23



**Kaylene Gulich**
(outgoing Chair)

Chief Executive Officer,
Treasury Corporation

The department would like to acknowledge the significant contribution made by outgoing committee member Kaylene Gulich, during her term as Chair of the Risk and Audit committee ending March 2023.

**Andrew Cox**
(Chair – from May 2023)

Manager of Technical Services,
The Institute of Internal Auditors,
Australia

**Jay Peckitt**

Deputy Director General,
Education Business Services,
Department of Education

**Kathlene Oliver**

Chief Executive Officer,
Metropolitan Cemeteries Board

**Beata Bialozor-Kurtis**

Deputy Director General,
Buildings and Contracts,
Department of Finance

**Dr Andy Robertson**

Assistant Director General,
Public and Aboriginal Health,
Department of Health

**Dr Tina Bertilone**

Senior Medical Advisor,
Clinical Excellence,
Department of Health

## Risk, compliance, and internal audit

The Director General is responsible for developing and maintaining an effective internal audit function for the department. The Internal Audit Charter is authorised annually by the Director General and describes how the internal audit team will operate. The Charter requires compliance with mandatory elements of The Institute of Internal Auditors' International Professional Practices Framework and describes measures to ensure the internal audit team's independence and objectivity.

Internal audit reports are presented to the Director General via the Risk and Audit Committee as an independent viewpoint on the organisation's risk management, control and governance processes. The internal audit team monitor progress of implementation of the recommendations made in internal audits.

In 2022–23, a total of 47 per cent of audit recommendations were successfully implemented. A summary of internal audit activity is provided in Table 14.

### Table 14: Internal audit activity summary, 2022–23

| Audit activity | Number |
|---|---|
| Audits conducted by Department of Health auditors | 5 |
| Audits conducted by contracted auditors | 3 |
| **Total audits conducted 2022–23** | **8** |
| Audit recommendations carried over from 2021–22 | 48 |
| Audit recommendations opened in 2022–23 | 74 |
| **Total active audit recommendations in 2022–23** | **122** |

The department is committed to building a risk culture that encourages proactive risk management. In accordance with the established risk management policy and framework, the department uses the Enterprise Risk Management System (ERMS) to record risks and risk management activities.

In 2022–23, the department continued to focus on integrating and embedding risk management into core business delivery. A new Risk Appetite Statement was developed through a workshop with the Department Executive Committee and published in September 2022. The Statement informed development of an integrated assurance map that will be used to guide audit planning.

In addition, a new risk dashboard was implemented to improve reporting to the Department Executive Committee and Risk and Audit Committee. This, combined with a focus on internal controls for high risks, has led to significant review and update of operational risks in the ERMS across the department. To support staff understanding and implementation of risk management practices into core business, a new eLearning package was rolled out in November 2022, explaining how to manage risks using the department's risk management system and providing a basic introduction to business continuity management.

## Business continuity management

Business continuity is an important component of the department's risk management framework, ensuring systems and processes are in place for the continuity of critical business functions in the event of a disruptive incident.

In 2022–23, the department progressed major business continuity plan testing. This testing prompted the Business Continuity Plan Refresh Program that has focused on simplifying and streamlining the department's approach to the management of disruptive events.

In addition, a new business continuity management framework and policy was released in April 2023. The new business continuity management framework meets the requirements of *Treasurer's Instruction 825 (Risk Management and Security)* and aligns with the principles of recognised international standard *ISO22301 Security and Resilience – Business Continuity Management System* supporting the department to improve organisational resilience and capability through analysis of critical issues and areas of vulnerability.

Key elements of the framework are:

- a clear overview of the business continuity management process
- defined incident classification, notification and plan activation parameters
- established communication protocols
- defined roles and responsibilities.

Since the release of the new policy and framework, and in conjunction with the Refresh Program of works, divisional business impact analyses and business continuity plans are being updated.

## Enquiries and complaints management

The department welcomes and values consumer enquiries and complaints. In alignment with its values, these opportunities will be key to achieving outcomes, including support for diversity and differences in views.

Enquiries and complaints can be received by phone, online, letter or in person and clear instructions are provided on the department website to support consumers to do so. Upon receipt, contacts are referred to either the appropriate departmental business area for a response or progressed to the relevant health service provider.

Consumer complaints received by a health service provider are required to be managed in accordance with the WA Health Complaints Management Policy. If the complaints are not able to be resolved, the Health and Disability Services Complaints Office provides an independent avenue for consumers to progress matters further. This option, along with comprehensive contact options are communicated on the Department of Health website.

Responses to enquiries and complaints received from the public via the Office of the Minister for Health are coordinated by the department. In 2022–23 the department received 332 ministerial requests referencing complaints or issues of concern requiring a response. Complaints were received from a variety of sources, including members of the public, local government members, business organisations and professionals.

### Table 15: Ministerial complaints by allocated response area, 2021–22 to 2022–23

| Response Area | 2022–23 (n=332) |
|---|---|
| Department of Health | 68% |
| Health service providers | 31% |
| State Health Incident Coordination Centre | 1% |

**Notes:**

1. Where the ministerial is referred to more than one entity, the first referral entity is counted.
2. The State Health Incident Coordination Centre ceased to be operational in 2022–23.

# Compliance reporting

## Compliance with public sector standards and ethical codes

All department employees are responsible for ensuring their behaviour reflects the standards of conduct embodied in the WA Health Code of Conduct. The WA Health Code of Conduct complies with the standards of conduct and integrity outlined in the Public Sector Code of Ethics.

To encourage understanding and compliance with the principles of workplace behaviour and conduct, the department communicates with employees in a variety of ways. New staff are required to acknowledge the code of conduct as a part of the offer of employment and are further educated as part of induction. Expectations are reinforced on an ongoing basis within relevant policy documents, and through eLearning and face-to-face learning, available information on the intranet, and scheduled news articles.

Assessment of compliance with the Code of Conduct is undertaken by:

- monitoring accountable and ethical decision making training completion rates
- reviewing and monitoring employee declarations of conflicts of interest and gifts accepted
- case management of misconduct and disciplinary cases
- integrity reporting through the Department Integrity Group.

**Mandatory accountable and ethical decision-making** eLearning for new employees forms an integral part of the department's integrity education. In December 2022, the department mandated new refresher accountable and ethical decision-making training to be completed by all staff every 2 years.

In 2022–23, 97 per cent of all department employees had completed accountable and ethical decision-making training, and 81 per cent had completed the refresher training.

Department employees declaration of **acceptance of gifts** is recorded via an online register and support is provided to ensure requirements are met when necessary.

The department is required to review and investigate all complaints alleging non-compliance with the Code of Ethics or Code of Conduct in accordance with the department's Discipline Policy. During 2022–23, 10 new **misconduct matters** were raised and 5 matters were carried over from 2021–22. Of these 15 matters, all were investigated internally with 10 being finalised, of which 5 resulted in a finding of misconduct. Five matters are ongoing.

The department is committed to maintaining human resource practices that meet the standards of merit, equity and probity as required by the Public Sector Commissioner's Standards in Human Resource Management. To ensure this, human resource policies, procedures and tools are aligned to the standards and are designed to guide employees through effective and compliant processes.

To improve outcomes, educate managers, and ensure compliance with the standards, the human resources team:

- facilitates monthly recruitment, selection and appointment training that supports understanding of public sector standards and how to ensure processes are compliant
- provides direct support to managers conducting recruitment and selection processes in both process design and candidate assessment
- undertake quality assurance checks on all selection reports prior to approval being sought from the relevant delegated authority.

The department reviews all **breach of standard** claims and is committed to making reasonable attempts to resolve them prior to referral to the Public Sector Commission. There were 6 breach of standard claims received in 2022–23, with 3 related to the employment standard and 3 to the grievance resolution standard. Two claims were referred to the Public Sector Standards Commissioner however no breach of standard claims were upheld.

## Compliance with public sector policy

### Diversity and inclusion

The department's approach to diversity and inclusion draws together 6 government led diversity and inclusion initiatives into a single framework with the aim of increasing the representation of people from different backgrounds and ensuring all staff experience a sense of belonging and inclusion.

Four themes frame the actions planned to achieve this aim:

- **account and celebrate:** value and celebrate diversity within our workforce
- **attract and develop:** recruit and retain a diverse workforce
- **lead and build:** monitor, measure and review our results to build an inclusive workplace
- **educate and empower:** build knowledge and understanding of diversity groups and cultural awareness.

Initiatives that sit within the framework include the:

1. Department of Health *Disability Access and Inclusion Plan 2020–2025*
2. Department of Health *Equal Employment Opportunity Action Plan 2020–2024*
3. Department of Health *Multicultural Plan 2021–2023*
4. *Stronger Together: WA's Plan for Gender Equality*
5. *WA Aboriginal Health and Wellbeing Framework 2015–2030*
6. *Workforce Diversification and Inclusion Strategy for WA Public Sector Employment 2020–2025*.

Oversight of the framework is provided by the department's Diversity and Inclusion Working Group who, in consultation with the Diversity and Inclusion Reference Group, are responsible for setting and monitoring priorities and driving the implementation of the framework. The diverse backgrounds and lived experience of the members of these groups informs and supports development of meaningful actions.

Department staff actively engage in creating welcoming and inclusive work environments that support and reflect diversity. In 2022–23, staff participated in NAIDOC Week, Reconciliation Week, Harmony Day, IDAHOBIT, International Women's Day as well as the 16 Days in WA campaign against gender-based violence. These events were celebrated through morning teas, presentations, performances, as well as information sessions and panel discussions provided by invited guests and staff members with lived experience and unique insights. In addition, articles are regularly shared on the department's intranet to recognise and celebrate the diversity of our staff.

The department has affirmed its support for the health and wellbeing of the LGBTIQ+ community, with staff, family and friends joining the annual pride parade for a second year. In addition, a permanent pride flag was raised on the 1 November 2022 to mark both the beginning of pride month and also the department's commitment to the *WA Lesbian, Gay, Bisexual, Transgender and Intersex Health Strategy 2019–2024*.

To enable equal opportunity and access to employment and traineeships the department complies with the WA Health Recruitment, Selection and Appointment Policy which applies equal opportunity and diversity principles, and ensures recruitment and selection is undertaken in a consistent, inclusive, open and transparent manner. Training is available for those participating in selection processes to ensure a full understanding of the relevant public sector standards, legislation and regulations, including those that relate to discrimination. At least one member of a panel must have completed this training to proceed with recruitment.

In 2022–23, the department developed tailored resources and education to empower managers to use *Commissioner's Instruction No. 39: Interim Arrangements to Fill Public Sector Vacancies*. This instruction temporarily eased rules to support more efficient recruitment, including enabling the appointment of diverse people to help meet the aspirational workforce diversity targets. Strategies have also continued to support attraction and recruitment of young people through implementation of a new school-based traineeship program, and continued promotion of the graduate development program.

The department aims to increase representation of Aboriginal people employed to achieve the department's aspirational target of 3.2 per cent by 2026. Growing the Aboriginal workforce in clinical and non-clinical roles is essential for the department to deliver culturally safe and responsive health services and programs.

## Multicultural Plan

Work continues to progress against the department's Multicultural Plan. A key aspect of the plan is to ensure policies, programs and services are culturally responsive and meet the needs of WA's culturally diverse communities.

The department was proud to receive the Public Sector Award at the WA Multicultural Awards for work undertaken to better understand the cancer information needs of people from culturally and linguistically diverse (CaLD) backgrounds. As a part of this project, the department consulted with 175 CaLD consumers affected by cancer, identifying better ways to ensure access to information and learning more about the influence of culture in addressing needs. The resulting report identified a wide spectrum of cancer information needs and new opportunities to improve the quality of cancer information for CALD communities. Work has commenced to increase the availability of resources.

The department continues to work with funded service providers to identify and address inequalities in service access and outcomes. Service agreements include requirements for the engagement of interpreters, equitable access to resources, and collection of CaLD data related to service delivery outcomes.

### Harmony Week

**15–21 March 2023**

Harmony week was a rich celebration of cultural, religious and linguistic diversity. The department reconfirmed its commitment to multiculturalism and diversity with a range of initiatives.

- WA Health's podcast series *'This podcast could save your life'* welcomed Ms Brenda Kamau (Public Health Nurse – Humanitarian Entrant Health Service and WA Tuberculosis Control Program) and Dr Prani Shrivastava (Anaesthetist Perth Children's Hospital) to have a conversation on inclusivity, creating welcoming environments, and ensuring access to culturally appropriate healthcare.
- Staff profile posters shared messages in support of harmony.




- 80 staff came together to attend a panel discussion on team inclusivity, to reflect on how embracing cultural diversity provides positive outcomes for WA Health and to share food for 'a taste of harmony' lunch.
- Staff contributed recipes to compile a harmony week cookbook.

## Disability Access and Inclusion Plan

Through implementation of the Disability Access and Inclusion Plan the department aims to ensure that people with disability can access services provided by the department in a way that promotes independence, opportunities and participation in the workplace.

In 2022–23, regular articles on the department's intranet were compiled by the Diversity and Inclusion Staff Group to recognise and celebrate diversity across the department, including staff members with a disability.

To ensure online content is accessible to all, including those with a disability, digital accessibility guides were also provided to guide staff on how to create accessible online content and outlined the tools (software and hardware) available to do so.

To actively support department employees with disability, improvements were made to internal eLearning, including introduction of captions to many modules.

The department also partnered with disability employment service providers to better connect recruiting managers with skilled staff who live with a disability, as well as to provide the training and support for a smooth transition to the workplace.

Staff and managers were encouraged to attend training including the public sector leadership conversation on supporting neurodiversity in the workforce.

## Substantive equality

The department continues to be committed to identifying and addressing any institutional barriers to healthcare that exist for different people and groups in the community, and to avoiding the creation of inequalities when developing and implementing health policies, programs and services. Substantive equality has been a driving force in a range of projects and initiatives in 2022–23 including:

- The update of the WA Health Language Service Policy and its associated guidelines, decision-making tree for interpreters, and eLearning package. The policy sets out the minimum standards to enable effective communication with consumers and carers who have difficulty communicating in Standard English, or who are Deaf or hard of hearing.
- *Guidelines for concerts, events and organised gatherings 2022* was released, including a dedicated section on accessible events to ensure people with disability have the same opportunities to access events in the community.
- The LiveLighter® campaign developed a series of 'easy read' resources including a suite of 'how to' recipe videos designed for people with limited literacy.
- The FreshSNAP program undertook a needs assessment relating to school based nutrition resources and identified the need for inclusive nutrition resources with a preference for low literacy resources.
- Culturally responsive community-based transition care was established in Broome, the South West and Geraldton to support older Aboriginal Western Australians leaving hospital.
- The Health Navigator Pilot Program was implemented to help children in out-of-home care and their carers navigate health, mental health and disability services.
- Collaboration across the department to align the Sustainable Health Review delivery program with relevant Aboriginal health policies and targets including the *WA Aboriginal Health and Wellbeing Framework 2015–2030*, Closing the Gap, and Aboriginal community-controlled health services priorities.

## Recordkeeping plan

Built around the State Records Commission standards, the department's recordkeeping plan outlines the records that are to be created, how they are to be kept, and the policy and procedures that support those requirements.

In accordance with the requirements of the *State Records Act 2000*, the current recordkeeping plan was approved by the State Records Office in 2019. To ensure the plan and its associated policy and procedures remain contemporary, relevant and compliant, they are reviewed and updated annually. A full review of the plan is due in 2024.

To ensure staff understand their roles responsibilities and are supported to carry these out, both recordkeeping awareness training and training on the use of the department's electronic document records management system (EDRMS) are included in the mandatory induction program (see Table 16).

### Table 16: Staff compliance with recordkeeping training as at 30 June 2023

| Training type | Staff compliance |
|---|---|
| Recordkeeping Awareness | 97% |
| Electronic Document Records Management System | 95% |

To support ongoing compliance with responsibilities, the records management team assist staff and business units by:

- providing helpdesk support and advice
- providing follow up training for new starters and ad-hoc training as required
- maintaining a comprehensive suite of self-help guides on the intranet
- engaging with business units to streamline recordkeeping practices
- delivering broad communications to staff on records management topics.

A comprehensive health check of the EDRMS was completed in 2021–22. As a result of the health check, improvements relating to security, reporting and maintenance were identified and have been embedded into the daily records services work programme. Additionally, reviews of security caveats used to restrict access to records in the EDRMS are completed on a quarterly basis to confirm that records are secure, protected from unauthorised access and available when needed. A live dashboard is used by the records management team to monitor the use of the EDRMS, assist with integrity and security of records, and to support reporting.

## Freedom of information

The WA *Freedom of Information Act 1992* provides the public with the right to access information held by the department.

The types of information held by the department 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 access to information not publicly available may be made through a Freedom of Information application. This involves lodging a written request via email, post or in person. An application form is available to support this process via Freedom of Information.

Further advice and assistance to submit an application for information can be sought via the Freedom of Information Coordinator at the department. The department also maintains a WA Health freedom of information contacts list to provide contact points within the WA health system for requests that relate to public hospital or health service provider information and records.

Requests for information access can be granted, partially granted or may be refused in accordance with the *Freedom of Information Act 1992*. The department received a total of 59 applications in 2022–23 of which 8 were partially transferred to other agencies for action.

As at 30 June 2023, 51 applications were finalised (see Table 17).



In 2022–23 the department developed an animated video, guidelines and flowchart to educate staff on their obligations under the *Freedom of Information Act* and the actions they may be asked to complete on receipt of a request. The new resources will support the freedom of information team to provide documents to the public in a timely manner.

### Table 17: Summary of freedom of information request outcomes 2022–23

| Summary of Action | Number |
|---|---|
| Applications granted – full access | 23 |
| Applications granted – partial or edited access | 12 |
| Applications withdrawn by applicant | 7 |
| Applications refused[1] | 9 |
| **Total applications[2]** | **51** |

**Notes:**

1. Includes 6 matters where no records were found and 3 matters where the documents were exempt from release.
2. Includes matters carried over from 2021–22.

# Key performance indicators

# Certification of key performance indicators

**DEPARTMENT OF HEALTH**

**CERTIFICATION OF KEY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2023**

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 2023.



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

15 September 2023

# Key performance indicators

Key performance indicators assist the department to assess and monitor achievement of the outcomes outlined in the Outcome Based Management Framework (see Table 18).

**Table 18: 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**<br>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<br>2. Percentage of people accessing specialist community-based palliative care who are supported to die at home<br>3. Potential years of life lost for selected common causes of premature death: (a) Lung cancer; (b) Ischaemic heart disease; (c) Malignant skin cancers; (d) Breast cancer; (e) Bowel cancer<br>4. Percentage of fully immunised children: (a) 12 months; (b) 2 years; (c) 5 years<br>5. Percentage of 15 year olds in Western Australia that completed their HPV vaccination series<br>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**<br>1. Average cost of a transition care day provided by contracted non-government organisations/service providers<br>2. Average cost per home-based hospital day of care and occasion of service<br>3. Average cost per day of care for non-acute admitted continuing care<br>4. Average cost to support patients who suffer specific chronic illness and other clients who require continuing care<br>**Palliative and cancer care services**<br>5. Average cost per client receiving contracted palliative care services |
| | | **6. Public and community health services** | **Public health services**<br>6. Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury<br>**Patient transport services**<br>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**<br>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**<br>8. Average cost of public health regulatory services per head of population<br>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

### 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

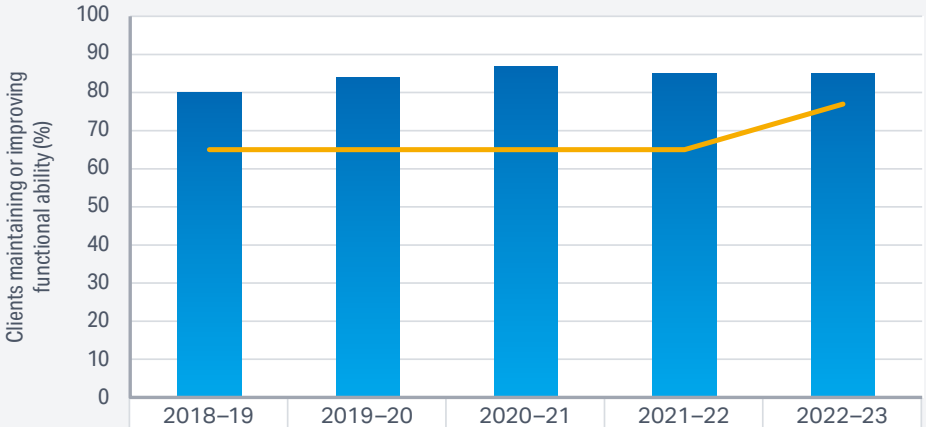
The 2022–23 target for the percentage of clients maintaining or improving functional ability is 77 per cent or above.

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

### Results

In 2022–23, the percentage of transition care clients maintaining or improving functional ability was 85 per cent, exceeding the target of 77 per cent (see Figure 11).

**Figure 11: Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Program, 2018–19 to 2022–23**




| | 2018–19 | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|---|
| Results | 80 | 84 | 87 | 85 | 85 |
| Target | 65 | 65 | 65 | 65 | 77 |

**Notes:**

1. The Modified Barthel Index (MBI) is widely used as a tool to assess client self-care and mobility activities of daily living. This indicator compares MBI admission and discharge results and determines the proportion of clients who demonstrate maintained or improved functional ability due to utilisation of the Transition Care Program.
2. In 2021–22, the target for this KPI was reviewed. The revised target for 2022–23 is based on the average of prior year results.

**Data source:** Unpublished data, Department of Health.

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

Outcome 2

### Rationale

The preference of the majority of Australians to die at home and not in a hospital has been well documented. While between 60 and 70 per cent of people state they want to die at home, only about 14 per cent do so.[12] 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.

12. Dying Well, Grattan Institute Report No. 2014-10, September 2014, 2. Available from: http://grattan.edu.au/wpcontent/uploads/2014/09/815-dying-well.pdf

## Target

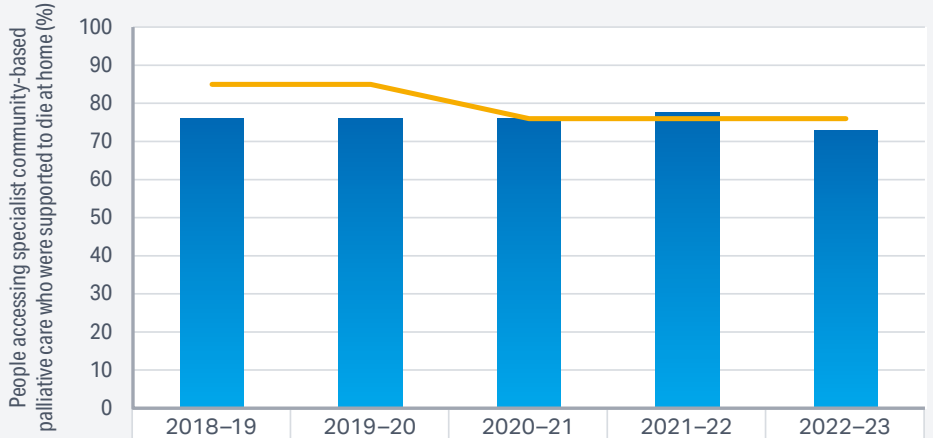
The 2022–23 target for the percentage of people accessing community-based palliative care who opted to die at home, and who were supported to die at home, is 76 per cent or above.

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

## Results

In 2022–23, 73 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 Figure 12). This result is slightly below the specified target of 76 per cent.

**Figure 12: 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 2022–23**




| | 2018–19 | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|---|
| Results | 76 | 76 | 76 | 78 | 73 |
| Target | 85 | 85 | 76 | 76 | 76 |

**Notes:**

1. There is currently no national target for this indicator. The 2022–23 target is based on an average of prior year 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 Data Collection system used to source data for calculation of this KPI.

**Data source:** Non-Admitted Patient Data Collection, Department of Health.

## Potential years of life lost for selected common causes of premature death: (a) Lung cancer; (b) Ischaemic heart disease; (c) Malignant skin cancers; (d) Breast cancer; and (e) Bowel cancer

Outcome 2

### Rationale

This indicator measures the rate of potential years of life lost for selected common causes of premature death. The WA health system aims to reduce the loss of life from health conditions that are potentially preventable and/or treatable by facilitating improvements in health behaviours and environments, and through early detection and disease management.

The rates of potential years of life lost from premature death are measured for lung cancer, ischaemic heart disease, malignant skin cancer, breast cancer and bowel cancer.

These conditions contribute significantly to the fatal burden of disease within the community. The Department of Health contributes to preventive health via early detection and health promotion and prevention activities which encourage healthy environments, communities and behaviours to reduce the risk of developing these conditions. The department also supports self-management programs to aid those living with these conditions to prevent, delay or minimise the effects and progression of the disease.

Results from this key performance indicator enables the department to monitor the effectiveness of health promotion, prevention and early intervention activity that in turn contribute to a reduction in premature deaths due to these preventable and treatable conditions.

### Target

The 2021 target per selected common causes of premature death is based on the 2020 National Person Years of Life Lost per 1,000 population:

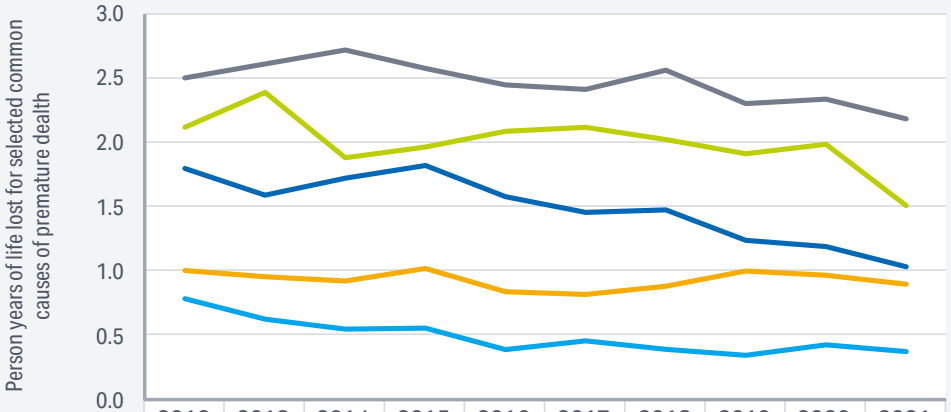
| Common causes of premature death | Target (in years) |
|---|---|
| a. Lung cancer | 1.4 |
| b. Ischaemic heart disease | 2.1 |
| c. Malignant skin cancers | 0.4 |
| d. Breast cancer | 1.9 |
| e. Bowel cancer | 1.1 |

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

### Results

In 2021, the result for potential years of life lost due to cancer were equal to or below set targets (see Figure 13). The years of life lost from ischaemic heart disease was 2.2 exceeding the target of 2.1. Since 2016, there has been a gradual decline in potential years of life lost due to lung cancer.

## Figure 13: Person years of life lost for selected common causes of premature death, 2012 to 2021




| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|---|---|---|---|
| Lung cancer | 1.8 | 1.6 | 1.7 | 1.8 | 1.6 | 1.5 | 1.5 | 1.2 | 1.2 | 1.0 |
| Breast cancer (females) | 2.1 | 2.4 | 1.9 | 2.0 | 2.1 | 2.1 | 2.0 | 1.9 | 2.0 | 1.5 |
| Ischaemic heart disease | 2.5 | 2.6 | 2.7 | 2.6 | 2.4 | 2.4 | 2.6 | 2.3 | 2.3 | 2.2 |
| Bowel cancer | 1.0 | 0.9 | 0.9 | 1.0 | 0.8 | 0.8 | 0.9 | 1.0 | 1.0 | 0.9 |
| Malignant skin cancer | 0.8 | 0.6 | 0.5 | 0.5 | 0.4 | 0.4 | 0.4 | 0.3 | 0.4 | 0.4 |

**Notes:**

1. Age-standardised Person Years of Life Lost (PYLL) per 1,000 population.
2. 2012–2019 deaths are final, 2020 deaths are revised, and 2021 deaths are preliminary.
3. The following ICD 10 Codes were used:
   a. Lung cancer C33.0 to C34.9
   b. Breast cancer C50.0 to C50.9 (females only)
   c. Ischaemic heart disease I20.0 to I25.9
   d. Bowel cancer C18.0 to C21.9 and C26.0
   e. Malignant skin cancers C43.0 to C44.9.
4. In 2022, a review of current reporting practices and literature concerning causes of all age and premature death was completed. Based on this review WA death and hospitalisation data was used to conduct data analysis of candidate conditions. This resulted in a revised list of the most common causes of premature death in WA to be reported for 2022–23.
5. 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.
6. 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 Directorate, Department of Health.

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

Outcome 2

### 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[13]. Improved or maintained performance is demonstrated by a result equal to or above the target.

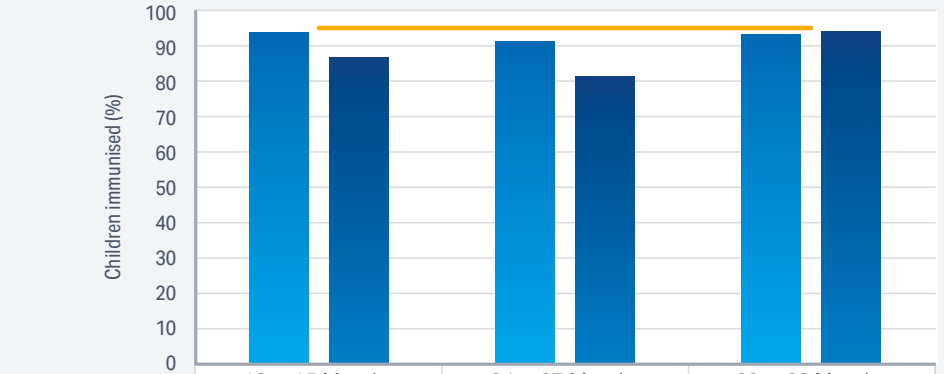
### Results

In 2022, 92.4 per cent of children in WA had received all recommended vaccines at 12 months, 2 years, and 5 years of age (see Table 19). This is below the immunisation coverage target of 95 per cent but comparable with prior year results.

In 2022, the proportion of vaccinated children at 12 months and 2 years were lower among Aboriginal children when compared to non-Aboriginal children (see Figure 14). However, 93.9 per cent of Aboriginal children across WA were fully immunised at 5 years, slightly below the target but comparable to non-Aboriginal children immunisation status (93.2 per cent).

Lower vaccination rates among Aboriginal children aged less than 15 months is associated with reduced access to immunisation providers, and delay in vaccine uptake in young children particularly in regional WA, due to the impact of COVID-19. Furthermore, vaccine hesitancy appears to be an emerging issue within the Aboriginal community, affecting immunisation rates across all vaccination programs.

**Figure 14: Percentage of children fully immunised at 12 months, 2 years, and 5 years of age, 2022**




| | 12–<15 Months | 24–<27 Months | 60–<63 Months |
|---|---|---|---|
| Non-Aboriginal | 93.8 | 91.3 | 93.2 |
| Aboriginal | 86.6 | 81.2 | 93.9 |
| Target | 95 | 95 | 95 |

13. The national aspirational immunisation coverage target has been set at 95%. Available from: https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage and https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/Essential_Vaccines_NP.pdf

## Table 19: Percentage of children fully immunised, by selected age cohort, location and Aboriginality, 2018 to 2022

| Children fully immunised | | 2018 | 2019 | 2020 | 2021 | 2022 | Target |
|---|---|---|---|---|---|---|---|
| Total of all children (12 months; 2 years; 5 years) (%) | | 92.3 | 92.4 | 93.5 | 93.1 | **92.4** | **≥95.0** |
| **12 months (%)** | | | | | | | |
| | | | | | **Total** | **93.3** | |
| State | Aboriginal | 89.0 | 89.1 | 89.2 | 87.0 | **86.6** | |
| | Non-Aboriginal | 93.8 | 94.3 | 94.8 | 94.5 | **93.8** | |
| Metropolitan | Aboriginal | 87.9 | 87.2 | 86.5 | 86.8 | **88.0** | **≥95.0** |
| | Non-Aboriginal | 93.9 | 94.5 | 94.9 | 94.8 | **94.0** | |
| Country | Aboriginal | 90.0 | 90.9 | 92.2 | 87.3 | **85.1** | |
| | Non-Aboriginal | 93.2 | 93.3 | 94.6 | 92.9 | **93.1** | |
| **2 years (%)** | | | | | | | |
| | | | | | **Total** | **90.5** | |
| State | Aboriginal | 82.2 | 84.6 | 87.1 | 85.7 | **81.2** | |
| | Non-Aboriginal | 90.7 | 90.2 | 92.2 | 92.3 | **91.3** | |
| Metropolitan | Aboriginal | 80.8 | 83.0 | 86.7 | 84.7 | **82.2** | **≥95.0** |
| | Non-Aboriginal | 90.8 | 90.3 | 92.4 | 92.5 | **91.6** | |
| Country | Aboriginal | 83.4 | 86.2 | 87.5 | 86.8 | **80.1** | |
| | Non-Aboriginal | 90.5 | 89.6 | 91.0 | 90.9 | **89.8** | |
| **5 years (%)** | | | | | | | |
| | | | | | **Total** | **93.2** | |
| State | Aboriginal | 95.1 | 95.5 | 96.1 | 95.1 | **93.9** | |
| | Non-Aboriginal | 93.3 | 93.4 | 94.0 | 93.6 | **93.2** | |
| Metropolitan | Aboriginal | 93.9 | 94.0 | 95.4 | 95.1 | **94.4** | **≥95.0** |
| | Non-Aboriginal | 93.2 | 93.2 | 94.0 | 93.7 | **93.4** | |
| Country | Aboriginal | 96.3 | 96.9 | 96.7 | 95.1 | **93.3** | |
| | Non-Aboriginal | 93.8 | 94.1 | 94.1 | 93.1 | **92.1** | |

**Notes:**

1. Data is based on children aged 12 ≤ 15 months, 24 ≤ 27 months and 60 ≤ 63 months between 1 January 2022 and 31 December 2022.
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://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children.

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

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

Outcome 2

### 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 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 year 7 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 Western Australian 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 2022 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

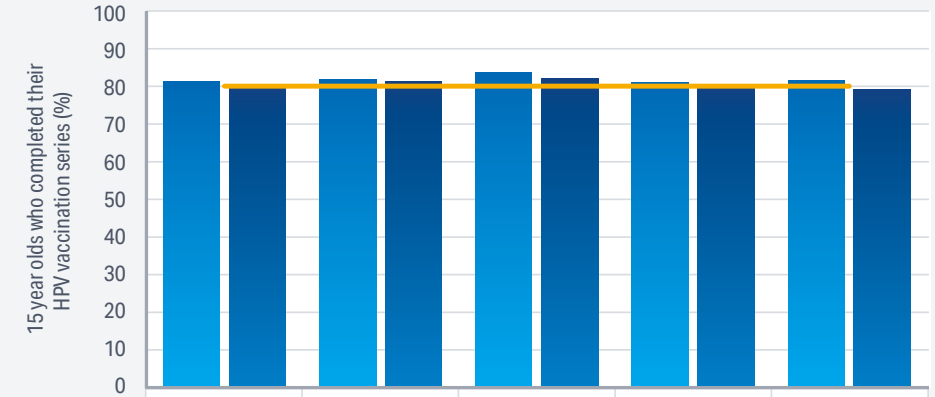
In 2022, 79.2 per cent of 15 year old males and 81.4 per cent of 15 year old females had completed their HPV vaccination series (see Figure 15). This is within the immunisation coverage target of 80 per cent and comparable with prior year results.

The HPV vaccine coverage rate in Aboriginal youth aged 15 years (66.8 per cent) remains below the target and low in comparison to non-aboriginal youth at 81.1 per cent (see Table 20). Vaccine coverage by Aboriginal youth living in metropolitan or regional WA are comparable at 66.0 per cent vs. 67.5 per cent respectively.

The school-based immunisation program in 2022 continued to be impacted by COVID-19 related closures. Additionally, messaging to Aboriginal families was to encourage staying at home during the pandemic, which may have affected school attendance during this period. As with childhood immunisations, vaccine hesitancy and vaccine fatigue are an emerging issue affecting Aboriginal communities.

In 2023, the required dose of HPV has reduced to a single dose from a two-dose schedule. This will allow the school-based immunisation program to undertake catch-up visits in place of scheduled visits for the second HPV dose.

**Figure 15: Percentage of 15 year old Western Australians that completed their HPV vaccination series, by gender, 2018 to 2022**




| | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Females | 81.3 | 81.8 | 83.5 | 80.9 | 81.4 |
| Males | 79.8 | 81.2 | 82.0 | 80.2 | 79.2 |
| Target | 80 | 80 | 80 | 80 | 80 |

## Table 20: Percentage of 15 year old Western Australians that completed their HPV vaccination series, by gender, location and Aboriginal status, 2018 to 2022

| Percentage of 15 year olds who completed their HPV vaccination series | | 2018 | 2019 | 2020 | 2021 | 2022 | Target |
|---|---|---|---|---|---|---|---|
| **Females** | | | | | | | |
| State | Aboriginal | 65.0 | 63.5 | 65.6 | 65.6 | **69.2** | ≥80.0 |
| | Non-Aboriginal | 80.6 | 82.2 | 83.1 | 81.1 | **82.1** | |
| Metropolitan | Aboriginal | 62.0 | 63.6 | 66.7 | 65.4 | **68.8** | |
| | Non-Aboriginal | 80.7 | 82.4 | 83.3 | 81.1 | **82.4** | |
| Country | Aboriginal | 67.0 | 63.4 | 64.5 | 65.8 | **69.6** | |
| | Non-Aboriginal | 80.0 | 81.3 | 82.1 | 81.1 | **81.1** | |
| **Males** | | | | | | | |
| State | Aboriginal | 70.6 | 66.0 | 71.8 | 70.9 | **64.5** | ≥80.0 |
| | Non-Aboriginal | 82.0 | 82.8 | 84.3 | 81.6 | **80.1** | |
| Metropolitan | Aboriginal | 70.9 | 65.4 | 70.6 | 71.3 | **63.2** | |
| | Non-Aboriginal | 81.6 | 82.9 | 84.4 | 81.8 | **79.9** | |
| Country | Aboriginal | 70.3 | 66.5 | 73.0 | 70.5 | **65.6** | |
| | Non-Aboriginal | 83.4 | 82.4 | 83.9 | 80.4 | **80.9** | |

**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, Communicable Disease Control Directorate, Public and Aboriginal Health Division, Department of Health.

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

Outcome 2

### 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 2022–23 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

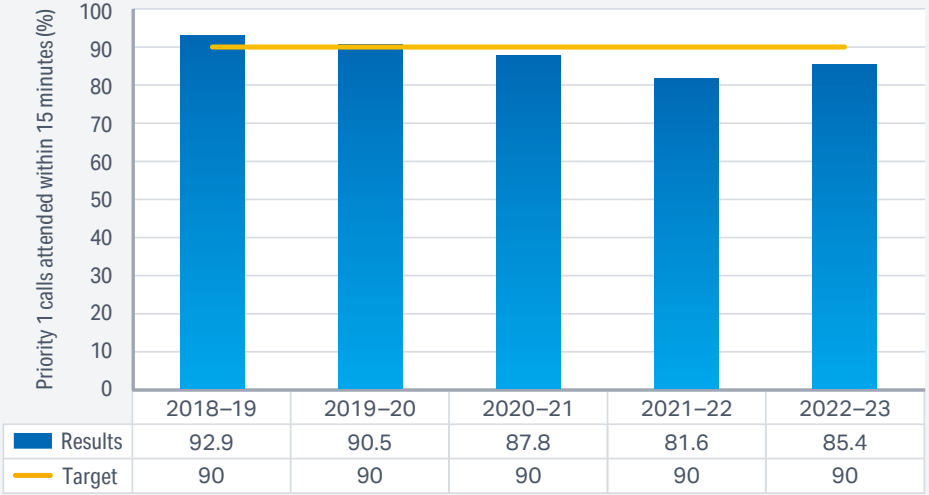
In 2022–23, 85.4 per cent of all priority 1 calls in the metropolitan area were attended to within 15 minutes by emergency patient transport services (see Figure 16), below the target of 90 per cent. Compared to 2021–22, overall attendance to emergency calls within 15 minutes had increased by 5 per cent despite an incline in priority 1 cases.

In 2022–23, the department focused on improving emergency access and tackle ambulance ramping and bed block via a range of initiatives including emergency department alternative care pathways. These new models of care aim to reduce emergency care demand by diverting patients to receive the right care in the right place, supported by the right resources, and in doing so further reducing the risk of re-presentations to emergency centres.

The new State Health Operations Centre at the department has also recently been established and will start to focus on improving coordination and collaboration between hospitals and other health services to improve patient flow and easing pressures on the health system including the demand on emergency departments.

In 2022–23, the supply of non-emergency planned patient transport services throughout the Perth metropolitan area was also increased to enable suitable patient transfer based on clinical requirements.

**Figure 16: Percentage of Priority 1 calls attended to within 15 minutes in the metropolitan area by the contracted service provider, 2018–19 to 2022–23**




| | 2018–19 | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|---|
| Results | 92.9 | 90.5 | 87.8 | 81.6 | 85.4 |
| Target | 90 | 90 | 90 | 90 | 90 |

**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

### 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 system manager functions.

### Target

The 2022–23 target for the percentage of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of system manager functions is 75 per cent or above.

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

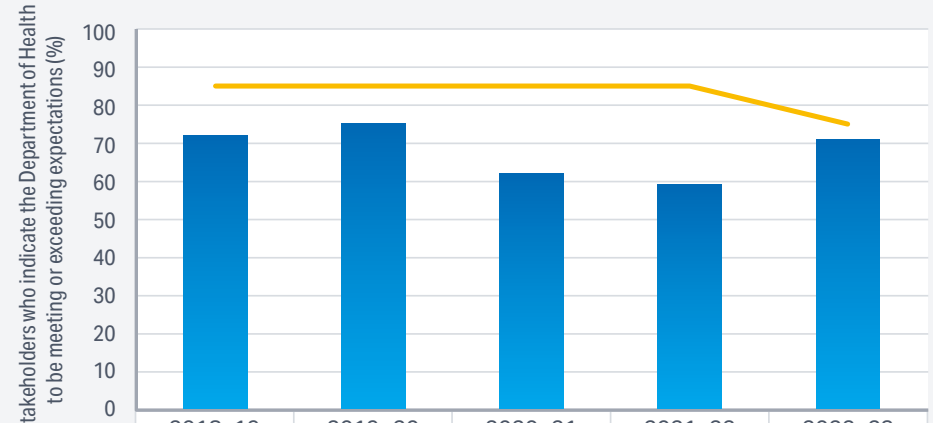
## Results

In 2022–23, 71 per cent of respondents agreed the department had met the expectations of their organisation in the delivery of the functions of the system manager (see Figure 17). This is slightly below the target but significantly higher in comparison to prior year reporting in 2020–21 and 2021–22.

All respondents identified the department as meeting expectations with respect to regulation of the WA health system (100 per cent). In addition, the majority of respondents identified the department as demonstrating strengths in managing performance in line with service agreement requirements (88 per cent) and stewardship of the WA public health system (81 per cent). In comparison to prior year reporting 2022–23 findings indicated a positive incline with respect to meeting expectations across the majority of functions delivered by the department. Of most significance was the increase in respondents citing expectations being met with respect to overseeing, monitoring and promoting improvements in safety and quality of WA health services.

When respondents were asked to provide suggestions on how the department could improve on the delivery of services, the primary response was that the department needed to develop clear systemwide plans and actions to achieve a forward focussed strategy for the WA health system. This was substantiated by 50 per cent of respondents citing expectations were not being met (somewhat below/well below expectations) with respect to the provision of strategic direction and leadership on behalf of the WA health system, and with respect to implementation of the sustainable health review.

### Figure 17: Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of system manager functions, 2018–19 to 2022–23




| | 2018–19 | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|---|
| Results | 72 | 75 | 62 | 59 | 71 |
| Target | 85 | 85 | 85 | 85 | 75 |

**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 performance.
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 revised target for 2022–23 is based on the best result of the prior 3 years, and an examination of comparable government agency stakeholder satisfaction survey targets (and actuals) as cited in the 2021–22 Government Budget Statements.

**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

### 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 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 eligible clients in a non-hospital environment.

### Target

The 2022–23 target unit cost is $334 per transition care day.

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

### Results

In 2022–23, the average cost per transition care day was $382, above the target of $334 (see Table 21). The higher expenditure to target is primarily attributable to Transition Care Program services being provided in regional WA that are not yet fully operational and additional funding provided to support service delivery increases in the metropolitan area.

**Table 21: Average cost per transition care day provided by contracted non-government organisations/service providers, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $347 | $329 | $352 | **$382** |
| Target | – | $318 | $318 | **$334** |

**Notes:**

1. Assessment and approval by an Aged Care Assessment Team (ACAT) is necessary before a patient can enter the Transition Care Program.
2. People may be eligible for the Transition Care Program if they:
   - are aged 65 years and over or 50 years and over for Aboriginal and Torres Strait Islander people; and
   - are an inpatient in a public or private hospital; and
   - would otherwise be eligible for aged residential care; and
   - have completed their acute or subacute hospital care, including rehabilitation but need more time in a non-hospital environment to make a decision on their longer-term aged care options.

**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

### 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 2022–23 target unit costs for:

a. home-based hospital day of care is $308

b. home-based hospital occasion of service is $143.

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

### Results

In 2022–23, the average cost per home-based hospital day of care was $335 slightly above the target of $308 and attributable to an over estimation of activity when deriving the 2022–23 budget target.

**Table 22: Average cost per home-based hospital day of care, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $295 | $294 | $320 | **$335** |
| Target | – | $293 | $301 | **$308** |

The average cost per home-based hospital occasion of service in 2022–23 was $141.

**Table 23: Average cost per home-based hospital occasion of service, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $137 | $138 | $140 | **$141** |
| Target | – | $131 | $145 | **$143** |

**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

**Outcome 2**
Aged and continuing care services

### 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 2022–23 target unit cost is $775 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.

### Results

The average cost per day of care for non-acute admitted continuing care was $862. The higher expenditure to target is attributable to new From Hospital to Home Disability Transitional Support services being provided in the metropolitan area from 2022–23.

**Table 24: Average cost per day of care for non-acute admitted continuing care, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $759 | $808 | $783 | **$862** |
| Target | – | $812 | $799 | **$775** |

**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

### Rationale

Chronic conditions pose a significant burden on the healthcare system in Western Australia. Chronic conditions describe a broad range of health conditions including chronic and complex health conditions and disability. Chronic conditions often require ongoing treatment and health care, and can lower a person's quality of life and may affect their independence.

To support people with chronic conditions the Department of Health has entered into collaborative arrangements with service providers to provide care to optimise their quality of life and support independent living.

### Target

The 2022–23 target unit cost is $19 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

In 2022–23, the average cost to support patients who suffer specific chronic illness and other clients who required ongoing care was $19.

**Table 25: Average cost to support patients who suffer specific chronic illness and other clients who require continuing care, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $21 | $19 | $19 | **$19** |
| Target | – | $25 | $25 | **$19** |

**Note:** Long-term health conditions were categorised for the Survey of Disability, Ageing and Carers based on the International Classification of Diseases: 10th Revision (ICD-10).

**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.

## Average cost per client receiving contracted palliative care services

**Outcome 2**
Aged and continuing care services

### Rationale

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.

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 2022–23 target unit cost is $8,942 per client receiving contracted palliative care services.

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

### Results

In 2022–23, the average cost per client receiving contracted palliative care services was $9,356 (see Table 26). The result is above the target value of $8,942 attributable to the over estimation of client activity used to derive the budget target. Actual client activity in 2022–23 is consistent with previous years activity.

The slight increase in cost compared to 2021–22 is mainly attributable to additional funding provided to meet service delivery model adjustments associated with the provision of direct care services by general practitioners. Also, for enduring changes to clinical practice for the ongoing management of COVID-19.

**Table 26: Average cost per client receiving contracted palliative care services, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $7,671 | $7,636 | $8,461 | **$9,356** |
| Target | – | $8,030 | $8,487 | **$8,942** |

**Note:** 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

### 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 2022–23 is $174 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 2022–23, the average cost per person providing preventative interventions, health promotion and health protection activities was $90 (see Table 27). The lower cost per person when compared to prior years and to target is attributable to the overall reduced expenditure associated with the COVID-19 response.

**Table 27: Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $66 | $151 | $237 | **$90** |
| Target | – | $62 | $149 | **$174** |

**Data sources:** Estimated resident population based on Australian Bureau of Statistics data, Epidemiology Directorate, 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

### Rationale

To ensure Western Australians receive the care and ambulance and patient transport 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 ambulance and patient transport services to ensure the best possible health outcomes for patients requiring medical treatment.

### Target

The target unit cost for 2022–23 is $553 per trip for road-based patient transport services.

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

### Results

In 2022–23, the cost per trip for road-based ambulance services was $680 (see Table 28). The variance to target and to prior year results is attributable to changes to the provision of emergency and road-based ambulance services in metropolitan and regional WA. This includes an increase in supply of non-emergency planned patient transport services throughout the Perth metropolitan area to enable suitable patient transfer based on clinical requirements.

**Table 28: Cost per trip for road-based patient transport services, based on the total accrued costs of these services for the total number of trips, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Cost per trip | $469 | $514 | $534 | **$680** |
| Target | – | $494 | $523 | **$553** |

**Notes:**

1. A new St John WA contract was implemented on 1 January 2023 post derivation of the 2022–23 target.
2. Road-based patient transport services include emergency and non-emergency patient transport services provided in metropolitan and country WA. Non-emergency planned patient transport services is provided by several contractors in addition to St John WA effective from May 2022.

**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

### Rationale

The Department of Health performs systemwide regulatory functions including the regulation of food safety, vector control, wastewater 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 2022–23 is $7 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 2021–22, the cost of public health regulatory services per head of population was $6 (see Table 29).

**Table 29: Average cost of public health regulatory services per head of population, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $8 | $8 | $8 | **$6** |
| Target | – | $6 | $6 | **$7** |

**Note:** 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.

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

### 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 2022–23 is $4,632 per full time equivalent worker to undertake system manager functions.

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

### Results

In 2022–23, the cost of the department to undertake system manager functions per health service provider full time equivalent was $5,490 (see Table 30). The variance to target is attributable to funding associated with major reform initiatives. This includes the Outpatient Reform Program and the establishment of the State Health Operations Centre at the department that will focus on improving coordination and collaboration between hospitals and other health service providers to improve patient flow and ease pressures on the health system including the demand on emergency departments.

The overall reduced expenditure associated with the COVID-19 response in 2022–23 has resulted in a variance to 2021–22.

**Table 30: Average cost for the Department of Health to undertake system manager functions per health service provider full time equivalent, 2019–20 to 2022–23**

| | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
|---|---|---|---|---|
| Average cost | $5,182 | $6,816 | $7,022 | **$5,490** |
| Target | - | $5,559 | $5,337 | **$4,632** |

**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 figures (FTE) used in the calculation of this indicator are based on Actual (Paid) month to date FTE.

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

# Financial disclosures and compliance

# Financial disclosures

## Summary of board and committee remuneration

The total annual remuneration in 2022–23 for all department boards and committees was $452,598 (see Table 31). This is a slight increase of 5.5 per cent compared to board and committee remuneration in 2021–22.

The following boards or committees paid the highest remuneration in 2022–23:

- Voluntary Assisted Dying Board ($145,141)
- Graylands Reconfiguration and Forensic Taskforce ($67,480)
- Assisted Reproductive Technology and Surrogacy Legislation Ministerial Expert Panel ($58,101).

Remuneration for the Voluntary Assisted Dying Board increased slightly this year by approximately $22,000 and remuneration for the Graylands Reconfiguration and Forensic Taskforce was similar to last year. The Assisted Reproductive Technology and Surrogacy Legislation Ministerial Expert Panel was established in 2022 and is reported for the first time.

**Note:**

1. Department of Health does not remunerate members of:
   - Northern Territory, South Australia and Western Australia Board of the Psychology Board of Australia, which ceased in 2022
   - Pharmacy Registration Board of Western Australia
   - Western Australian Board of the Medical Board of Australia
   - Western Australian Board of the Nursing and Midwifery Board of Australia.

**Table 31: Summary of WA State Government boards and committees within the Department of Health, 2022–23**

| Boards/Committee name | Total remuneration |
|---|---|
| Anaesthetic Mortality Committee | $0 |
| Assisted Reproductive Technology and Surrogacy Legislation Ministerial Expert Panel | $58,101 |
| Fluoridation of Public Water Supplies Advisory Committee | $500 |
| Graylands Reconfiguration and Forensic Taskforce | $67,480 |
| Local Health Authorities Analytical Committee | $316 |
| Maternal Mortality Committee | $0 |
| Perinatal and Infant Mortality Committee | $54,629 |
| Pesticides Advisory Committee | $0 |
| Postgraduate Medical Council of Western Australia | $560 |
| Radiological Council | $8,160 |
| Stimulant Assessment Panel | $1,832 |
| Sustainable Health Independent Oversight Committee | $14,040 |
| Voluntary Assisted Dying Board | $145,141 |
| WA Department of Health Human Research Ethics Committee | $36,765 |
| WA Future Health Research and Innovation Fund Advisory Council | $11,106 |
| WA Reproductive Technology Council | $49,400 |
| WA Reproductive Technology Council Preimplantation Genetic Diagnosis Technical Advisory Committee | $4,568 |
| **Total** | **$452,598** |

## 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. For up to date information refer to the WA Health Fees and Charges Manual.

## Advertising expenditure

In 2022–23, in accordance with section 175ZE of the *Electoral Act 1907*, the department incurred a total advertising expenditure of $3,042,784 (see Table 32), a reduction of almost 22 per cent compared to last year's total of $3,878,453. The majority of 2022–23 advertising expenditure was for media advertising services (53 per cent), market research (29 per cent) and advertising agencies (17 per cent). The highest proportion of procured advertising services was related to workforce attraction, immunisation, sexual health and emergency department avoidance. Workforce attraction strategies accounted for approximately 30 per cent of all advertising expenditure.

### Table 32: Summary of Department of Health advertising in 2022–23

| Summary of advertising | Amount ($) |
|---|---|
| Advertising agencies | 530,682 |
| Market research organisations | 896,749 |
| Direct mail organisations | 1,100 |
| Media advertising organisations | 1,614,253 |
| **Total advertising expenditure** | **3,042,784** |

The organisations from which advertising services were procured and the amounts paid to each organisation are detailed in Table 33.

### Table 33: Department of Health advertising, by class of expenditure, 2022–23

| Recipient/organisations | Amount ($) |
|---|---|
| **Advertising agencies** | |
| 303 MullenLowe | 370,388 |
| Actors Now | 4,538 |
| Francine Eades | 4,125 |
| Rhythm Creative Content | 2,474 |
| Facebook | 148,982 |
| Austockphoto | 175 |
| **Total** | **530,682** |
| **Market research organisations** | |
| Edith Cowan University | 884,978 |
| Profiles Australia | 11,771 |
| **Total** | **896,749** |
| **Direct mail organisations** | |
| Mailchimp | 1,100 |
| **Total** | **1,100** |
| **Media advertising organisations** | |
| Initiative Media Australia PTY LTD | 1,613,796 |
| Seek | 347 |
| Australasian Epidemiological Association | 110 |
| **Total** | **1,614,253** |
| **Total advertising expenditure** | **3,042,784** |

## Major capital projects

There were no major capital projects completed in 2022–23.
Table 34 shows the projects currently in progress administered by the department.

### Table 34: Major Asset Investment Program projects in progress during 2022–2023

| Project name | Expected year of completion | Estimated remaining cost to complete ($ '000) | Estimated total cost of project 2022–23 ($ '000) | Estimated total cost of project 2021–22 ($ '000) | Variance from previous financial year ($ '000) |
|---|---|---|---|---|---|
| Medical Equipment Replacement Program | Ongoing | 72,585 | 592,535 | 547,841 | 44,694 |
| Minor Building and Emergency Capital Works | Ongoing | 25,267 | 185,510 | 179,279 | 6,231 |
| COVID-19 Vaccination System and Equipment [(a)] | 2023–24 | 2,151 | 24,531 | 13,559 | 10,972 |
| Statewide 24/7 Telestroke Service | 2024–25 | 2,000 | 2,450 | 2,452 | -2 |
| Modulars – Four x 30 Bed Ward Units [(b)] | 2023–24 | 55,000 | 152,000 | - | 152,000 |
| Electronic Medical Record Program [(c)] | 2023–24 | 36,563 | 40,445 | - | 40,445 |
| Statewide Cladding [(d)] | 2023–24 | 111 | 111 | - | 111 |
| Australian Standard 4187 Reprocessing of Reusable Medical Devices [(e)] | 2023–24 | 4,268 | 4,268 | - | 4,268 |
| Voluntary Assisted Dying [(f)] | 2023–24 | 95 | 95 | - | 95 |

**Notes:**

1. The above information is based upon the:
   i. 2021–22 published budget papers
   ii. 2022–23 published budget papers
2. Completion timeframes are based upon a combination of the approved delivery schedule, scope, and budget at the time of reporting.
3. Only capital projects that were administered by the Department of Health are reflected in the table.
4. A variance represents the difference between the estimated total cost of the project in the 2021–22 published budget papers in comparison to the total cost or estimated total cost of the project as reported in the 2021–22 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:

a. The COVID-19 vaccination program received an additional funding allocation of $11 million to support effective response and recovery activity.
b. This is a new initiative to deliver four 30-bed modular hospital units at Bunbury Regional Hospital, Rockingham General Hospital, Bentley Health Service and Osborne Park Hospital. Funding for 2023–24 is to cover practical completion and the Defect Liability Period for all 4 sites.
c. This program is intended to improve WA healthcare and to promote clinical safety by providing a single, immediate access to digital medical records across all hospitals.
d. A new program has been established to address the issue of aluminum composite panels installed in the public buildings owned by the WA health system.
e. A new program is in place to ensure compliance with the AS 4187 national standard for achieving accreditation and to meet the requirements for reprocessing reusable medical devices.
f. This project is to enhance the Voluntary Assisted Dying Information Management System.

## Unauthorised use of purchasing cards

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

The department 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 13 instances of purchasing cards being used for personal purposes in 2022–23 (see Table 35). The full amount of $581.05 was refunded before the end of the reporting period.

Existing purchasing card policies were issued to the department executive for dissemination to staff in June 2023, to promote staff awareness of purchasing card requirements including the responsibilities for identifying and dealing with personal expense transactions.

### Table 35: Personal use expenditure by Department of Health purchasing card holders, 2022–23

| Credit card personal use expenditure | Amount ($) |
|---|---|
| Aggregate amount of personal use expenditure for the reporting period | 581.05 |
| Aggregate amount of personal use expenditure settled by the due date (within 5 working days) | 183.04 |
| Aggregate amount of personal use expenditure settled after the period (after 5 working days) | 398.01 |
| Aggregate amount of personal use expenditure outstanding at the end of the reporting period | 0 |

## Annual estimates

The department's 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 2023–24 will be published on the department website.

# Audit opinion

GOVERNMENT OF WESTERN AUSTRALIA

# Auditor General

**INDEPENDENT AUDITOR'S REPORT**
**2023**
**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 2023, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended
- Administered schedules comprising the Administered assets and liabilities at 30 June 2023 and the Administered income and expenses by service for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory information.

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 2023 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 believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.



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### 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 it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the 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 misstatements, 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://ww.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 controls over unauthorised connection of devices at the Department of Health. These weaknesses could compromise the confidentiality, integrity and availability of key systems and information. These weaknesses also exposed the WA Health network to increased vulnerabilities which could undermine the integrity of data across all systems, including the financial system.

### 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 Director General are those policies and procedures established 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 the State's financial reporting framework (the overall control objectives).

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 the State's financial reporting framework during the year ended 30 June 2023.

### 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 2023. 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 2023.

## 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 management relating to the reports on financial statements, 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 Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements*, the Office of the Auditor General maintains a comprehensive system of quality management 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 2023, but not the financial statements, key performance indicators and my auditor's report.

My opinions on the financial statements, controls and key performance indicators does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, controls and key performance indicators my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and key performance indicators or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I did not receive the other information prior to the date of this auditor's report. When I do receive it, I will read it and if I conclude that there is a material misstatement in this information, I am required to communicate the matter to those charged with governance and request them to correct the misstated information. If the misstated information is not corrected, I may need to retract this auditor's report and re-issue an amended report.

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

This auditor's report relates to the financial statements and key performance indicators of the Department of Health for the year ended 30 June 2023 included in the annual report 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 the annual report. If users of the financial statements 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.



Caroline Spencer
Auditor General for Western Australia
Perth, Western Australia
15 September 2023

# Certification of financial statements

## DEPARTMENT OF HEALTH

## CERTIFICATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

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 reporting period ended 30 June 2023 and the financial position as at 30 June 2023.

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.



**Ms Elizabeth Amudo**
CHIEF FINANCE OFFICER
DEPARTMENT OF HEALTH

15 September 2023



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

15 September 2023

# Financial statements – Contents


## Financial statements

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# Statement of comprehensive income

For the year ended on 30 June 2023

| | Notes | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| **COST OF SERVICES** | | | |
| **Expenses** | | | |
| Employee benefits expenses | 3.1(a) | 175,805 | 173,743 |
| Contracts for services | 3.3 | 647,570 | 599,637 |
| Supplies and services | 3.4 | 88,243 | 400,084 |
| Grants and subsidies | 3.2 | 8,709,507 | 8,605,148 |
| Depreciation and amortisation expenses | 5.1, 5.2, 5.3 | 2,435 | 2,062 |
| Loss on disposal of non-current assets | 4.6 | - | 8 |
| Finance costs | 7.3 | 62 | 44 |
| Other expenses | 3.5 | 52,579 | 50,141 |
| **Total cost of services** | | **9,676,201** | **9,830,867** |
| | | | |
| **Income** | | | |
| User charges and fees | 4.2 | 16,445 | 13,373 |
| Commonwealth grants and contributions | 4.3 | 2,698,931 | 3,256,004 |
| Other grants and contributions | 4.4 | 363 | 1,595 |
| Other income | 4.5 | 5,579 | 42,129 |
| **Total income** | | **2,721,318** | **3,313,101** |
| | | | |
| **Total income other than income from State Government** | | **2,721,318** | **3,313,101** |
| | | | |
| **NET COST OF SERVICES** | | **6,954,883** | **6,517,766** |

## Statement of comprehensive income (continued)

For the year ended on 30 June 2023

| | Notes | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| **Income from State Government** | | | |
| Service appropriation | 4.1 | 6,873,860 | 6,515,785 |
| Income from other public sector entities | 4.1 | 60,852 | 42,536 |
| Resources received | 4.1 | 949 | 3,857 |
| Royalties for Regions Fund | 4.1 | 6,802 | 8,439 |
| **Total income from State Government** | | **6,942,463** | **6,570,617** |
| | | | |
| **SURPLUS/(DEFICIT) FOR THE PERIOD** | | **(12,420)** | **52,851** |
| | | | |
| **OTHER COMPREHENSIVE INCOME** | | | |
| **Items not reclassified subsequently to profit or loss** | | | |
| Changes in asset revaluation reserve | 9.11 | 1,245 | 1,095 |
| **Total other comprehensive income** | | **1,245** | **1,095** |
| | | | |
| **TOTAL COMPREHENSIVE INCOME FOR THE PERIOD** | | **(11,175)** | **53,946** |

The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

# Statement of financial position

As at 30 June 2023

| | Notes | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| **ASSETS** | | | |
| **Current Assets** | | | |
| Cash and cash equivalents | 7.1 | 68,912 | 128,508 |
| Restricted cash and cash equivalents | 7.1 | 115,049 | 119,138 |
| Inventories | 6.1 | 37,275 | 45,022 |
| Receivables | 6.2 | 72,402 | 99,718 |
| Other current assets | 6.4 | 7,929 | 7,351 |
| **Total Current Assets** | | **301,567** | **399,737** |
| | | | |
| **Non-Current Assets** | | | |
| Restricted cash and cash equivalents | 7.1 | 4,481 | 4,481 |
| Amounts receivable for services | 6.3 | 96,009 | 93,690 |
| Infrastructure, property, plant and equipment | 5.1 | 26,457 | 104,693 |
| Intangible assets | 5.2 | 2,325 | 1,100 |
| Right-of-use assets | 5.3 | 2,836 | 2,464 |
| Other non-current assets | 6.4 | 18 | 25 |
| **Total Non-Current Assets** | | **132,126** | **206,453** |
| | | | |
| **TOTAL ASSETS** | | **433,693** | **606,190** |
| | | | |
| **LIABILITIES** | | | |
| **Current Liabilities** | | | |
| Payables | 6.5 | 68,651 | 149,578 |
| Contract liabilities | 6.6 | 114 | 74 |
| Lease liabilities | 7.2 | 621 | 510 |
| Employee related provisions | 3.1(b) | 32,208 | 30,517 |
| **Total Current Liabilities** | | **101,594** | **180,679** |

## Statement of financial position (continued)

As at 30 June 2023

| | Notes | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| **Non-Current Liabilities** | | | |
| Lease liabilities | 7.2 | 2,133 | 1,807 |
| Employee related provisions | 3.1(b) | 11,149 | 9,933 |
| **Total Non-Current Liabilities** | | **13,282** | **11,740** |
| **TOTAL LIABILITIES** | | **114,876** | **192,419** |
| **NET ASSETS** | | **318,817** | **413,771** |
| **EQUITY** | | | |
| Contributed equity | 9.11 | 58,636 | 142,415 |
| Reserves | 9.11 | 282,595 | 281,350 |
| Accumulated surplus/(deficit) | | (22,414) | (9,994) |
| **TOTAL EQUITY** | | **318,817** | **413,771** |

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

# Statement of changes in equity

For the year ended on 30 June 2023

| | Notes | Contributed equity $'000 | Reserves $'000 | Accumulated surplus/(deficit) $'000 | Total equity $'000 |
|---|---|---|---|---|---|
| **Balance at 1 July 2021** | | **45,394** | **280,255** | **(62,845)** | **262,804** |
| Surplus/(deficit) | | - | - | 52,851 | 52,851 |
| Other comprehensive income | | - | 1,095 | - | 1,095 |
| **Total comprehensive income for the period** | | **-** | **1,095** | **52,851** | **53,946** |
| Transactions with owners in their capacity as owners: | 9.11 | | | | |
| Capital appropriation | | 97,021 | - | - | 97,021 |
| Distribution to owners | | - | - | - | - |
| **Total contributed equity** | | **97,021** | **-** | **-** | **97,021** |
| **Balance at 30 June 2022** | | **142,415** | **281,350** | **(9,994)** | **413,771** |
| **Balance at 1 July 2022** | | **142,415** | **281,350** | **(9,994)** | **413,771** |
| Surplus/(deficit) | | - | - | (12,420) | (12,420) |
| Other comprehensive income | | - | 1,245 | - | 1,245 |
| **Total comprehensive income for the period** | | **-** | **1,245** | **(12,420)** | **(11,175)** |
| Transactions with owners in their capacity as owners: | 9.11 | | | | |
| Capital appropriation | | 48,292 | - | - | 48,292 |
| Distribution to owners | | (132,071) | - | - | (132,071) |
| **Total contributed equity** | | **(83,779)** | **-** | **-** | **(83,779)** |
| **Balance at 30 June 2023** | | **58,636** | **282,595** | **(22,414)** | **318,817** |

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 2023

| | Notes | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| **CASH FLOWS FROM STATE GOVERNMENT** | | | |
| Service appropriation | | 6,442,126 | 6,104,124 |
| Capital appropriation | | 48,292 | 97,021 |
| Funds from other public sector entities | | 60,852 | 42,536 |
| Royalties for Regions Fund | | 6,802 | 8,439 |
| **Net cash provided by State Government** | | **6,558,072** | **6,252,120** |
| | | | |
| Utilised as follows: | | | |
| | | | |
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | |
| **Payments** | | | |
| Employee benefits | | (172,898) | (171,442) |
| Supplies and services | | (792,231) | (944,910) |
| Grants and subsidies | | (8,289,553) | (8,205,698) |
| Finance costs | | (62) | (44) |
| GST payments on purchases | | (524,089) | (548,652) |
| | | | |
| **Receipts** | | | |
| User charges and fees | | 16,445 | 6,530 |
| Commonwealth grants and contributions | | 2,658,656 | 3,214,318 |
| GST receipts on sales | | 24,789 | 23,485 |
| GST receipts from taxation authority | | 506,797 | 517,898 |
| Other receipts | | 5,942 | 54,816 |
| **Net cash used in operating activities** | 7.1.3 | **(6,566,204)** | **(6,053,699)** |
| | | | |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | |
| **Payments** | | | |
| Purchase of non-current assets | | (54,789) | (81,787) |
| **Net cash used in investing activities** | | **(54,789)** | **(81,787)** |

## Statement of cash flows (continued)

For the year ended on 30 June 2023

| | Notes | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | |
| **Payments** | | | |
| Principal element of lease payments | | (764) | (687) |
| **Net cash used in financing activities** | | **(764)** | **(687)** |
| Net increase/(decrease) in cash and cash equivalents | | (63,685) | 115,947 |
| Cash and cash equivalents at the beginning of the period | | 252,127 | 136,180 |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD** | 7.1.1 | **188,442** | **252,127** |

The Statement of Cash Flows should be read in conjunction with the accompanying notes.

# Administered schedules

For the year ended on 30 June 2023

**Administered income and expenses by service**

| | Public Hospital Admitted Services | | Public Hospital Emergency Services | | Public Hospital Non-Admitted Services | | Mental Health Services | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **Expenses** | | | | | | | | |
| Funding transferred to: | | | | | | | | |
| Health service providers | 210,214 | 228,831 | 48,625 | 43,487 | 48,140 | 48,325 | 46,559 | 45,994 |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | | | |
| Transfer of activity based funding to health service providers | - | - | - | - | - | - | 455,625 | 399,978 |
| Transfer of block funding to health service providers | - | - | - | - | - | - | 660,445 | 423,594 |
| Service concession arrangement depreciation expense (a) | - | - | - | - | - | - | - | - |
| **Total administered expenses** | **210,214** | **228,831** | **48,625** | **43,487** | **48,140** | **48,325** | **1,162,629** | **869,566** |
| **Income** | | | | | | | | |
| Administered for WA health system: | | | | | | | | |
| Capital appropriation | 136,922 | 222,197 | 24,912 | 37,602 | 31,536 | 46,963 | 31,472 | 44,688 |
| Administered appropriation | 12,664 | 4,972 | 2,881 | 790 | 2,932 | 1,068 | 2,380 | 1,182 |
| Royalties for Regions Fund | 43,756 | 24,340 | 18,220 | 9,265 | 10,123 | 4,568 | 9,491 | 4,807 |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | | | |
| Commonwealth activity based funding | - | - | - | - | - | - | 171,037 | 161,700 |
| Commonwealth block funding | - | - | - | - | - | - | 333,992 | 136,869 |
| State activity based funding | - | - | - | - | - | - | 284,588 | 238,278 |
| State block funding | - | - | - | - | - | - | 326,453 | 286,725 |
| Service concession arrangement revenue (a) | - | - | - | - | - | - | - | - |
| **Total administered income** | **193,342** | **251,509** | **46,013** | **47,657** | **44,591** | **52,599** | **1,159,413** | **874,249** |

# Administered schedules (continued)

For the year ended on 30 June 2023

**Administered income and expenses by services (continued)**

| | Aged and Continuing Care Services | | Public and Community Health Services | | Pathology Services | | Community Dental Health Services | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **Expenses** | | | | | | | | |
| Funding transferred to: | | | | | | | | |
| Health service providers | 10,439 | 7,822 | 35,437 | 26,558 | 17,400 | 3,980 | - | - |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | | | |
| 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** | **10,439** | **7,822** | **35,437** | **26,558** | **17,400** | **3,980** | **-** | **-** |
| **Income** | | | | | | | | |
| Administered for WA health system: | | | | | | | | |
| Capital appropriation | 3,282 | 4,223 | 12,785 | 16,399 | 11,413 | 6,203 | - | - |
| Administered appropriation | 581 | 75 | 1,808 | 330 | - | - | - | - |
| Royalties for Regions Fund | 6,256 | 4,404 | 20,374 | 11,355 | - | - | - | - |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | | | |
| Commonwealth activity based funding | - | - | - | - | - | - | - | - |
| Commonwealth block funding | - | - | - | - | - | - | - | - |
| State activity based funding | - | - | - | - | - | - | - | - |
| State block funding | - | - | - | - | - | - | - | - |
| Service concession arrangement revenue (a) | - | - | - | - | - | - | - | - |
| **Total administered income** | **10,119** | **8,702** | **34,967** | **28,084** | **11,413** | **6,203** | **-** | **-** |

## Administered schedules (continued)

For the year ended on 30 June 2023

**Administered income and expenses by services (continued)**

| | Small Rural Hospital Services | | Health System Management - Policy and Corporate Services | | Health Support Services | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **Expenses** | | | | | | | | |
| Funding transferred to: | | | | | | | | |
| Health service providers | 20,813 | 10,392 | (1,670) | 15,324 | 87,016 | 46,664 | 522,973 | 477,377 |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | | | |
| Transfer of activity based funding to health service providers | - | - | - | - | - | - | 455,625 | 399,978 |
| Transfer of block funding to health service providers | - | - | - | - | - | - | 660,445 | 423,594 |
| Service concession arrangement depreciation expense (a) | - | - | 3,216 | 2,617 | - | - | 3,216 | 2,617 |
| **Total administered expenses** | **20,813** | **10,392** | **1,546** | **17,941** | **87,016** | **46,664** | **1,642,259** | **1,303,566** |
| **Income** | | | | | | | | |
| Administered for WA health system: | | | | | | | | |
| Capital appropriation | 3,040 | 2,577 | 4,328 | 6,319 | 89,245 | 40,059 | 348,935 | 427,230 |
| Administered appropriation | 1,179 | 3 | - | - | - | - | 24,425 | 8,420 |
| Royalties for Regions Fund | 16,470 | 9,034 | - | - | - | - | 124,690 | 67,773 |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | | | |
| Commonwealth activity based funding | - | - | - | - | - | - | 171,037 | 161,700 |
| Commonwealth block funding | - | - | - | - | - | - | 333,992 | 136,869 |
| State activity based funding | - | - | - | - | - | - | 284,588 | 238,278 |
| State block funding | - | - | - | - | - | - | 326,453 | 286,725 |
| Service concession arrangement revenue (a) | - | - | 5,454 | 5,474 | - | - | 5,454 | 5,474 |
| **Total administered income** | **20,689** | **11,614** | **9,782** | **11,793** | **89,245** | **40,059** | **1,619,574** | **1,332,469** |

(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.

**Administered assets and liabilities**

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Assets** | | |
| Cash and cash equivalents | 177,585 | 203,564 |
| Receivables | 5,490 | 10,774 |
| Service concession assets | 138,744 | 131,870 |
| **Total administered assets** | **321,819** | **346,208** |
| | | |
| **Liabilities** | | |
| Payables | - | (6,340) |
| Service concession liabilities (Grant of the Right to Operate Model) | (78,826) | (84,301) |
| **Total administered liabilities** | **(78,826)** | **(90,641)** |

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 is 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 under AASB 1059 Service Concession Arrangements: Grantors, 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. The administered assets, liabilities, income and expenses are not recognised in the principal statements of the department but are presented as 'Administered assets and liabilities' and 'Administered income and expenses by service' using the same basis as the financial statements.

## 1 Basis of preparation

The Department of Health (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 15 September 2023.

**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 **AASs** 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 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 31 March 2022, 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 2021-22 to 2024-25.

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.

**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.

## 1 Basis of preparation (continued)

### Accounting for Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of goods and services tax (GST), except that the:

(a) amount of GST incurred by the department as a purchaser that is not recoverable from the Australian Taxation Office (ATO) is recognised as part of an asset's cost of acquisition or as part of an item of expense; and

(b) receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

### 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 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 has been credited directly to Contributed Equity.

### Administered items

The department administers, but does not control, certain activities and functions for and on behalf of Government that do not contribute to the department's services or objectives. It does not have discretion over how it utilises the transactions in pursuing its own objectives.

Transactions relating to the administered activities are not recognised as the department's income, expenses, assets and liabilities, but are disclosed in the accompanying schedules as 'Administered Income and Expenses', and 'Administered Assets and Liabilities'.

The accrual basis of accounting and applicable AASs have been adopted.

## 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. It also provides licencing services on a fee-for-service basis. The fees charged are determined by prevailing market forces.

### 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 the WA health system. 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 the WA health system. 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 the WA health system. 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 the WA health system.

**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 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.

**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. This includes providing 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 system 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.

## 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 | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **COST OF SERVICES** | | | | | | | | |
| **Expenses** | | | | | | | | |
| Employee benefits expenses | - | - | - | - | - | - | - | - |
| Contracts for services | - | - | - | - | - | - | - | - |
| Supplies and services | - | - | - | - | - | - | - | - |
| Grants and subsidies | 4,716,325 | 4,313,100 | 1,013,785 | 930,843 | 994,067 | 899,920 | 30,212 | 24,434 |
| Depreciation and amortisation expenses | - | - | - | - | - | - | - | - |
| Loss on disposal of non-current assets | - | - | - | - | - | - | - | - |
| Finance costs | - | - | - | - | - | - | - | - |
| Other expenses | - | - | - | - | - | - | - | - |
| **Total cost of services** | **4,716,325** | **4,313,100** | **1,013,785** | **930,843** | **994,067** | **899,920** | **30,212** | **24,434** |
| **Income** | | | | | | | | |
| User charges and fees | - | - | - | - | - | - | - | - |
| Commonwealth grants and contributions | 1,555,552 | 1,563,757 | 313,097 | 325,881 | 363,392 | 343,008 | (181) | 1,679 |
| Other grants and contributions | - | - | - | - | - | - | - | - |
| Other income | - | - | - | - | - | - | - | - |
| **Total income other than income from State Government** | **1,555,552** | **1,563,757** | **313,097** | **325,881** | **363,392** | **343,008** | **(181)** | **1,679** |
| **NET COST OF SERVICES** | **3,160,773** | **2,749,343** | **700,688** | **604,962** | **630,675** | **556,912** | **30,393** | **22,755** |
| **Income from State Government** | | | | | | | | |
| Service appropriation | 3,160,515 | 2,748,982 | 700,044 | 604,099 | 630,334 | 556,494 | 30,393 | 22,755 |
| Income from other public sector entities | - | - | - | - | - | - | - | - |
| Resources received | - | - | - | - | - | - | - | - |
| Royalties for Regions Fund | 258 | 361 | 644 | 863 | 341 | 418 | - | - |
| **Total income from State Government** | **3,160,773** | **2,749,343** | **700,688** | **604,962** | **630,675** | **556,912** | **30,393** | **22,755** |
| **SURPLUS/(DEFICIT) FOR THE PERIOD** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

The schedule of income and expenses by service should be read in conjunction with the accompanying notes.

## 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 | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **COST OF SERVICES** | | | | | | | | |
| **Expenses** | | | | | | | | |
| Employee benefits expenses | 977 | 1,922 | 31,860 | 50,556 | - | - | 300 | - |
| Contracts for services | 185,678 | 171,586 | 380,814 | 353,886 | - | - | 12,802 | 14,967 |
| Supplies and services | 10 | 82 | 85,389 | 396,673 | - | - | 3 | - |
| Grants and subsidies | 185,285 | 151,605 | 826,510 | 773,720 | 155,015 | 173,209 | 97,844 | 89,063 |
| Depreciation and amortisation expenses | - | - | 1,205 | 731 | - | - | - | - |
| Loss on disposal of non-current assets | - | - | - | - | - | - | - | - |
| Finance costs | - | - | 50 | 35 | - | - | - | - |
| Other expenses | 153 | 125 | 12,275 | 22,790 | - | - | 24 | - |
| **Total cost of services** | **372,103** | **325,320** | **1,338,103** | **1,598,391** | **155,015** | **173,209** | **110,973** | **104,030** |
| **Income** | | | | | | | | |
| User charges and fees | - | - | 1,015 | 2,075 | - | - | 3 | - |
| Commonwealth grants and contributions | 72,470 | 94,116 | 194,320 | 323,705 | 9,974 | 16,699 | 2,149 | 9,617 |
| Other grants and contributions | 120 | - | - | - | - | - | - | - |
| Other income | - | - | 5,509 | 42,129 | - | - | - | - |
| **Total income other than income from State Government** | **72,590** | **94,116** | **200,844** | **367,909** | **9,974** | **16,699** | **2,152** | **9,617** |
| **NET COST OF SERVICES** | **299,513** | **231,204** | **1,137,259** | **1,230,482** | **145,041** | **156,510** | **108,821** | **94,413** |
| **Income from State Government** | | | | | | | | |
| Service appropriation | 355,428 | 190,450 | 864,355 | 1,174,927 | 145,041 | 156,510 | 98,127 | 79,446 |
| Income from other public sector entities | - | - | 60,398 | - | - | - | - | 32,632 |
| Resources received | - | - | - | - | - | - | - | 1,849 |
| Royalties for Regions Fund | 20 | 101 | 3,476 | 3,720 | - | - | - | - |
| **Total income from State Government** | **355,448** | **190,551** | **928,229** | **1,178,647** | **145,041** | **156,510** | **98,127** | **113,927** |
| **SURPLUS/(DEFICIT) FOR THE PERIOD** | **55,935** | **(40,653)** | **(209,030)** | **(51,835)** | **-** | **-** | **(10,694)** | **19,514** |

The schedule of income and expenses by service should be read in conjunction with the accompanying notes.

## 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 | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **COST OF SERVICES** | | | | | | | | |
| **Expenses** | | | | | | | | |
| Employee benefits expenses | - | - | 142,668 | 121,265 | - | - | 175,805 | 173,743 |
| Contracts for services | - | - | 68,276 | 59,198 | - | - | 647,570 | 599,637 |
| Supplies and services | - | - | 2,841 | 3,329 | - | - | 88,243 | 400,084 |
| Grants and subsidies | 287,514 | 241,257 | 32,327 | 206,243 | 370,623 | 801,754 | 8,709,507 | 8,605,148 |
| Depreciation and amortisation expenses | - | - | 1,230 | 1,331 | - | - | 2,435 | 2,062 |
| Loss on disposal of non-current assets | - | - | - | 8 | - | - | - | 8 |
| Finance costs | - | - | 12 | 9 | - | - | 62 | 44 |
| Other expenses | - | - | 40,127 | 27,226 | - | - | 52,579 | 50,141 |
| **Total cost of services** | **287,514** | **241,257** | **287,481** | **418,609** | **370,623** | **801,754** | **9,676,201** | **9,830,867** |
| **Income** | | | | | | | | |
| User charges and fees | - | - | 15,427 | 11,298 | - | - | 16,445 | 13,373 |
| Commonwealth grants and contributions | 120,611 | 122,826 | 52,157 | 181,849 | 15,390 | 272,867 | 2,698,931 | 3,256,004 |
| Other grants and contributions | - | - | 313 | 1,595 | - | - | 433 | 1,595 |
| Other income | - | - | - | - | - | - | 5,509 | 42,129 |
| **Total income other than income from State Government** | **120,611** | **122,826** | **67,897** | **194,742** | **15,390** | **272,867** | **2,721,318** | **3,313,101** |
| **NET COST OF SERVICES** | **166,903** | **118,431** | **219,584** | **223,867** | **355,233** | **528,887** | **6,954,883** | **6,517,766** |
| **Income from State Government** | | | | | | | | |
| Service appropriation | 164,840 | 115,455 | 369,550 | 337,780 | 355,233 | 528,887 | 6,873,860 | 6,515,785 |
| Income from other public sector entities | - | - | 454 | 9,904 | - | - | 60,852 | 42,536 |
| Resources received | - | - | 949 | 2,008 | - | - | 949 | 3,857 |
| Royalties for Regions Fund | 2,063 | 2,976 | - | - | - | - | 6,802 | 8,439 |
| **Total income from State Government** | **166,903** | **118,431** | **370,953** | **349,692** | **355,233** | **528,887** | **6,942,463** | **6,570,617** |
| **SURPLUS/(DEFICIT) FOR THE PERIOD** | **-** | **-** | **151,369** | **125,825** | **-** | **-** | **(12,420)** | **52,851** |

The schedule of income and expenses by service should be read in conjunction with the accompanying notes.

## 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 | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **Assets** | | | | | | | | |
| Current assets | - | - | - | - | - | - | - | - |
| Non-current assets | - | - | - | - | - | - | - | - |
| **TOTAL ASSETS** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **Liabilities** | | | | | | | | |
| Current liabilities | - | - | - | - | - | - | - | - |
| Non-current liabilities | - | - | - | - | - | - | - | - |
| **TOTAL LIABILITIES** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **NET ASSETS** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Aged and Continuing Care Services | | Public and Community Health Services | | Pathology Services | | Community Dental Health Services | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **Assets** | | | | | | | | |
| Current assets | 36 | 315 | 40,276 | 53,681 | - | - | - | - |
| Non-current assets | - | - | 3,531 | 3,099 | - | - | - | - |
| **TOTAL ASSETS** | **36** | **315** | **43,807** | **56,780** | **-** | **-** | **-** | **-** |
| **Liabilities** | | | | | | | | |
| Current liabilities | 7,552 | 8,125 | 9,713 | 74,171 | - | - | 1,616 | 6,259 |
| Non-current liabilities | - | - | 1,294 | 1,480 | - | - | - | - |
| **TOTAL LIABILITIES** | **7,552** | **8,125** | **11,007** | **75,651** | **-** | **-** | **1,616** | **6,259** |
| **NET ASSETS** | **(7,516)** | **(7,810)** | **32,800** | **(18,871)** | **-** | **-** | **(1,616)** | **(6,259)** |

The schedule of assets and liabilities by service should be read in conjunction with the accompanying notes.

## 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 | |
|---|---|---|---|---|---|---|---|---|
| | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 | 2023 $'000 | 2022 $'000 |
| **Assets** | | | | | | | | |
| Current assets | - | - | 261,255 | 345,741 | - | - | 301,567 | 399,737 |
| Non-current assets | - | - | 128,595 | 203,354 | - | - | 132,126 | 206,453 |
| **TOTAL ASSETS** | **-** | **-** | **389,850** | **549,095** | **-** | **-** | **433,693** | **606,190** |
| **Liabilities** | | | | | | | | |
| Current liabilities | - | - | 82,713 | 92,124 | - | - | 101,594 | 180,679 |
| Non-current liabilities | - | - | 11,988 | 10,260 | - | - | 13,282 | 11,740 |
| **TOTAL LIABILITIES** | **-** | **-** | **94,701** | **102,384** | **-** | **-** | **114,876** | **192,419** |
| **NET ASSETS** | **-** | **-** | **295,149** | **446,711** | **-** | **-** | **318,817** | **413,771** |

The schedule of assets and liabilities by service should be read in conjunction with the accompanying notes.

## 3 Use of our funding

### 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 |
| Contracts for services | 3.3 |
| Supplies and services | 3.4 |
| Other expenses | 3.5 |

### 3.1(a) Employee benefits expenses

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Employee benefits | 159,617 | 158,417 |
| Superannuation - defined contributions plans | 16,188 | 14,640 |
| Termination benefits | - | 686 |
| **Total employee benefits expenses** | **175,805** | **173,743** |
| Add: AASB 16 Non-monetary benefits (not included in employee benefits expense) | 138 | 160 |
| Less: Employee contributions (per the Statement of Comprehensive income) | (47) | (41) |
| **Net employee benefits** | **175,896** | **173,862** |

**Employee benefits** include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave, and non-monetary benefits recognised under accounting standards other than AASB 16 (such as medical care, housing, cars and free or subsidised goods or services) for employees.

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

**Termination benefits** are 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.

**3.1(a) Employee benefits expenses (continued)**

**AASB 16 Non-monetary benefits** are non-monetary employee benefits expenses, predominantly relating to the provision of vehicle and housing benefits that are recognised under AASB 16 which are excluded from the employee benefits expense.

**Employee contributions** are contributions made to the department by employees towards employee benefits that have been provided by the department. This includes both AASB 16 and non-AASB 16 employee contributions.

**3.1(b) Employee related provisions**

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Current employee benefits provisions** | | |
| Annual leave | 17,063 | 17,183 |
| Long service leave | 14,989 | 13,079 |
| Deferred salary scheme | 156 | 255 |
| **Total current employee related provisions** | **32,208** | **30,517** |
| | | |
| **Non-current employee benefits provisions** | | |
| Long service leave | 11,149 | 9,933 |
| **Total non-current employee related provisions** | **11,149** | **9,933** |
| | | |
| **Total employee related provisions** | **43,357** | **40,450** |

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.

**Annual leave liabilities** are 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:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Within 12 months of the end of the reporting period | 11,825 | 11,953 |
| More than 12 months after the end of the reporting period | 5,238 | 5,230 |
| | **17,063** | **17,183** |

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.

**3.1(b) Employee related provisions (continued)**

**Long service leave liabilities** are unconditional long service leave provisions that 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:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Within 12 months of the end of the reporting period | 3,663 | 3,415 |
| More than 12 months after the end of the reporting period | 22,475 | 19,597 |
| | **26,138** | **23,012** |

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.

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 are entitled to long service leave. A provision for casual employees who are currently still employed by the department as well as those casual employees who are no longer employed by the department, and who meet the criteria has been recognised as at 30 June 2023.

**Deferred salary scheme liabilities** are 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:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Within 12 months of the end of the reporting period | - | - |
| More than 12 months after the end of the reporting period | 156 | 255 |
| | **156** | **255** |

### 3.1(b) Employee related provisions (continued)

**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
- 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.

### 3.2 Grants and subsidies

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Recurrent** | | |
| Funding for the delivery of health services by statutory authorities within the WA health system (a): | | |
| Child and Adolescent Health Service (b) | 740,536 | 714,873 |
| East Metropolitan Health Service (b) | 1,510,977 | 1,406,899 |
| North Metropolitan Health Service (b) | 1,977,133 | 1,848,060 |
| South Metropolitan Health Service (b) | 1,746,051 | 1,679,744 |
| WA Country Health Service (b) | 2,102,877 | 1,794,979 |
| Health Support Services (b) | 370,623 | 801,754 |
| PathWest Laboratory Medicine WA (b) | 169,569 | 173,679 |
| Queen Elizabeth II Medical Centre Trust (b) | 749 | 745 |
| Quadriplegic Centre (b) | 6,851 | 6,115 |
| Funding to other State Government agencies on COVID-19 Response (c) | 11,553 | 118,890 |
| Research and development grants | 31,050 | 38,665 |
| Spectacle subsidy scheme | 24 | 33 |
| Other grants and subsidies | 41,514 | 20,712 |
| **Total grants and subsidies** | **8,709,507** | **8,605,148** |

**3.2 Grants and subsidies (continued)**

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 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 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 2022-23, the department has incurred $11.5 million to other State Government agencies via Department of Treasury ($118.9 million in 2021-22).

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 or Subsidy expenses'. These payments or transfers are recognised at fair value at the time of the transaction and are recognised as an expense in the reporting period in which they are incurred. 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 organisations, and community groups.

**3.3 Contracts for services**

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Health care services provided by external organisations (a) (b) | 569,559 | 511,161 |
| Shared services provided by Health Support Services | 28,623 | 32,324 |
| Other contracts for services | 49,388 | 56,152 |
| **Total contracts for services** | **647,570** | **599,637** |

a) There is no private hospital viability payment for COVID-19 Response in 2022-23 ($11.1 million in 2021-22) under the National Partnership Agreement on the COVID-19 Response with the Commonwealth.

b) A new 5-year contract, contemporised with other public private partnerships, was entered into with St John WA. The contract will improve response capabilities and performance through investment in paramedics, crews and infrastructure, the implementation of performance measures and the provision of additional funding for extra paramedics in the metropolitan and regional areas. The department has incurred $240.1 million service expense ($190.6 million in 2021-22).

**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.

## 3.4 Supplies and services

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Medical supplies (a) | 69,214 | 168,607 |
| Communications | 1,593 | 1,487 |
| Hotel quarantine related expenses (b) | 16,088 | 226,574 |
| Other consumables | 1,348 | 3,416 |
| **Total supplies and services** | **88,243** | **400,084** |

a) Includes $15.1 million pathology services provided to the community for COVID-19 Response in 2022-23 ($100.3 million in 2021-22).

b) Includes $15.2 million hotel cost and $0.9 million security cost for COVID-19 Response in 2022-23 ($119.2 million and $107.3 million respectively in 2021-22). On 1 June 2022, the Western Australian Government announced that returning unvaccinated Australians and permanent residents would no longer be quarantined for seven days on return to WA, marking the end of the quarantine program.

**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.

## 3.5 Other expenses

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Act of grace payments (a) | 11 | 73 |
| Advertising | 2,465 | 2,603 |
| Computer related expenses | 3,988 | 3,874 |
| Ex-gratia payments (b) | 4,587 | 4,562 |
| Expected credit losses expense (c) | (8,961) | (8,377) |
| Freight and cartage | 2,533 | 1,799 |
| Insurance | 316 | 203 |
| Legal expenses | 2,443 | 1,467 |
| Other employee related expenses | 5,366 | 2,133 |
| Promotional expenses | 54 | 141 |
| Rental (d) | 16,882 | 23,242 |
| Repairs and maintenance (e) | 1,545 | 7,283 |
| Scholarships | 1,370 | 1,283 |
| Stock write down | 5,277 | 415 |
| Special functions | 412 | 166 |
| Subscriptions | 2,068 | 1,826 |
| Write-off of debt and waiver (f) | 9,146 | 4,028 |
| Worker's compensation insurance | (84) | (388) |
| Other | 3,161 | 3,808 |
| **Total other expenses** | **52,579** | **50,141** |

**3.5 Other expenses (continued)**

a) **Act of grace payments**: in December 2022, the department made a payment of $11,000 to the Cutting Board Group Pty Ltd for the financial losses after incorrectly listing the premises as an exposure site during COVID-19 pandemic.

b) **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 $4.6 million for 2022-23 ($0.7 million for East Metropolitan Health Service, $1.2 million for North Metropolitan Health Service, $2.3 million for South Metropolitan Health Service, $0.4 million for WA Country Health Service).

c) **Expected credit losses expense** is recognised for movement in allowance for impairment of trade receivables. Please refer to note 6.2.1 'Movement in the allowance for impairment of trade receivables'.

d) **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.
   iv) Office rental is expensed as incurred as Memorandum of Understanding Agreements between the department and the Department of Finance for the leasing of office accommodation contain significant substitution rights.

e) **Repairs and maintenance costs** are recognised as expenses as incurred.

f) **Write-off of debt and waivers:** *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 $0.4 million in 2022-23 ($4.0 million in 2021-22). The Treasurer, under his authority, has approved a $8.7 million debt write-off for those hotel-quarantined persons where the debt is unrecoverable (nil in 2021-22).

## 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 fees and charges | 4.2 |
| Commonwealth grants and contributions | 4.3 |
| Other grants and contributions | 4.4 |
| Other income | 4.5 |
| Gains/(losses) on disposal | 4.6 |

### 4.1 Income from State Government

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Appropriation received during the period:** | | |
| Service appropriation | 6,302,042 | 5,482,082 |
| COVID-19 appropriation | 393,908 | 847,224 |
| **Amount authorised by other statutes:** | | |
| *Salaries and Allowances Act 1975* | 1,185 | 1,182 |
| *Lotteries Commission Act 1990* | 176,725 | 185,297 |
| **Total appropriation received** | **6,873,860** | **6,515,785** |
| **Income received from other public sector entities during the period:** | | |
| Department of Treasury - WA Future Health Research and Innovation Account | 49,000 | 32,400 |
| Department of Education - school health services for students attending public schools | 10,434 | 9,937 |
| Department of Water and Environmental Regulation - partnership in the development of the Health Sector Adaptation Plan | 175 | - |
| WA Police - provision of data services | 149 | 148 |
| WA health statutory authorities – various services provided by the department | 1,041 | - |
| Other | 53 | 51 |
| **Total income from other public sector entities** | **60,852** | **42,536** |

## 4.1 Income from State Government (continued)

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Resources received from other public sector entities during the period:** | | |
| Health Support Services - provide Rapid Antigen Testing Kits | - | 1,849 |
| Department of Education - accommodation | 1 | 1,020 |
| Landgate - valuation services and land information | 164 | 149 |
| State Solicitor's Office - legal service | 727 | 781 |
| Department of Primary Industries & Regional Development - digital map downloads | 29 | - |
| Department of Finance - office accommodation management | 28 | 57 |
| Main Roads Western Australia | - | 1 |
| **Total resources received** | **949** | **3,857** |
| | | |
| **Royalties for Regions Fund** | | |
| Regional Community Services Account: | | |
| Regional Workers Incentives | 6,420 | 7,631 |
| Find Cancer Early Program | 382 | 808 |
| **Total Royalties for Regions Fund** | **6,802** | **8,439** |
| | | |
| **Total income from State Government** | **6,942,463** | **6,570,617** |

**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** is recognised as income when the department has satisfied its performance obligations under the funding agreement. If there is no performance obligation, income will be recognised when the department receive the funds.

**Resources received from other public sector entities** are recognised as income equivalent to the fair value of the assets received, or the fair value of services received 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.

**4.1 Income from State Government (continued)**

**Summary of consolidated account appropriations**

**For the year ended 30 June 2023**

| | 2023 Budget estimate $'000 | 2023 Supplementary funding $'000 | 2023 Revised budget $'000 | 2023 Actual $'000 | 2023 Variance $'000 |
|---|---|---|---|---|---|
| **Delivery of services** | | | | | |
| Item 54 Net amount appropriated to deliver services | 5,951,007 | 744,943 | 6,695,950 | 6,695,950 | - |
| Section 25 Transfer of service appropriation | - | - | - | - | - |
| Amount Authorised by Other Statutes | | | | | |
| - *Salaries and Allowances Act 1975* | 1,185 | - | 1,185 | 1,185 | - |
| - *Lotteries Commission Act 1990* | 142,331 | 41,731 | 184,062 | 176,725 | (7,337) |
| **Total appropriations provided to deliver services** | **6,094,523** | **786,674** | **6,881,197** | **6,873,860** | **(7,337)** |
| **Capital** | | | | | |
| Item 127 Capital appropriation | 308,640 | - | 308,640 | 230,733 | (77,907) |
| **Administered transactions** | | | | | |
| Item 39 Administered grants, subsidies and other transfer payments | 22,961 | 1,464 | 24,425 | 24,425 | - |
| Item 115 Administered capital appropriation | 73,829 | - | 73,829 | 46,671 | (27,158) |
| Item 119 Administered other capital appropriation | 400,000 | - | 400,000 | 71,532 | (328,468) |
| **Total administered transactions** | **496,790** | **1,464** | **498,254** | **142,628** | **(355,626)** |
| **GRAND TOTAL** | **6,899,953** | **788,138** | **7,688,091** | **7,247,221** | **(440,870)** |

## 4.2 User charges and fees

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Licence and registration fees | 4,029 | 3,742 |
| Cross border charges | 9,233 | 6,843 |
| Other use charges and fees | 3,183 | 2,788 |
| **Total user charges and fees** | **16,445** | **13,373** |

Revenue is recognised:

- at the transaction price when the department transfers control of the services to customers
- for the major activities as follows:
  - at a point-in-time for $16,330,905
  - over-time for $114,115

**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 2022-23 Budget Statements, the department retained $241.1 million in 2022-23 ($259.8 million in 2021-22) from the following:

- proceeds from fees and charges
- sale of goods
- Commonwealth specific purpose grants
- other departmental revenue

## 4.3 Commonwealth grants and contributions

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Recurrent grants - cash** | | |
| National Health Reform Agreement (NHRA) (a): | | |
| Statutory authorities within WA health | 2,358,918 | 2,319,207 |
| Public health division within the department | 55,428 | 47,842 |
| Specific purpose grants: | | |
| COVID-19 Response (b) | 116,899 | 698,584 |
| Department of Veterans' Affairs | 46,995 | 62,755 |
| Aged Care Programs | 39,710 | 44,425 |
| Community Health and Hospitals Program | 9,500 | - |
| Disability Support for Older Australians | 5,653 | - |
| Public Health Outcome Funding Agreement - Vaccines | 1,890 | 1,984 |
| Public Dental Services for Adults | 1,588 | 9,748 |
| Other programs | 22,075 | 29,773 |
| **Recurrent grants - non-cash** | | |
| Essential vaccines received free of charge | 40,275 | 41,686 |
| **Total Commonwealth grants and contributions** | **2,698,931** | **3,256,004** |

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 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 9.9 '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 $116.9 million in 2022-23 ($698.6 million in 2021-22) 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.

Income from grants to acquire/construct a recognisable non-financial asset to be controlled by the department is recognised when the department satisfies its obligations under the transfer. The department satisfies the obligations under the transfer to construct assets over time as the non-financial assets are being constructed. The department typically satisfies the obligations under the transfer when it achieves milestones specified in the grant agreement and amounts received in advance of obligation satisfaction are reported at note 6.6 ‘Contract liabilities’.

## 4.4 Other grants and contributions

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Research grants | 132 | 687 |
| Other | 231 | 908 |
| **Total other grants and contributions** | **363** | **1,595** |

## 4.5 Other income

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Hotel quarantine recovery (a) | - | 37,826 |
| General public contributions and donations | 4,000 | 4,000 |
| Interest income | 1,579 | 303 |
| **Total other income** | **5,579** | **42,129** |

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). On 1 June 2022, the Western Australian Government announced that returning unvaccinated Australians and permanent residents would no longer be quarantined for seven days on return to WA, marking the end of the quarantine program.

## 4.6 Gains/(losses) on disposal

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Net proceeds from disposal of non-current assets** | | |
| Property, plant and equipment | - | - |
| Non-current assets classified as assets held for sale | - | - |
| **Carrying amount of non-current assets** | | |
| Property, plant and equipment | - | (8) |
| Non-current assets classified as assets held for sale | - | - |
| **Net gains/(losses)** | **-** | **(8)** |

**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 from 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.

## 5 Key assets

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 |

### 5.1 Infrastructure, property, plant and equipment

| Year ended 30 June 2023 | Land $'000 | Buildings $'000 | Site infrastructure $'000 | Leasehold improvements $'000 | Computer equipment $'000 | Furniture and fittings $'000 | Other plant and equipment $'000 | Work in progress $'000 | Artworks $'000 | Total $'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| **1 July 2022** | | | | | | | | | | |
| Gross carrying amount | 19,807 | 2,018 | 184 | 3,761 | 286 | 94 | 2,723 | 78,949 | 75 | 107,897 |
| Accumulated depreciation | - | - | (32) | (1,050) | (220) | (65) | (1,837) | - | - | (3,204) |
| Accumulated impairment loss | - | - | - | - | - | - | - | - | - | - |
| **Carrying amount at start of period** | **19,807** | **2,018** | **152** | **2,711** | **66** | **29** | **886** | **78,949** | **75** | **104,693** |
| Additions | - | - | - | - | 9 | - | 1,145 | 53,548 | 6 | 54,708 |
| Cost adjustment | - | - | - | (467) | (6) | - | 298 | - | - | (175) |
| Disposals | - | - | - | - | - | - | - | - | - | - |
| Expensed | - | - | - | - | - | - | - | (406) | - | (406) |
| Transfers from/(to) other reporting entities (a) | - | - | - | - | - | - | (97) | (132,068) | - | (132,165) |
| Revaluation increments/(decrements) | 910 | 335 | - | - | - | - | - | - | - | 1,245 |
| Impairment losses | - | - | - | - | - | - | - | - | - | - |
| Impairment losses reversed | - | - | - | - | - | - | - | - | - | - |
| Depreciation | - | (82) | (16) | (633) | (21) | (8) | (683) | - | - | (1,443) |
| **Carrying amount at 30 June 2023** | **20,717** | **2,271** | **136** | **1,611** | **48** | **21** | **1,549** | **23** | **81** | **26,457** |
| Gross carrying amount | 20,717 | 2,271 | 184 | 3,294 | 240 | 75 | 3,712 | 23 | 81 | 30,597 |
| Accumulated depreciation | - | - | (48) | (1,683) | (192) | (54) | (2,163) | - | - | (4,140) |
| Accumulated impairment loss | - | - | - | - | - | - | - | - | - | - |

## 5.1 Infrastructure, property, plant and equipment (continued)

| Year ended 30 June 2022 | Land $'000 | Buildings $'000 | Site infrastructure $'000 | Leasehold improvements $'000 | Computer equipment $'000 | Furniture and fittings $'000 | Other plant and equipment $'000 | Work in progress $'000 | Artworks $'000 | Total $'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| **1 July 2021** | | | | | | | | | | |
| Gross carrying amount | 18,988 | 1,946 | 133 | 3,761 | 261 | 94 | 2,538 | - | 75 | 27,796 |
| Accumulated depreciation | - | (79) | (16) | (298) | (203) | (57) | (1,625) | - | - | (2,278) |
| Accumulated impairment loss | - | - | - | - | - | - | - | - | - | - |
| **Carrying amount at start of year** | **18,988** | **1,867** | **117** | **3,463** | **58** | **37** | **913** | **-** | **75** | **25,518** |
| Additions | - | - | 1 | - | 25 | - | 197 | 78,951 | - | 79,174 |
| Disposals | - | - | - | - | - | - | (7) | (2) | - | (9) |
| Expensed | - | - | - | - | - | - | (5) | - | - | (5) |
| Transfers from/(to) other reporting entities (a) | - | - | - | - | - | - | - | - | - | - |
| Revaluation increments/(decrements) | 819 | 226 | 50 | - | - | - | - | - | - | 1,095 |
| Impairment losses | - | - | - | - | - | - | - | - | - | - |
| Impairment losses reversed | - | - | - | - | - | - | - | - | - | - |
| Depreciation | - | (75) | (16) | (752) | (17) | (8) | (212) | - | - | (1,080) |
| **Carrying amount at 30 June 2022** | **19,807** | **2,018** | **152** | **2,711** | **66** | **29** | **886** | **78,949** | **75** | **104,693** |
| Gross carrying amount | 19,807 | 2,018 | 184 | 3,761 | 286 | 94 | 2,723 | 78,949 | 75 | 107,897 |
| Accumulated depreciation | - | - | (32) | (1,050) | (220) | (65) | (1,837) | - | - | (3,204) |
| Accumulated impairment loss | - | - | - | - | - | - | - | - | - | - |

a) The department has transferred four modular ward buildings and furniture, fittings and equipment from the Health Ministerial Body to East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and WA Country Health Service. The department accounts for these transfers as a distribution to owner.

### Initial recognition

Items of infrastructure, property, plant and equipment, 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 infrastructure, property, plant and equipment 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.

**5.1 Infrastructure, property, plant and equipment (continued)**

**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.

**Land and buildings** are independently valued annually by the Western Australian Land Information Authority (Landgate) 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 2022 by Landgate. The valuations were performed during the year ended 30 June 2023 and recognised at 30 June 2023. In undertaking the revaluation, fair value was determined by reference to market values for land: $3,328,000 (2022: $3,155,000) and buildings $82,500 (2022: $74,000). 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 2022.

Site infrastructures include 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 | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| **Depreciation** | | | |
| Buildings | 5.1 | 82 | 75 |
| Site infrastructure | 5.1 | 16 | 16 |
| Leasehold improvement | 5.1 | 633 | 752 |
| Computer equipment | 5.1 | 21 | 17 |
| Furniture and fittings | 5.1 | 8 | 8 |
| Other plant and equipment | 5.1 | 683 | 212 |
| **Total depreciation for the period** | | **1,443** | **1,080** |

As at 30 June 2023 there were no indications of impairment to property, plant and equipment or site infrastructure.

All surplus assets at 30 June 2023 have either been classified as assets held for sale or have been written-off.

**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:

| Asset | Useful life: |
|---|---|
| Buildings | 50 years |
| Site infrastructure | 50 years |
| Leasehold Improvements | Life of lease |
| 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 are 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.

### 5.1.1 Depreciation and impairment charge for the period (continued)

**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.

## 5.2 Intangible assets

| Year ended 30 June 2023 | Computer software $'000 | Works in progress $'000 | Total $'000 |
|---|---|---|---|
| **1 July 2022** | | | |
| Gross carrying amount | 1,454 | 34 | 1,488 |
| Accumulated amortisation | (388) | - | (388) |
| **Carrying amount at start of period** | **1,066** | **34** | **1,100** |
| Additions | 1 | 1,539 | 1,540 |
| Capitalised | - | - | - |
| Disposals | - | - | - |
| Expensed | - | (24) | (24) |
| Amortisation expense | (291) | - | (291) |
| **Carrying amount at 30 June 2023** | **776** | **1,549** | **2,325** |
| Gross carrying amount | 1,455 | 1,549 | 3,004 |
| Accumulated amortisation | (679) | - | (679) |

**5.2 Intangible assets (continued)**

| | Computer software $'000 | Works in progress $'000 | Total $'000 |
|---|---|---|---|
| **Year ended 30 June 2022** | | | |
| **1 July 2021** | | | |
| Gross carrying amount | 1,454 | 186 | 1,640 |
| Accumulated amortisation | (97) | - | (97) |
| **Carrying amount at start of period** | **1,357** | **186** | **1,543** |
| Additions | - | 131 | 131 |
| Capitalised | - | - | - |
| Disposals | - | - | - |
| Expensed | - | (283) | (283) |
| Amortisation expense | (291) | - | (291) |
| **Carrying amount at 30 June 2022** | **1,066** | **34** | **1,100** |
| Gross carrying amount | 1,454 | 34 | 1,488 |
| Accumulated amortisation | (388) | - | (388) |

**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.

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
- in the research phase of a project are immediately expensed

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:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale
- an intention to complete the intangible asset, and use or sell it
- the ability to use or sell the intangible asset
- the intangible asset will generate probable future economic benefit
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

**5.2 Intangible assets (continued)**

**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**

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Computer software | 291 | 291 |
| **Total amortisation for the period** | **291** | **291** |

As at 30 June 2023 there were no indications of impairment to intangible assets.

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 the following intangible asset class 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 ended 30 June 2023 | Buildings $'000 | Vehicles $'000 | Total $'000 |
|---|---|---|---|
| **1 July 2022** | | | |
| Gross carrying amount | 3,042 | 573 | 3,615 |
| Accumulated depreciation | (774) | (377) | (1,151) |
| **Carrying amount at start of period** | **2,268** | **196** | **2,464** |
| Additions | 900 | 173 | 1,073 |
| Disposals | - | - | - |
| Transfers | - | - | - |
| Depreciation | (572) | (129) | (701) |
| **Carrying amount at 30 June 2023** | **2,596** | **240** | **2,836** |
| Gross carrying amount | 3,587 | 657 | 4,244 |
| Accumulated depreciation | (991) | (417) | (1,408) |

| Year ended 30 June 2022 | Buildings $'000 | Vehicles $'000 | Total $'000 |
|---|---|---|---|
| **1 July 2021** | | | |
| Gross carrying amount | 629 | 652 | 1,281 |
| Accumulated depreciation | (295) | (313) | (608) |
| **Carrying amount at start of period** | **334** | **339** | **673** |
| Additions | 2,474 | 8 | 2,482 |
| Disposals | - | - | - |
| Transfers | - | - | - |
| Depreciation | (540) | (151) | (691) |
| **Carrying amount at 30 June 2022** | **2,268** | **196** | **2,464** |
| Gross carrying amount | 3,042 | 573 | 3,615 |
| Accumulated depreciation | (774) | (377) | (1,151) |

**5.3 Right-of-use assets (continued)**

**Initial recognition**

At the commencement date of the lease, the department recognises right-of-use assets that 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 right-of-use assets, which are measured in accordance with AASB 140 ‘Investment Property’.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 7.2 ‘Lease liabilities’.

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.

**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'.

**5.3 Right-of-use assets (continued)**

The following amounts relating to leases have been recognised in the Statement of Comprehensive Income:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Depreciation expense of right-of-use assets | 701 | 691 |
| Lease interest expense | 62 | 44 |
| Expenses relating to variable lease payments not included in lease liabilities | 94 | 47 |
| Short-term leases | 779 | 7,029 |
| Low-value leases | 27 | 74 |
| Operating leases | 15,969 | 15,017 |
| **Total amount recognised in the statement of comprehensive income** | **17,632** | **22,902** |

The total cash outflow for right-of-use leases in 2023 was $764,000 (2022: $687,081). As at 30 June 2023, there were no indications of impairment to right-of-use assets.

The department's leasing activities and how these are accounted for are detailed below:

- The department has leases for vehicles, offices and warehouses
- The department has also entered into 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'

## 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 (Holding Account) | 6.3 |
| Other assets | 6.4 |
| Payables | 6.5 |
| Contract liabilities | 6.6 |

### 6.1 Inventories

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Current** | | |
| Drug supplies (at cost) | 15,299 | 10,968 |
| Medical equipment (at cost) (a) | 21,976 | 34,054 |
| **Total inventories** | **37,275** | **45,022** |

a) Includes medical equipment purchased as part of the COVID-19 Response, to be distributed to statutory authorities within the WA health system when required.

At the reporting date, write-downs totalling $5.3 million have been made comprising:

- drug supplies which were adjusted to reflect expired stock of $4.6 million
- medical equipment which was adjusted to the lower of cost and net realisable value and resulted in a write-down of $0.7 million ($0.4 million in 2021-22)

Please refer to note 3.5 'Other expenses'.

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.

## 6.2 Receivables

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Current** | | |
| Trade receivables (a) | 1,465 | 17,599 |
| Allowance for impairment of trade receivables (b) | (761) | (9,722) |
| Accrued revenue | 28,635 | 34,901 |
| GST receivable (c) | 43,063 | 56,940 |
| **Total current receivables** | **72,402** | **99,718** |

a) Trade receivables included $0.2 million receivables from hotel-quarantined persons in 2022-23 ($16.1 million in 2021-22).

b) No allowance was provided for impairment of trade receivables that relates to hotel-quarantined persons ($9.2 million in 2021-22).

c) 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. 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 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 Entity. 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 initially recognised at their transaction price or, for those receivables that contain a significant financing component, at fair value. The department holds the receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less an allowance for impairment.

The department recognises a loss allowance for expected credit losses (ECLs) on a receivable not held at fair value through profit or loss. The ECLs are based on the difference between the contractual cash flows and the cash flows that the entity expects to receive, discounted at the original effective interest rate. Individual receivables are written off when the department has no reasonable expectations of recovering the contractual cash flows.

For trade receivables, the department recognises an allowance for ECLs 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 3.5 for the amount of ECLs expensed in this financial year.

### 6.2.1 Movement in the allowance for impairment of trade receivables

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Reconciliation of changes in the allowance for impairment of trade receivables** | | |
| Opening balance | 9,722 | 18,099 |
| Expected credit losses expense | (261) | (8,357) |
| Amounts written off during the period | (8,700) | (20) |
| **Allowance for impairment at end of period** | **761** | **9,722** |

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 risk management – Credit risk exposure".

The department does not hold any collateral as security or other credit enhancements for trade receivables.

### 6.3 Amounts receivable for services (Holding Account)

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Current | - | - |
| Non-current | 96,009 | 93,690 |
| **Total amounts receivable for services at end of period** | **96,009** | **93,690** |

**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.

The amounts receivable for services are financial assets at amortised cost, and are considered not impaired (i.e. there is no expected credit loss of the holding accounts).

## 6.4 Other assets

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Current** | | |
| Prepayments (a) | 7,929 | 7,351 |
| **Total current assets** | **7,929** | **7,351** |
| | | |
| **Non-current** | | |
| Prepayments (a) | 18 | 25 |
| **Total non-current assets** | **18** | **25** |
| **Total other assets at end of period** | **7,947** | **7,376** |

a) Other 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. $4.2 million is included in prepayments to the National Blood Authority under the National Blood Agreement ($5.5 million in 2021-22).

## 6.5 Payables

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Current** | | |
| Trade payables | 14,207 | 16,773 |
| Accrued salaries | 4,863 | 4,215 |
| Accrued expenses | 49,581 | 128,590 |
| **Total payables at end of period** | **68,651** | **149,578** |

**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 20 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.

## 6.6 Contract liabilities

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Current | 114 | 74 |
| Non-current | - | - |
| **Total contract liabilities at end of period** | **114** | **74** |

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Reconciliation of changes in contract liabilities** | | |
| Opening balance | 74 | 67 |
| Additions | 114 | 74 |
| Revenue recognised in the reporting period | (74) | (67) |
| **Total contract liabilities at end of period** | **114** | **74** |

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.

The department expects to satisfy the performance obligations unsatisfied at the end of the reporting period within the next 12 months.

## 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

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Cash and cash equivalents | 68,912 | 128,508 |
| Restricted cash and cash equivalents | 119,530 | 123,619 |
| **Total cash and cash equivalents at end of period** | **188,442** | **252,127** |

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 into a Treasury special purpose 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.

### 7.1.2 Restricted cash and cash equivalents

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Restricted cash and cash equivalents** | | |
| **Current** | | |
| Capital work | 7,133 | - |
| Commonwealth specific purpose grants (a) | 38,453 | 82,157 |
| Donation - HBF Detect Snapshot | 964 | 1,159 |
| Grants - WA Detect Schools COVID-19 Project | 2 | 2 |
| Telethon - WA Child Research Fund Account (c) | 11,681 | 11,356 |
| The Challenge Prize | 2,000 | - |
| WA Future Health Research and Innovation Account (b) | 54,575 | 24,464 |
| Other | 241 | - |
| **Total current** | **115,049** | **119,138** |
| | | |
| **Non-current** | | |
| Accrued salaries suspense account (d) | 4,481 | 4,481 |
| **Total non-current** | **4,481** | **4,481** |
| | | |
| **Total restricted cash and cash equivalents** | **119,530** | **123,619** |

a) Funds held for specific purposes include COVID-19 Response ($12.2 million), NPA - Essential Vaccines ($6.0 million), Health Innovation Fund ($2.1 million), Primary Care Pilot ($5.8 million) and other initiatives and programs ($11.9 million).

b) Funds received from the State to support future health research and innovation. Refer to note 9.9 '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 9.9 '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.

### 7.1.3 Reconciliation of net cost of services to net cash flows used in operating activities

| | Notes | 2023 $'000 | 2022 $'000 |
|---|---|---|---|
| Net cost of services | | (6,954,883) | (6,517,766) |
| **Non-cash items:** | | | |
| Depreciation and amortisation expense | 5.1.1, 5.2.1, 5.3 | 2,435 | 2,062 |
| Expected credit losses expense | 6.2.1 | (8,961) | (8,357) |
| Resources received free of charge | 4.1 | 949 | 3,857 |
| Net (gain)/loss from disposal of property, plant and equipment | 4.6 | - | 8 |
| Finance costs | 7.3 | 62 | 44 |
| Transfer of non-cash funding to statutory authorities within WA health | 4.1 | 422,273 | 411,661 |
| Write down of inventory | 3.5 | 5,277 | 415 |
| Write-off of debt and waiver | 3.5 | 9,146 | 4,028 |
| Adjustments for other non-cash items | | 2,868 | 4,846 |
| **(Increase)/decrease in assets:** | | | |
| Inventories | 6.1 | 7,747 | 2,415 |
| Receivables | 6.2, 6.3 | 24,997 | (23,663) |
| Other assets | 6.4 | (571) | (1,382) |
| **Increase/(decrease) in liabilities:** | | | |
| Payables | 6.5 | (80,927) | 64,298 |
| Contract liabilities | 6.6 | 40 | 7 |
| Lease liabilities | 7.2 | 437 | 1,527 |
| Employee related provisions | 3.1(b) | 2,907 | 2,301 |
| **Net cash used in operating activities** | | **(6,566,204)** | **(6,053,699)** |

## 7.2 Lease liabilities

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Current | 621 | 510 |
| Non-current | 2,133 | 1,807 |
| **Total lease liabilities at end of period** | **2,754** | **2,317** |

**Initial measurement**

At the commencement date of the lease, the department recognises lease liabilities measured at the present value of lease payments to be made over the lease term. 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.

## 7.3 Finance costs

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Lease interest expense | 62 | 44 |
| **Finance costs expensed** | **62** | **44** |

Finance cost includes the interest component of lease liability repayments.

## 7.4 Commitments

The commitments below are inclusive of GST.

### 7.4.1 Capital commitments

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements are payable as follows: | | |
| Within 1 year | 11 | 55,260 |
| Later than 1 year and not later than 5 years | - | 55 |
| Later than 5 years | - | - |
| | **11** | **55,315** |

### 7.4.2 Private sector contracts for the provision of health services

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| 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 | 484,304 | 497,950 |
| Later than 1 year and not later than 5 years | 1,195,422 | 53,649 |
| Later than 5 years | 2,022 | 429 |
| | **1,681,748** | **552,028** |

### 7.4.3 Other expenditure commitments

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Other expenditure commitments contracted for at the end of the reporting period but not recognised as liabilities are payable as follows: | | |
| Within 1 year | 42,039 | 69,912 |
| Later than 1 year and not later than 5 years | 58,438 | 68,790 |
| Later than 5 years | - | - |
| | **100,477** | **138,702** |

## 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. At the end of the reporting period there were no significant concentrations of credit risk.

**8.1 Financial risk management (continued)**

**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.

**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:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Financial assets** | | |
| Cash and cash equivalents | 68,912 | 128,508 |
| Restricted cash and cash equivalents | 119,530 | 123,619 |
| Financial assets at amortised cost (a) | 125,348 | 136,468 |
| **Total financial assets** | **313,790** | **388,595** |
| | | |
| **Financial liabilities** | | |
| Financial liabilities at amortised cost (b) | 71,405 | 151,895 |
| **Total financial liabilities** | **71,405** | **151,895** |

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).

**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.

| | Total $'000 | Current $'000 | Days past due <30 days $'000 | 31-60 days $'000 | 61-90 days $'000 | >91 days $'000 |
|---|---|---|---|---|---|---|
| **30 June 2023** | | | | | | |
| Expected credit loss rate | | 0.42% | 0.00% | 0.60% | 33.33% | 73.38% |
| Estimated total gross carrying amount at default | 1,465 | 238 | 24 | 167 | 3 | 1,033 |
| Expected credit losses | (761) | (1) | - | (1) | (1) | (758) |
| **30 June 2022** | | | | | | |
| Expected credit loss rate | | 0.57% | 4.46% | 4.72% | 36.43% | 62.45% |
| Estimated total gross carrying amount at default | 17,599 | 871 | 448 | 339 | 1,054 | 14,887 |
| Expected credit losses | (9,722) | (5) | (20) | (16) | (384) | (9,297) |

## 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 | | | | Maturity dates | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Weighted average effective interest rate % | Carrying amount $'000 | Fixed interest rate $'000 | Variable interest rate $'000 | Non-interest bearing $'000 | Nominal amount $'000 | Up to 1 month $'000 | 1 to 3 months $'000 | 3 months to 1 year $'000 | 1 to 5 years $'000 | More than 5 years $'000 |
| **2023** | | | | | | | | | | | |
| **Financial Assets** | | | | | | | | | | | |
| Cash and cash equivalents | - | 68,912 | - | - | 68,912 | 68,912 | 68,912 | - | - | - | - |
| Restricted cash and cash equivalents | - | 119,530 | - | - | 119,530 | 119,530 | 119,530 | - | - | - | - |
| Receivables (a) | - | 29,339 | - | - | 29,339 | 29,339 | 23,793 | (2,806) | (1,831) | 10,209 | (26) |
| Amounts receivable for services | - | 96,009 | - | - | 96,009 | 96,009 | - | - | - | - | 96,009 |
| | | **313,790** | **-** | **-** | **313,790** | **313,790** | **212,235** | **(2,806)** | **(1,831)** | **10,209** | **95,983** |
| **Financial Liabilities** | | | | | | | | | | | |
| Payables | - | 68,651 | - | - | 68,651 | 68,651 | 65,705 | 1,842 | 8,371 | (7,267) | - |
| Lease liabilities (b) | 4.50 | 2,754 | 2,754 | - | - | 2,754 | - | 111 | 511 | 1,928 | 204 |
| | | **71,405** | **2,754** | **-** | **68,651** | **71,405** | **65,705** | **1,953** | **8,882** | **(5,339)** | **204** |

(a) The amount of receivables excludes the GST receivable from the ATO (statutory receivable).

(b) The amount of lease liabilities includes $2.5 million from leased buildings and $0.2 million from leased vehicles.

**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 | | | | Maturity dates | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Weighted average effective interest rate % | Carrying amount $'000 | Fixed interest rate $'000 | Variable interest rate $'000 | Non-interest bearing $'000 | Nominal amount $'000 | Up to 1 month $'000 | 1 to 3 months $'000 | 3 months to 1 year $'000 | 1 to 5 years $'000 | More than 5 years $'000 |
| **2022** | | | | | | | | | | | |
| **Financial Assets** | | | | | | | | | | | |
| Cash and cash equivalents | - | 128,508 | - | - | 128,508 | 128,508 | 128,508 | - | - | - | - |
| Restricted cash and cash equivalents | - | 123,619 | - | - | 123,619 | 123,619 | 123,619 | - | - | - | - |
| Receivables (a) | - | 42,778 | - | - | 42,778 | 42,778 | 22,113 | 1,422 | 17,294 | 1,949 | - |
| Amounts receivable for services | - | 93,690 | - | - | 93,690 | 93,690 | - | - | - | - | 93,690 |
| | | **388,595** | **-** | **-** | **388,595** | **388,595** | **274,240** | **1,422** | **17,294** | **1,949** | **93,690** |
| **Financial Liabilities** | | | | | | | | | | | |
| Payables | - | 149,578 | - | - | 149,578 | 149,578 | 126,794 | 3,968 | 18,363 | 453 | - |
| Lease liabilities (b) | 2.50 | 2,317 | 2,317 | - | - | 2,317 | 15 | 51 | 444 | 1,702 | 105 |
| | | **151,895** | **2,317** | **-** | **149,578** | **151,895** | **126,809** | **4,019** | **18,807** | **2,155** | **105** |

(a) The amount of receivables excludes the GST receivable from the ATO (statutory receivable).

(b) The amount of lease liabilities includes $2.1 million from leased buildings and $0.2 million from leased vehicles.

**e) Interest rates 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.

**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:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Cross border receipts for residents from other Australian jurisdictions treated in WA hospitals | 9,562 | 7,098 |

### 8.2.2 Contingent liabilities

The following contingent liabilities are excluded from the liabilities included in the financial statements:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Cross border charges for WA residents treated in hospitals in other Australian jurisdictions | 13,946 | 12,792 |

**Hotel quarantine compensation payments**

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 is one application for compensation under consideration. The value is yet to be determined.

**Litigation in progress**

Pending litigation that is not recoverable from RiskCover insurance and may affect the financial position of the department.

Number of claims: 2

**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.

### 8.2.3 Contingent liabilities (continued)

**Building Cladding – WA health system**

In September 2017, the Department of Mines, Industry Regulation and Safety contacted all government departments and agencies regarding the risk presented by combustible building cladding and requested that they undertake audits of their respective portfolios. In 2019, the department made a commitment to remove and replace aluminium composite panel cladding installed at WA health system buildings to ensure the ongoing safety of staff and patients. The WA Health Cladding Audit and Replacement Program is currently ongoing and WA health system health service providers will be funded accordingly to replace cladding where required. We are unable to determine a reliable estimate at this stage as the assessment of sites is still ongoing.

### 8.3 Fair value measurements

**Assets measured at fair value:**

| | Notes | Level 1 $'000 | Level 2 $'000 | Level 3 $'000 | Total $'000 |
|---|---|---|---|---|---|
| **2023** | | | | | |
| Land | 5.1 | - | 15,907 | 4,810 | 20,717 |
| Buildings | 5.1 | - | 83 | 2,188 | 2,271 |
| Site infrastructure | 5.1 | - | - | 136 | 136 |
| | | **-** | **15,990** | **7,134** | **23,124** |

| | Notes | Level 1 $'000 | Level 2 $'000 | Level 3 $'000 | Total $'000 |
|---|---|---|---|---|---|
| **2022** | | | | | |
| Land | 5.1 | - | 15,376 | 4,431 | 19,807 |
| Buildings | 5.1 | - | 74 | 1,944 | 2,018 |
| Site infrastructure | 5.1 | - | - | 152 | 152 |
| | | **-** | **15,450** | **6,527** | **21,977** |

There were no transfers between levels 1, 2 or 3 during the current and previous period.

**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.

## 8.3 Fair value measurements (continued)

### Fair value measurements using significant unobservable inputs (Level 3)

| | Land $'000 | Buildings $'000 | Site infrastructure $'000 | Total $'000 |
|---|---|---|---|---|
| **2023** | | | | |
| Fair value at start of period | 4,431 | 1,944 | 152 | 6,527 |
| Additions | - | - | - | - |
| Revaluation increments/(decrements) recognised in Other Comprehensive Income | 379 | 325 | - | 704 |
| Disposals | - | - | - | - |
| Depreciation expense | - | (81) | (16) | (97) |
| **Fair value at end of period** | **4,810** | **2,188** | **136** | **7,134** |
| | | | | |
| **2022** | | | | |
| Fair value at start of period | 4,371 | 1,803 | 117 | 6,291 |
| Additions | - | - | - | - |
| Revaluation increments/(decrements) recognised in Other Comprehensive Income | 60 | 215 | 51 | 326 |
| Disposals | - | - | - | - |
| Depreciation expense | - | (74) | (16) | (90) |
| **Fair value at end of period** | **4,431** | **1,944** | **152** | **6,527** |

### 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 Landgate 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.

### 8.3 Fair value measurements (continued)

**Buildings and 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 Landgate. 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.

## 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 |
| Future impact of Australian Accounting Standards not yet operative | 9.2 |
| Key management personnel | 9.3 |
| Related party transactions | 9.4 |
| Related bodies | 9.5 |
| Affiliated bodies | 9.6 |
| Services provided free of charge | 9.7 |
| Indian Ocean Territories | 9.8 |
| Special purpose accounts | 9.9 |
| Remuneration of auditor | 9.10 |
| Equity | 9.11 |
| Supplementary financial information | 9.12 |


### 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 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 |
|---|---|---|
| | **Operative for reporting periods beginning on/after 1 Jan 2023** | |
| *AASB 2021-2* | *Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates*<br>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.<br>There is no financial impact. | **1 Jan 2023** |
| *AASB 2021-6* | *Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards*<br>This Standard amends: (a) AASB 1049, to require entities to disclose their material accounting policy information rather than their significant accounting policies; (b) AASB 1054 to reflect the updated accounting policy terminology used in AASB 101 Presentation of Financial Statements; and (c) AASB 1060 to required entities to disclose their material accounting policy information rather than their significant accounting policy and to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements.<br>There is no financial impact. | **1 Jan 2023** |
| *AASB 2022-7* | *Editorial Corrections to Australian Accounting Standards and Repeal of Superseded and Redundant Standards*<br>This Standard makes editorial corrections to various Australian Accounting Standards and AASB Practice Statement 2 Making Materiality Judgements.<br>There is no financial impact. | **1 Jan 2023** |

**Future** impact of Australian Accounting Standards not yet operative **(continued)**

| | | Operative for reporting periods beginning on/after |
|---|---|---|
| *AASB 2022-8* | *Amendments to Australian Accounting Standards – Insurance Contracts: Consequential Amendments*<br>This Standard amends: (a) AASB 1; (b) AASB 3; (c) AASB 5; (d) AASB 7; (e) AASB 9; (f) AASB 15; (g) AASB 17; (h) AASB 119;<br>(i) AASB 132; (j) AASB 136; (k) AASB 137; (l) AASB 138;<br>(m) AASB 1057; and (n) AASB 1058, to permit public sector entities to continue applying AASB 4 and AASB 1023 to annual periods beginning on or after 1 January 2023 but before 1 July 2026.<br>There is no financial impact. | **1 Jan 2023** |
| | **Operative for reporting periods beginning on/after 1 Jan 2024** | |
| *AASB 2020-1* | *Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current*<br>This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current.<br>These is no financial impact. | **1 Jan 2024** |
| *AASB 2022-5* | *Amendments to Australian Accounting Standards – Lease Liability in a Sale and Leaseback*<br>This Standard amends AASB 16 to add measurement requirements for sale and leaseback transactions that satisfy the requirements in AASB 15 to be accounted for as a sale.<br>There is no financial impact. | **1 Jan 2024** |
| *AASB 2022-6* | *Amendments to Australian Accounting Standards – Non-current Liabilities with Covenants*<br>This Standard amends AASB 101 to improve the information an entity provides in its financial statements about liabilities arising from loan arrangements for which the entity's right to defer settlement of those liabilities for at least 12 months after the reporting period is subject to the entity complying with conditions specified in the loan arrangement.<br>The Standard also amends an example in Practice Statement 2 regarding assessing whether information about covenants is material for disclosure.<br>There is no financial impact. | **1 Jan 2024** |

**Future** impact of Australian Accounting Standards not yet operative **(continued)**

| | | Operative for reporting periods beginning on/after |
|---|---|---|
| *AASB 2022-10* | *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities.*<br><br>This Standard amends AASB 13 including adding authoritative implementation guidance and providing related illustrative examples, for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows.<br><br>The Commission has not assessed the impact of the Standard. | **1 Jan 2024** |
| | **Operative for reporting periods on/after 1 Jan 2025** | |
| *AASB 17* | *Insurance Contracts*<br><br>This Standard establishes principles for the recognition, measurement, presentation and disclosure of insurance contracts. It was amended by AASB 2022-8 to take effect for Not-For-Profit insurance contracts from 1 July 2026.<br><br>The Commission has not assessed the impact of the Standard. | **1 July 2026** |
| *AASB 2021-7C* | *Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections*<br><br>This Standard further defers (to 1 January 2025) the amendments to AASB 10 and AASB 128 relating to the sale or contribution of assets between an investor and its associate or joint venture.<br>The standard also includes editorial corrections.<br><br>The Commission has not assessed the impact of the Standard. | **1 Jan 2025** |
| *AASB 2022-9* | *Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector*<br><br>This Standard amends AASB 17 and AASB 1050 to include modifications with respect to the application of AASB 17 by public sector entities.<br><br>This Standard also amends the following Standards to remove the temporary consequential amendments set out in AASB 2022-8 since AASB 4 and AASB 1023 do not apply to public sector entities for periods beginning on or after 1 July 2026: (a) AASB 1; (b) AASB 3; (c) AASB 5; (d) AASB 7; (e) AASB 9; (f) AASB 15; (g) AASB 119; (h) AASB 132; (i) AASB 136; (j) AASB 137; (k) AASB 138; (l) AASB 1057; and (m) AASB 1058<br><br>There is no financial impact. | **1 Jan 2026** |

## 9.3 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 of members of the accountable authority**

| | 2023 | 2022 |
|---|---|---|
| **Compensation band ($)** | | |
| 600,001 - 650,000 | 1 | 1 |
| 550,001 - 600,000 | - | 1 |
| 500,001 - 550,000 | 1 | 1 |
| 350,001 - 400,000 | 3 | 1 |
| 300,001 - 350,000 | - | 1 |
| 250,001 - 300,000 | 1 | 2 |
| 200,001 - 250,000 | 1 | - |
| 150,001 - 200,000 | - | 1 |
| 100,001 - 150,000 | 1 | - |
| | **8** | **8** |

| | **2023** | **2022** |
|---|---|---|
| | **$'000** | **$'000** |
| Short-term employee benefits | 2,848 | 2,942 |
| Post-employment benefits | 260 | 288 |
| Other long-term benefits | (250) | (118) |
| **Total compensation of senior officers** | **2,858** | **3,112** |

Total compensation includes the superannuation expense incurred by the department in respect of senior officers.

## 9.4 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 (note 4.1)
- Royalties for Regions Fund (note 4.1)
- equity contribution (note 9.11)
- 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 3.5(d))
- insurance payments to the Insurance Commission and Riskcover fund (note 3.5)
- remuneration for services provided by the Auditor General (note 9.10)
- services provided free of charge to various State Government agencies (note 9.7).

**9.4 Related party transactions (continued)**

**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.

**9.5 Related bodies**

A related body is a body that receives more than half of 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.

**9.6 Affiliated bodies**

An affiliated body is a body that receives more than half of 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:

| | 2023<br>$'000 | 2022<br>$'000 |
|---|---|---|
| Research and development | - | 2,056 |
| Public health | 12,701 | 1,824 |
| | **12,701** | **3,880** |

## 9.7 Services provided free of charge

During the period the following services were provided to other WA agencies free of charge for functions outside the normal operations of the department:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Transfer of COVID-19 medical equipment to statutory authorities within WA health system | | |
| Child and Adolescent Health Service | 421 | - |
| East Metropolitan Health Service | 1,968 | 4,783 |
| South Metropolitan Health Service | 3,472 | 700 |
| North Metropolitan Health Service | 1,114 | 256 |
| WA Country Health Service | 789 | 137 |
| Quadriplegic Centre | - | 11 |
| Contiguous Local Authorities Group | - | 710 |
| Department of Communities | - | 52 |
| Department of Education | 538 | 474 |
| Department of Planning, Lands and Heritage | - | 330 |
| Department of Water and Environmental Regulation | - | 198 |
| Water Corporation | - | 174 |
| WA Police | 187 | 205 |
| Others | 6 | 154 |
| **Total services provided free of charge** | **8,495** | **8,184** |

## 9.8 Indian Ocean Territories

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Balance at start of period | 38 | 544 |
| **Receipts** | | |
| Commonwealth grant | 3,829 | 2,431 |
| **Payment** | | |
| Purchase of WA Health services | (4,013) | (2,937) |
| **Balance at end of period** | **(146)** | **38** |

## 9.9 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.

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Controlled by the department** | | |
| Balance at start of period | - | - |
| **Receipts** | | |
| Commonwealth activity based funding for health service providers | 2,087,121 | 2,058,316 |
| Commonwealth activity based funding for Department of Health | 27,050 | 21,132 |
| Commonwealth block funding for health service providers | 244,747 | 239,759 |
| Commonwealth public health funding for Department of Health | 55,428 | 47,842 |
| Commonwealth contribution under the National Partnership Agreement of COVID-19 Response | 116,899 | 698,584 |
| State activity based funding from Department of Health | 3,661,010 | 3,386,699 |
| State contribution under the National Partnership Agreement of COVID-19 Response | 99,957 | 553,248 |
| Interest earned on State Pool Account | - | - |
| Cross border deposits from interstate | 16,632 | 30,768 |
| **Payments** | | |
| Commonwealth activity based funding to health service providers | (2,087,121) | (2,058,316) |
| Commonwealth activity based funding to Department of Health | (27,050) | (21,132) |
| Commonwealth block funding to State Managed Fund (Health) Account | (244,747) | (239,759) |
| Commonwealth public health funding to Department of Health | (55,428) | (47,842) |
| Commonwealth contribution under the National Partnership Agreement of COVID-19 Response | (116,899) | (698,584) |
| State activity based funding to health service providers | (3,661,010) | (3,386,699) |
| State contribution under the National Partnership Agreement of COVID-19 Response | (99,957) | (553,248) |
| Interest transferred to Treasury Consolidated Account | - | - |
| Cross border payment to interstate | (16,632) | (30,768) |
| **Balance at end of period** | **-** | **-** |

## 9.9 Special purpose accounts (continued)

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Administered by the department** | | |
| Balance at start of period | - | - |
| **Receipts** | | |
| Commonwealth activity based funding for Mental Health Commission (MHC) | 171,037 | 161,700 |
| Commonwealth block funding for Mental Health Commission | 166,996 | 136,869 |
| State activity based funding from Mental Health Commission | 284,588 | 238,278 |
| **Payments** | | |
| MHC Commonwealth activity based funding to health service providers | (171,037) | (161,700) |
| MHC Commonwealth activity based funding to non-government organisation (NGO) | - | - |
| Commonwealth block funding to Mental health Commission to health service providers | (166,996) | (136,869) |
| Commonwealth block funding to Mental Health Commission to non-government organisation | - | - |
| MHC State activity based funding to health service providers | (284,588) | (238,278) |
| **Balance at end of period** | **-** | **-** |

**State Managed Fund (Health) Account**

The purpose of the special purpose account is to hold money received by the department 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.

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Controlled by the department** | | |
| Balance at start of period | - | - |
| **Receipts** | | |
| Commonwealth block funding from State Pool Account | 244,747 | 239,759 |
| State block funding from Department of Health | 419,983 | 380,178 |
| Royalties for Regions Fund from Department of Health | - | - |
| **Payments** | | |
| Commonwealth block funding to health service providers | (244,747) | (239,759) |
| State block funding to health service providers | (419,983) | (380,178) |
| **Balance at end of period** | **-** | **-** |

## 9.9 Special purpose accounts (continued)

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Administered by the department** | | |
| Balance at start of period | - | - |
| **Receipts** | | |
| Mental Health Commission - Commonwealth block funding | 166,996 | 126,576 |
| Mental Health Commission - State block funding | 326,453 | 286,725 |
| **Payments** | | |
| Mental Health Commission - Commonwealth block funding to health service providers | (156,257) | (126,576) |
| Mental Health Commission - Commonwealth block funding to non-government organisations | (10,739) | - |
| Mental Health Commission - State block funding to health service providers | (326,453) | (286,725) |
| **Balance at end of period** | **-** | **-** |

**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.

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Controlled by the department** | | |
| Balance at start of period | 24,464 | 15,149 |
| Receipts | 49,959 | 32,547 |
| Payments | (19,848) | (23,232) |
| **Balance at end of period** | **54,575** | **24,464** |

**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.

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Controlled by the department** | | |
| Balance at start of period | 11,355 | 10,702 |
| Receipts | 4,245 | 4,135 |
| Payments | (3,920) | (3,482) |
| **Balance at end of period** | **11,680** | **11,355** |

## 9.10 Remuneration of auditors

Remuneration paid or payable to the Auditor General in respect of the audit for the current financial year is as follows:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Auditing the accounts, controls, financial statements and key performance indicators | 434 | 387 |
| | **434** | **387** |

## 9.11 Equity

| **Contributed equity** | **2023 $'000** | **2022 $'000** |
|---|---|---|
| Balance at start of period | 142,415 | 45,394 |
| **Contribution by owners** | | |
| Capital appropriation (a) | 48,292 | 97,021 |
| **Distributions to owners** | | |
| Transfer of net assets to other agencies (b) | (132,071) | - |
| **Total contributed equity at end of period** | **58,636** | **142,415** |

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.

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Asset revaluation reserve** | | |
| Balance at the start of period | 281,350 | 280,255 |
| Net revaluation increments/(decrements): | | |
| Land | 910 | 819 |
| Buildings | 335 | 276 |
| **Total asset revaluation surplus at end of period** | **282,595** | **281,350** |

## 9.11 Equity (continued)

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| **Accumulated surplus/(deficit)** | | |
| Balance at start of period | (9,994) | (62,845) |
| Result for the period | (12,420) | 52,851 |
| **Total accumulated surplus/(deficit) at end of period** | **(22,414)** | **(9,994)** |
| **Total equity at end of period** | **318,817** | **413,771** |

## 9.12 Supplementary financial information

### Write-offs

During the financial year, the department has written off debts and inventory under the authority of:

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| The accountable authority | - | 20 |
| The Minister | - | - |
| The Treasurer | 8,700 | - |
| | **8,700** | **20** |

### Losses through theft, defaults and other causes

There were no losses through theft, defaults and other causes during the current and previous period.

### Forgiveness of debts

| | 2023 $'000 | 2022 $'000 |
|---|---|---|
| Waiver of debts by Chief Health Officer under *Public Health Act 2016* (a) | 446 | 4,008 |
| | **446** | **4,008** |

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 s202J.

### Gifts of public property

There were no gifts of public property provided by the department during the current and previous period.

## 10 Explanatory statements

This section explains variances in the financial performance of the department.


| | Notes |
|---|---|
| Explanatory statement for controlled operations | 10.1 |
| Explanatory statement for administered items | 10.2 |


### 10.1 Explanatory statement for controlled operations

This explanatory section explains variations in the financial performance of the department undertaking transactions under its own control, as represented by the primary financial statements.

All variances between annual estimates (original budget) and actual results for 2023, and between the actual results for 2023 and 2022 are shown below. Narratives are provided for key major variances which vary more than 10% from their comparative and that the variation is more than 1% of the following variance analysis for the:

1. Estimate and actual results for the current year
    - Total Cost of Services of the estimate for the Statements of Comprehensive Income and Statement of Cash Flows (i.e. 1% of $8,981,224,000) and
    - Total Assets of the estimate for the Statement of Financial Position (i.e. 1% of $631,855,000)
2. Actual results for the current year and the prior year actual
    - Total Cost of Services of the previous year for the Statements of Comprehensive Income and Statement of Cash Flows (i.e. 1% of $9,830,867,000) and
    - Total Assets of the previous year for the Statement of Financial Position (i.e. 1% of $606,190,000)

### 10.1.1 Statement of Comprehensive Income Variances

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between actual and estimate $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **COST OF SERVICES** | | | | | | |
| **Expenses** | | | | | | |
| Employee benefits expenses | | 168,962 | 175,805 | 173,743 | 6,843 | 2,062 |
| Contracts for services | | 601,876 | 647,570 | 599,637 | 45,694 | 47,933 |
| Supplies and services | A | 120,985 | 88,243 | 400,084 | (32,742) | (311,841) |
| Grants and subsidies | | 8,041,717 | 8,709,507 | 8,605,148 | 667,790 | 104,359 |
| Depreciation and amortisation expenses | | 5,465 | 2,435 | 2,062 | (3,030) | 373 |
| Loss on disposal of non-current assets | | 9 | - | 8 | (9) | (8) |
| Finance costs | | 51 | 62 | 44 | 11 | 18 |
| Other expenses | | 42,159 | 52,579 | 50,141 | 10,420 | 2,438 |
| **Total cost of services** | | **8,981,224** | **9,676,201** | **9,830,867** | **694,977** | **(154,666)** |
| **Income** | | | | | | |
| User charges and fees | | 13,865 | 16,445 | 13,373 | 2,580 | 3,072 |
| Commonwealth grants and contributions | B | 2,776,723 | 2,698,931 | 3,256,004 | (77,792) | (557,073) |
| Service concession income | | 3,870 | - | - | (3,870) | - |
| Other grants and contributions | | - | 363 | 1,595 | 363 | (1,232) |
| Other income | | 18,334 | 5,579 | 42,129 | (12,755) | (36,550) |
| **Total revenue** | | **2,812,792** | **2,721,318** | **3,313,101** | **(91,474)** | **(591,783)** |
| **Gains** | | | | | | |
| Gain on disposal of non-current assets | | - | - | - | - | - |
| **Total gains** | | **-** | **-** | **-** | **-** | **-** |
| **Total income other than income from State Government** | | **2,812,792** | **2,721,318** | **3,313,101** | **(91,474)** | **(591,783)** |
| **NET COST OF SERVICES** | | **6,168,432** | **6,954,883** | **6,517,766** | **786,451** | **437,117** |

### 10.1.1 Statement of Comprehensive Income Variances (continued)

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between actual and estimate $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **INCOME FROM STATE GOVERNMENT** | | | | | | |
| Service appropriation | 1 | 6,117,988 | 6,873,860 | 6,515,785 | 755,872 | 358,075 |
| Income from other public sector entities | | 42,615 | 60,852 | 42,536 | 18,237 | 18,316 |
| Liabilities assumed | | - | - | - | - | - |
| Resources received | | 926 | 949 | 3,857 | 23 | (2,908) |
| Royalties for Regions Fund | | 8,747 | 6,802 | 8,439 | (1,945) | (1,637) |
| **Total income from State Government** | | **6,170,276** | **6,942,463** | **6,570,617** | **772,187** | **371,846** |
| **Surplus/(deficit) for the period** | | **1,844** | **(12,420)** | **52,851** | **(14,264)** | **(65,271)** |
| | | | | | | |
| **Other comprehensive income** | | | | | | |
| **Items not reclassified subsequently to profit or loss** | | | | | | |
| Changes in asset revaluation reserve | | - | 1,245 | 1,095 | 1,245 | 150 |
| **Total other comprehensive income** | | **-** | **1,245** | **1,095** | **1,245** | **150** |
| **Total comprehensive income for the period** | | **1,844** | **(11,175)** | **53,946** | **(13,019)** | **(65,121)** |

### 10.1.2 Statement of Financial Position Variances

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between actual and estimate $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **ASSETS** | | | | | | |
| **Current assets** | | | | | | |
| Cash and cash equivalents | | 176,244 | 68,912 | 128,508 | (107,332) | (59,596) |
| Restricted cash and cash equivalents | | 71,519 | 115,049 | 119,138 | 43,530 | (4,089) |
| Inventories | 2, C | 45,022 | 37,275 | 45,022 | (7,747) | (7,747) |
| Receivables | | 72,480 | 72,402 | 99,718 | (78) | (27,316) |
| Other current assets | | 7,292 | 7,929 | 7,351 | 637 | 578 |
| **Total Current Assets** | | **372,557** | **301,567** | **399,737** | **(70,990)** | **(98,170)** |
| **Non-current assets** | | | | | | |
| Restricted cash and cash equivalents | | 4,481 | 4,481 | 4,481 | - | - |
| Amounts receivable for services | | 97,905 | 96,009 | 93,690 | (1,896) | 2,319 |
| Infrastructure, property, plant and equipment | D | 25,076 | 26,457 | 104,693 | 1,381 | (78,236) |
| Intangible assets | | 809 | 2,325 | 1,100 | 1,516 | 1,225 |
| Right-of-use assets | | 1,794 | 2,836 | 2,464 | 1,042 | 372 |
| Service concession assets | 3 | 129,233 | - | - | (129,233) | - |
| Other non-current assets | | - | 18 | 25 | 18 | (7) |
| **Total non-current assets** | | **259,298** | **132,126** | **206,453** | **(127,172)** | **(74,327)** |
| **TOTAL ASSETS** | | **631,855** | **433,693** | **606,190** | **(198,162)** | **(172,497)** |
| **LIABILITIES** | | | | | | |
| **Current liabilities** | | | | | | |
| Payables | | 144,067 | 68,651 | 149,578 | (75,416) | (80,927) |
| Contract liabilities | | 74 | 114 | 74 | 40 | 40 |
| Lease liabilities | | 510 | 621 | 510 | 111 | 111 |
| Service concession liabilities | | 5,474 | - | - | (5,474) | - |
| Employee related provisions | | 30,370 | 32,208 | 30,517 | 1,838 | 1,691 |
| **Total current liabilities** | | **180,495** | **101,594** | **180,679** | **(78,901)** | **(79,085)** |

### 10.1.2 Statement of Financial Position Variances (continued)

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between actual and estimate $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **Non-current liabilities** | | | | | | |
| Lease liabilities | | 1,807 | 2,133 | 1,807 | 326 | 326 |
| Service concession liabilities | 4 | 73,352 | - | - | (73,352) | - |
| Employee related provisions | | 9,933 | 11,149 | 9,933 | 1,216 | 1,216 |
| **Total non-current liabilities** | | **85,092** | **13,282** | **11,740** | **(71,810)** | **1,542** |
| **TOTAL LIABILITIES** | | **265,587** | **114,876** | **192,419** | **(150,711)** | **(77,543)** |
| **NET ASSETS** | | **366,268** | **318,817** | **413,771** | **(47,451)** | **(94,954)** |
| **EQUITY** | | | | | | |
| Contributed equity | | 65,303 | 58,636 | 142,415 | (6,667) | (83,779) |
| Reserves | | 287,624 | 282,595 | 281,350 | (5,029) | 1,245 |
| Accumulated surplus/(deficit) | | 13,341 | (22,414) | (9,994) | (35,755) | (12,420) |
| **TOTAL EQUITY** | | **366,268** | **318,817** | **413,771** | **(47,451)** | **(94,954)** |

### 10.1.3 Statement of Cash Flows Variances

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between estimate and actual $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **CASH FLOWS FROM STATE GOVERNMENT** | | | | | | |
| Service appropriation | 5 | 5,693,631 | 6,442,126 | 6,104,124 | 748,495 | 338,002 |
| Capital appropriation | | 62,748 | 48,292 | 97,021 | (14,456) | (48,729) |
| Funds from other public sector entities | | 42,615 | 60,852 | 42,536 | 18,237 | 18,316 |
| Royalties for Regions Fund | | 8,747 | 6,802 | 8,439 | (1,945) | (1,637) |
| **Net cash provided by State Government** | | **5,807,741** | **6,558,072** | **6,252,120** | **750,331** | **305,952** |
| Utilised as follows: | | | | | | |
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | | | |
| **Payments** | | | | | | |
| Employee benefits | | (168,962) | (172,898) | (171,442) | (3,936) | (1,456) |
| Supplies and services | E | (722,861) | (792,231) | (944,910) | (69,370) | 152,679 |
| Grants and subsidies | | (7,665,305) | (8,289,553) | (8,205,698) | (624,248) | (83,855) |
| Finance costs | | - | (62) | (44) | (62) | (18) |
| GST payments on purchases | 6 | (282,117) | (524,089) | (548,652) | (241,972) | 24,563 |
| **Receipts** | | | | | | |
| User charges and fees | | 13,865 | 16,445 | 6,530 | 2,580 | 9,915 |
| Commonwealth grants and contributions | F | 2,776,723 | 2,658,656 | 3,214,318 | (118,067) | (555,662) |
| GST receipts on sales | | 19,435 | 24,789 | 23,485 | 5,354 | 1,304 |
| GST receipts from taxation authority | 7 | 262,682 | 506,797 | 517,898 | 244,115 | (11,101) |
| Other receipts | | 18,334 | 5,942 | 54,816 | (12,392) | (48,874) |
| **Net cash used in operating activities** | | **(5,748,206)** | **(6,566,204)** | **(6,053,699)** | **(817,998)** | **(512,505)** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | | | |
| **Payments** | | | | | | |
| Purchase of non-current assets | | (59,000) | (54,789) | (81,787) | 4,211 | 26,998 |
| **Net cash used in investing activities** | | **(59,000)** | **(54,789)** | **(81,787)** | **4,211** | **26,998** |

### 10.1.3 Statement of Cash Flows Variances (continued)

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between estimate and actual $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | | | | |
| **Payments** | | | | | | |
| Principal element of lease payments | | (417) | (764) | (687) | (347) | (77) |
| **Net cash used in financing activities** | | **(417)** | **(764)** | **(687)** | **(347)** | **(77)** |
| Net increase/(decrease) in cash and cash equivalents | | 118 | (63,685) | 115,947 | (63,803) | (179,632) |
| Cash and cash equivalents at the beginning of the year | | 252,126 | 252,127 | 136,180 | 1 | 115,947 |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD** | | **252,244** | **188,442** | **252,127** | **(63,802)** | **(63,685)** |

**10.1.4 Explanatory statement for controlled operations (continued)**

**Major Estimate and Actual (2023) Variance Narratives**

| | | 2023 Estimate $'000 | 2023 Actual $'000 | Variance $'000 |
|---|---|---|---|---|
| 1 | **Service appropriation income**<br>Service appropriation income increased by $755.9 million (+12.4%) due to funding to support government wages policy, one off cost of living payments to WA health system staff and alleviate regional cost pressures faced by the WA health system. | 6,117,988 | 6,873,860 | 755,872 |
| 2 | **Inventories**<br>Inventories decreased by $7.7 million (-17.2%) due to medical equipment transferred to health service providers within the WA health system. | 45,022 | 37,275 | (7,747) |
| 3 | **Service concession assets**<br>Service concession assets were budgeted as department controlled assets but it was then determined that the department administers the QEII Carpark on behalf of State Government, therefore they were recognised as administered assets (refer to "Administered assets and liabilities"). | 129,233 | - | (129,233) |
| 4 | **Service concession liabilities**<br>Service concession liabilities were budgeted as department controlled liabilities but it was then determined that the department administers the QEII Carpark on behalf of State Government, therefore they were recognised as administered liabilities (refer to "Administered assets and liabilities"). | 73,352 | - | (73,352) |
| 5 | **Service appropriation receipts**<br>Service appropriation receipts increased by $748.5 million (+13.1%) due to funding to support government wages policy, one off cost of living payments to WA health system staff and alleviate regional cost pressures faced by the WA health system. | 5,693,631 | 6,442,126 | 748,495 |
| 6 | **GST payments on purchases payments**<br>GST payments on purchases increased by $241.9 million (+85.8%) due to lower budget setting. | (282,117) | (524,089) | (241,972) |
| 7 | **GST receipts from taxation authority receipts**<br>GST receipts from taxation authority increased by $244.1 million (+92.9%) due to lower budget setting. | 262,682 | 506,797 | 244,115 |

**10.1.4 Explanatory statement for controlled operations (continued)**

**Major Actual (2023) and Comparative (2022) Variance Narratives**

| | | 2023 Actual $'000 | 2022 Actual $'000 | Variance $'000 |
|---|---|---|---|---|
| **A** | **Supplies and services expenses**<br>Supplies and services expenses decreased by $311.8 million (-77.9%) due to COVID-19 related services ceasing operation. This includes reductions in the hotel quarantine facility ($106.5m), security ($106.4m), pathology ($85.2m) and clinical services ($13.1m). | 88,243 | 400,084 | (311,841) |
| **B** | **Commonwealth grants and contributions income**<br>Commonwealth grants and contributions decreased by $557.1 million (-17.1%) reflecting the end of Commonwealth contribution towards the COVID-19 Response funded under the National Partnership Agreement which concluded in December 2022. | 2,698,931 | 3,256,004 | (557,073) |
| **C** | **Inventories**<br>Inventories decreased by $7.7 million (-17.2%) due to medical equipment transferred to health service providers within the WA health system. | 37,275 | 45,022 | (7,747) |
| **D** | **Infrastructure, property, plant and equipment**<br>Infrastructure, property, plant and equipment decreased by $78.2 million (-74.7%) due to modular units transferred to health service providers within the WA health system. | 26,457 | 104,693 | (78,236) |
| **E** | **Supplies and services payments**<br>Supplies and services payments decreased by $152.7 million (-16.2%) due to reduced contract services that supported the COVID-19 Response. | (792,231) | (944,910) | 152,679 |
| **F** | **Commonwealth grants and contributions receipts**<br>Commonwealth grants and contributions receipts decreased by $555.7 million (-17.3%) reflecting the end of the Commonwealth contribution towards the COVID-19 Response funded under the National Partnership Agreement which concluded in December 2022. | 2,658,656 | 3,214,318 | (555,662) |

## 10.2 Explanatory statement for administered items

This explanatory section explains variations in the financial performance of the department undertaking transactions that it does not control but has responsibility to the government for, as detailed in the administered schedules.

All variances between annual estimates and actual results for 2023, and between the actual results for 2023 and 2022 are shown below. Narratives are provided for key major variances which vary by more than 10% from their comparative and that the variation is more than 1% of the Total Administered Income for the following variance analyses for the:

1. Estimate and actual results for the current year (i.e. $1,863,144,000)
2. Actual results for the current year and the prior year actual (i.e. $1,332,469,000).

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between actual and estimate $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **COST OF SERVICES** | | | | | | |
| **Expenses** | | | | | | |
| Funding transferred to: | | | | | | |
| Health service providers | 1 | 911,445 | 522,973 | 477,377 | (388,472) | 45,596 |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | |
| Transfer of activity based funding to health service providers | A | 460,377 | 455,625 | 399,978 | (4,752) | 55,647 |
| Transfer of block funding to health service providers | 2, B | 487,452 | 660,445 | 423,594 | 172,993 | 236,851 |
| Service concession arrangement depreciation expense | | 2,083 | 3,216 | 2,617 | 1,133 | 599 |
| **Total administered expenses** | | **1,861,357** | **1,642,259** | **1,303,566** | **(219,098)** | **338,693** |

**10.2 Explanatory statement for administered items (continued)**

| | Variance Notes | Estimate 2023 $'000 | Actual 2023 $'000 | Actual 2022 $'000 | Variance between actual and estimate $'000 | Variance between actual results for 2023 and 2022 $'000 |
|---|---|---|---|---|---|---|
| **Income** | | | | | | |
| Administered for WA health system: | | | | | | |
| Capital appropriation | 3, C | 782,469 | 348,935 | 427,230 | (433,534) | (78,295) |
| Administered appropriation | D | 22,961 | 24,425 | 8,420 | 1,464 | 16,005 |
| Royalties for Regions Fund | 4, E | 106,015 | 124,690 | 67,773 | 18,675 | 56,917 |
| State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC): | | | | | | |
| Commonwealth activity based funding | F | 169,226 | 171,037 | 161,700 | 1,811 | 9,337 |
| Commonwealth block funding | 5, G | 156,257 | 333,992 | 136,869 | 177,735 | 197,123 |
| State activity based funding | H | 291,151 | 284,588 | 238,278 | (6,563) | 46,310 |
| State block funding | I | 331,195 | 326,453 | 286,725 | (4,742) | 39,728 |
| Service concession arrangement revenue | | 3,870 | 5,454 | 5,474 | 1,584 | (20) |
| **Total administered income** | | **1,863,144** | **1,619,574** | **1,332,469** | **(243,570)** | **287,105** |

**10.2 Explanatory statement for administered items (continued)**

**Major Estimate and Actual (2023) Variance Narratives**

| | | 2023 Estimate $'000 | 2023 Actual $'000 | Variance $'000 |
|---|---|---|---|---|
| 1 | **Funding transferred to health service providers**<br>Funding transferred to the health service providers decreased by $388.5 million (-42.6%) due to re-cashflow of capital funding to future years following delays in some projects. | 911,445 | 522,973 | (388,472) |
| 2 | **Mental Health Commission block funding transferred to health service providers**<br>Mental Health Commission block funding transferred to health service providers increased by $173.0 million (+35.5%) due to increased activity for non-admitted mental health. | 487,452 | 660,445 | 172,993 |
| 3 | **Capital appropriation income**<br>Capital appropriation income decreased by $433.5 million (-55.4%) due to the re-cashflow of capital funding to future years following delays in some projects. | 782,469 | 348,935 | (433,534)<br>- |
| 4 | **Royalties for Regions Fund income**<br>Royalties for Regions Fund income increased by $18.7 million (+17.6%) due to additional funding received. | 106,015 | 124,690 | 18,675 |
| 5 | **Mental Health Commission block funding income**<br>Mental Health Commission block funding income received from Commonwealth increased by $177.7 million (+113.7%) due to increased activity for non-admitted mental health. | 156,257 | 333,992 | 177,735 |

**10.2 Explanatory statement for administered items (continued)**

**Major Actual (2023) and Comparative (2022) Variance Narratives (continued)**

| | | 2023 Actual $'000 | 2022 Actual $'000 | Variance $'000 |
|---|---|---|---|---|
| A | **Mental Health Commission activity based funding transferred to health service providers**<br>Mental Health Commission activity based funding transferred to health service providers increased by $55.6 million (+13.9%) due to increased activity for admitted mental health. | 455,625 | 399,978 | 55,647 |
| B | **Mental Health Commission block funding transferred to health service providers**<br>Mental Health Commission block funding transferred to health service providers increased by $236.8 million (+55.9%) due to increased activity for non-admitted mental health. | 660,445 | 423,594 | 236,851 |
| C | **Capital appropriation income**<br>Capital appropriation income decreased by $78.3 million (-18.3%) due to the re-cashflow of capital funding to future years following delays in some projects. | 348,935 | 427,230 | (78,295) |
| D | **Administered appropriation income**<br>Administered appropriation income increased by $16.0 million (+190.1%) due to additional funds received for Karlarra house, Kimberley Renal Dialysis, HACC transition and Peel Health Campus. | 24,425 | 8,420 | 16,005 |
| E | **Royalties for Regions Fund income**<br>Royalties for Regions Fund income increased by $56.9 million (+84.0%) due to additional funding received. | 124,690 | 67,773 | 56,917 |
| F | **Mental Health Commission activity based funding income received from Commonwealth**<br>Mental Health Commission activity based funding income received from Commonwealth increased by $9.3 million (+5.8%) due to increased activity for non-admitted mental health. | 171,037 | 161,700 | 9,337 |
| G | **Mental Health Commission block funding income received from Commonwealth**<br>Mental Health Commission block based funding income received from Commonwealth increased by $197.1 million (+144.0%) due to increased activity for admitted mental health. | 333,992 | 136,869 | 197,123 |
| H | **Mental Health Commission activity based funding income received from State Government**<br>Mental Health Commission activity based funding income received from State Government increased by $46.3 million (+19.4%) due to increased activity for admitted mental health. | 284,588 | 238,278 | 46,310 |

**10.2 Explanatory statement for administered items (continued)**

**Major Actual (2023) and Comparative (2022) Variance Narratives (continued)**

| | | 2023 Actual $'000 | 2022 Actual $'000 | Variance $'000 |
|---|---|---|---|---|
| I | **Mental Health Commission block based funding income received from State Government**<br>Mental Health Commission block based funding income received from State Government increased by $39.7 million due to increased activity for admitted mental health. | 326,453 | 286,725 | 39,728 |

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# Appendix

# Appendix 1: Board and committee remuneration

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary / sitting fees ($) | Gross / actual remuneration ($) |
|---|---|---|---|---|---|---|
| **Anaesthetic Mortality Committee** | | | | | | |
| Chair | Dr Jennifer Bruce | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Celine Baber | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Member | Dr Anna Clare | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Katherine Collister | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Diana Fakes | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Associate Prof. Dieter Gebauer | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Member | Prof. Thomas Ledowski | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Michael Soares | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Jason Wells | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Investigator | Dr Christine Grobler | 3 years | 12 months | Sessional | $530 | $0 |
| Investigator | Dr John Martyr | 3 years | 12 months | Sessional | $530 | $0 |
| | | | | | **Total** | **$0** |
| **Assisted Reproductive Technology and Surrogacy Legislation Ministerial Expert Panel** | | | | | | |
| Chair | Prof. Roger Hart | 8 months | 6 months | Annual | $53,361 | $31,811 |
| Deputy Chair | Dr Louise Farrell OAM | 8 months | 6 months | Sessional | $537 | $4,125 |
| Member | Dr Angela Cooney | 8 months | 6 months | Sessional | $537 | $6,490 |
| Member | Dr Ian Hammond AM | 8 months | 6 months | Sessional | $537 | $5,170 |
| Member | Martin Kavanagh | 8 months | 6 months | Sessional | $537 | $4,950 |
| Member | Rachel Oakeley | 8 months | 6 months | Sessional | $537 | $5,555 |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary / sitting fees ($) | Gross / actual remuneration ($) |
|---|---|---|---|---|---|---|
| Member | Fiona Seaward SC | 8 months | 6 months | Not eligible | Not applicable | $0 |
| Member | Hon. Dr Sally Talbot MLC | 8 months | 6 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$58,101** |
| **Fluoridation of Public Water Supplies Advisory Committee*** | | | | | | |
| A/Chair | * | Ongoing | 12 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 | $165 |
| Member 5 | * | 3 years | 8 months | Sessional | $150 | $335 |
| *Approval to withhold the names of the committee members has been granted by the Minister for Health | | | | | **Total** | **$500** |
| **Graylands Reconfiguration and Forensic Taskforce** | | | | | | |
| Chair | Hon Jim McGinty | 2 years | 12 months | Annual | $64,795 pa | $64,795 |
| Member | Michael Andrews | 2 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Debora Colvin | 2 years | 12 months | Sessional | $825 for meetings over 4 hours, $537 for meetings of 4 hours or less | $2,685 |
| Member | Rachael Green | 2 years | 3 months | Not eligible | Not applicable | $0 |
| Member | Lindsay Hale | 8 months | 8 months | Not eligible | Not applicable | $0 |
| Member | Fiona Hunt | 2 years | 7 months | Not eligible | Not applicable | $0 |
| Member | Astrid Kalder | 9 months | 9 months | Not eligible | Not applicable | $0 |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| Member | Jennifer McGrath | 2 years | 4 months | Not eligible | Not applicable | $0 |
| Member | Dr David Russell-Weisz | 2 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Amanda Pickrell | 5 months | 5 months | Not eligible | Not applicable | $0 |
| Member | Dr Adam Tomison | 2 years | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$67,480** |
| **Local Health Authorities Analytical Committee** | | | | | | |
| Chair (outgoing) | David Wilson | 3 years | 6 months | Not eligible | Not applicable | $0 |
| Chair (incoming) | Emily Dunn | 3 years | 6 months | Not eligible | Not applicable | $0 |
| Member | Catherine Barlow | 3 years | 12 months | Sessional | $231 for meetings over 4 hours, $158 for meetings of 4 hours or less | $316 |
| Member | Andrew Campbell | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Tsyr Chiat Chew | 3 years | 7 months | Not eligible | Not applicable | $0 |
| Member | Emily Dunn | 3 years | 6 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 (Putland) | 3 years | 7 months | Not eligible | Not applicable | $0 |
| Member | Hannah Robinson | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Member | Sara Saberi | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Member | Sarah Upton | 3 years | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$316** |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| **Maternal Mortality Committee** | | | | | | |
| Chair | Prof. John Newnham | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Chieh Cheng | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Member | Samantha Davies | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Manisha Doohan | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Graeme Johnson | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Fiona Langdon | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Lewis MacKinnon | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Dale Pugh | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Nooshin Rasool | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Investigator | Dr Julia Barton | 3 years | 12 months | Sessional | $530 | $0 |
| | | | | | **Total** | **$0** |
| **Northern Territory, South Australia and Western Australia Board of the Psychology Board of Australia** | | | | | | |
| Member | Carolyn Bright | 3 years | 5 months | Sessional | | |
| Member | Elizabeth Pritchard | 3 years | 5 months | Sessional | | |
| Member | Adam Santa Maria | 3 years | 5 months | Sessional | | |
| Member | Rachel Zombor | 3 years | 5 months | Sessional | | |
| *Board members are not remunerated by the Department of Health. This board ceased on 1 December 2022. | | | | | **Total** | **$0** |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| **Perinatal and Infant Mortality Committee** | | | | | | |
| Chair | Dr Michael Gannon | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Disna Abeysuriyia | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Zoe Islip | 3 years | 8 months | Not eligible | Not applicable | $0 |
| Member | Dr Gayatri Jape | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Louise Keyes | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Prof. Helen Leonard | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Lauren Megaw | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Member | Dr Robert Perry | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Peta Ann Sadler | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Cara Sheppard | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Lisa Watkins | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Scott White | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Investigator | Dr Noel French | 3 years | 12 months | Sessional | $526 – $530 | $6,450 |
| Investigator | Dr Christine Marsack | 3 years | 12 months | Sessional | $526 – $530 | $15,492 |
| Investigator | Dr Corrado Minutillo | 3 years | 12 months | Sessional | $526 – $530 | $19,479 |
| Investigator | Dr Keren Witcombe | 3 years | 12 months | Sessional | $526 – $530 | $13,208 |
| | | | | | **Total** | **$54,629** |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary / sitting fees ($) | Gross / actual remuneration ($) |
|---|---|---|---|---|---|---|
| **Pesticides Advisory Committee** | | | | | | |
| Chair | Dr Teresa Ballestas | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Secretary | Vic Andrich | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Ian Dainty | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Corrin Everitt | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Imbrahim Jambol | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Christa Loos | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Ana Milosavljevic | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Pierina Otness | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Kellie Passeretto | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Ken Raine | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Chris Sharpe | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Eve Speyers | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | David Torr | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member | Tu-Trinh (Amy) Tran | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$0** |
| **Pharmacy Registration Board of Western Australia** | | | | | | |
| Presiding member | Giovanna Cecchele | 3 years | 12 months | Sessional | | |
| Deputy presiding member | Dean Schulze | 3 years | 12 months | Sessional | | |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| Member | Linda Diane Keane | 3 years | 12 months | Sessional | | |
| Member | Philippa Brennan | 3 years | 12 months | Sessional | | |
| *Board members are not remunerated by the Department of Health. | | | | | **Total** | **$0** |
| **Postgraduate Medical Council of Western Australia** | | | | | | |
| Chair | Dr Gregory Sweetman | 4 years | 12 months | Not eligible | Not applicable | $0 |
| Deputy Chair | Dr Brittney Wickstee | 4 years | 8 months | Not eligible | Not applicable | $0 |
| Member | Dr Zarrin Allam | 4 years | 5 months | Not eligible | Not applicable | $0 |
| Member | Dr Tim Bates | 4 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Colleen Bradford | 4 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Nicoletta Ciffolilli | 4 years | 12 months | Sessional | $280 | $560 |
| Member | Dr George Eskande | 4 years | 5 months | Not eligible | Not applicable | $0 |
| Member | Dr Amanda Foster | 4 years | 5 months | Not eligible | Not applicable | $0 |
| Member | Dr Monica Gope | 4 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Athula Karunanayaka | 4 years | 8 months | Not eligible | Not applicable | $0 |
| Member | Dr Graeme Maguire | 4 years | 1 months | Not eligible | Not applicable | $0 |
| Member | Dr Clare Matthews | 4 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Brendan McQuillan | 4 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Dr Simon Towler | 4 years | 8 months | Not eligible | Not applicable | $0 |
| Member | Dr Jenny Wood | 4 years | 8 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$560** |

| Position | Name | Term of appointment | Period of membership 2022–23 | 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 | Associate Prof. Ros Francis | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Associate Prof. Sharon Maresse | 3 years | 9 months | Sessional | $160 | $960 |
| Member | Dr Melinda Morris | 3 years | 12 months | Sessional | $160 | $1,440 |
| Member | John Pereira | 3 years | 12 months | Sessional | $160 | $1,440 |
| Member | Dr Roger Ian Price | 3 years | 3 months | Sessional | $160 | $320 |
| Member | Dr Elizabeth Louise Thomas | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Christopher John Whennan | 3 years | 3 months | Not eligible | Not applicable | $0 |
| Member (Non-voting) | Frank Harris | 3 years | 12 months | Sessional | $160 | $1,120 |
| Member (Non-voting) | Nick Tsurikov | 3 years | 12 months | Sessional | $160 | $1,440 |
| Deputy Member | Megan McGibbons | 3 years | 8 months | Not eligible | Not applicable | $0 |
| Deputy Member | Dr Curtis Ng | 3 years | 8 months | Sessional | $160 | $160 |
| Deputy Member | Prof. Paul Parizel | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Deputy Member | Helen Parry | 3 years | 3 months | Not eligible | Not applicable | $0 |
| Deputy Member | Cameron Storm | 3 years | 3 months | Sessional | $160 | $1,280 |
| Deputy Member | Dr Russel Troedson | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Deputy Member | Dr Vidisha Vaidya | 3 years | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$8,160** |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary / sitting fees ($) | Gross / actual remuneration ($) |
|---|---|---|---|---|---|---|
| **Stimulant Assessment Panel** | | | | | | |
| Chair | * | 3.5 years | 3 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 | Not eligible | Not applicable | $0 |
| Member 6 | * | 3 years | 12 months | Sessional | $229 | $1,832 |
| Member 7 | * | 3.5 years | 3 months | Sessional | $229 | $0 |
| Member 8 | * | 3 years | 12 months | Sessional | $229 | $0 |
| *Approval to withhold the names of the committee members has been granted by the Minister for Health | | | | | **Total** | **$1,832** |
| **Sustainable Health Independent Oversight Committee** | | | | | | |
| Chair | Tim Marney | 2 years | 12 months | Sessional | $1270 per full day meeting/ $825 per half day meeting | $3,300 |
| Member | Dr Richard Choong | 2 years | 12 months | Sessional | $825 per full day meeting/ $537 per half day meeting | $2,148 |
| Member | Margaret Doherty | 2 years | 12 months | Sessional | $825 per full day meeting/ $537 per half day meeting | $2,148 |
| Member | Janine Freeman | 2 years | 12 months | Sessional | $825 per full day meeting/ $537 per half day meeting | $2,148 |
| Member | Lesley Nelson | 2 years | 12 months | Sessional | $825 per full day meeting/ $537 per half day meeting | $2,148 |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary / sitting fees ($) | Gross / actual remuneration ($) |
|---|---|---|---|---|---|---|
| Member | Elizabeth Prime | 2 years | 12 months | Sessional | $825 per full day meeting/ $537 per half day meeting | $2,148 |
| Member | Prof. Fiona Wood | 2 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Director General, Department of the Premier and Cabinet | 2 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Under Treasurer of Western Australia | 2 years | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$14,040** |
| **Voluntary Assisted Dying Board** | | | | | | |
| Chair | Dr Scott Blackwell | 3 years | 12 months | Annual | $45,357 | $45,357 |
| Deputy Chair | Colin Holt | 2 years | 12 months | Annual | $24,946 | $24,946 |
| Member | Dr Robert Edis | 2 years | 12 months | Annual | $24,946 | $24,946 |
| Member | Maria Osman | 3 years | 12 months | Annual | $24,946 | $24,946 |
| Member | Linda Savage | 2 years | 12 months | Annual | $24,946 | $24,946 |
| | | | | | **Total** | **$145,141** |
| **Western Australian Board of the Medical Board of Australia** | | | | | | |
| Chair | Prof. Mark Edwards | 3 years | 12 months | Sessional | | |
| Member | Dr Richelle Douglas | 3 years | 12 months | Sessional | | |
| Member | Dr Alan Duncan | 3 years | 12 months | Sessional | | |
| Member | Dr George Eskander | 3 years | 12 months | Sessional | | |
| Member | Dr Michael Levitt | 2 years | 12 months | Sessional | | |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| Member | Dr Peter Maguire | 3 years | 12 months | Sessional | | |
| Member | Dr Clare Matthews | 3 years | 12 months | Sessional | | |
| Member | Sonia McKeiver | 3 years | 12 months | Sessional | | |
| Member | Meneesha Michalka | 3 years | 12 months | Sessional | | |
| Member | Dr Katinka Morton | 3 years | 12 months | Sessional | | |
| Member | Liam Roche | 3 years | 12 months | Sessional | | |
| Member | Dr Ruth Shean | 3 years | 12 months | Sessional | | |
| *Board members are not remunerated by the Department of Health | | | | | **Total** | **$0** |
| **Western Australian Board of the Nursing and Midwifery Board of Australia** | | | | | | |
| Chair | Michelle Dillon | 3 years | 12 months | Sessional | | |
| Member | Justine Burg | 3 years | 12 months | Sessional | | |
| Member | Heather Gillett | 3 years | 12 months | Sessional | | |
| Member | Linda Hadfield | 3 years | 12 months | Sessional | | |
| Member | Dr Yvonne Hauck | 3 years | 12 months | Sessional | | |
| Member | Nathan Haynes | 3 years | 12 months | Sessional | | |
| Member | John (Kim) Laurence | 3 years | 12 months | Sessional | | |
| Member | Margaret Lundy | 3 years | 12 months | Sessional | | |
| Member | Kathryn Pedler | 3 years | 12 months | Sessional | | |
| *Board members are not remunerated by the Department of Health | | | | | **Total** | **$0** |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| **Western Australian Department of Health Human Research Ethics Committee** | | | | | | |
| Chair | Adjunct Associate Prof. Peter Bentley | 1 year | 12 months | Annual | $19,100 | $14,325 |
| Member | Prof. Richard Brightwell | 2 years | 6 months | Sessional | $330 | $1,320 |
| Member | Natalie Fleetwood | 3 years | 12 months | Sessional | $330 | $2,970 |
| Member | Suzanne Hillier | 1 year | 12 months | Not eligible | Not applicable | $0 |
| Member | Kathryn Kirk | 3 years | 12 months | Sessional | $330 | $3,300 |
| Member | Rev. Graham Maybury | 3 years | 12 months | Sessional | $330 | $2,640 |
| Member | Associate Prof. Daniel McAullay | 3 years | 6 months | Sessional | $330 | $660 |
| Member | John McMath | 3 years | 6 months | Sessional | $330 | $990 |
| Member | Ali Radomiljac | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Associate Prof. Alison Reid | 3 years | 12 months | Sessional | $330 | $3,300 |
| Member | Bret Watson | 3 years | 12 months | Sessional | $330 | $3,300 |
| Deputy Member | Paul Beeson | 3 years | 6 months | Not eligible | Not applicable | $0 |
| Deputy Member | Prof. Richard Brightwell | 3 years | 6 months | Sessional | $330 | $0 |
| Deputy Member | Prof. Satvinder Dhaliwal | 3 years | 12 months | Sessional | $330 | $0 |
| Deputy Member | Dr Garth Eichhorn | 3 years | 12 months | Sessional | $330 | $660 |
| Deputy Member | Associate Prof. Georgia Halkett | 3 years | 12 months | Sessional | $330 | $330 |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| Deputy Member | Wil Liam Lim | 3 years | 12 months | Sessional | $330 | $330 |
| Deputy Member | Associate Prof. Daniel McAullay | 2 years | 6 months | Sessional | $330 | $0 |
| Deputy Member | Clinical Associate Prof. Ann McDonald | 1 year | 12 months | Sessional | $330 | $330 |
| Deputy Member | Sonia McKeiver | 3 years | 12 months | Sessional | $330 | $0 |
| Deputy Member | John McMath | 3 years | 6 months | Sessional | $330 | $1,650 |
| Deputy Member | Dr Erika Techera | 3 years | 12 months | Sessional | $330 | $660 |
| Deputy Member | Stephania Tomlin | 3 years | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$36,765** |
| **Western Australian Future Health Research and Innovation Fund Advisory Council** | | | | | | |
| Chair | John Van Der Wielen | 3 years | 12 months | Sessional | $1270 for meetings over 4 hours, $825 for meetings of 4 hours or less | $2,475 |
| Member | Dr Glenn Begley | 3 years | 12 months | Sessional | $825 for meetings over 4 hours, $537 for meetings of 4 hours or less | $1,611 |
| Member | Kane Blackman | 5 years | 12 months | Sessional | $825 for meetings over 4 hours, $537 for meetings of 4 hours or less | $3,510 |
| Member | Prof. Sandra Eades AC | 5 years | 11 months | Sessional | $825 for meetings over 4 hours, $537 for meetings of 4 hours or less | $0 |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| Member | Associate Prof. Dale Fisher | 3 years | 12 months | Sessional | $825 for meetings over 4 hours, $537 for meetings of 4 hours or less | $1,899 |
| Member | Prof. Christina Mitchell AO | 5 years | 12 months | Sessional | $825 for meetings over 4 hours, $537 for meetings of 4 hours or less | $1,611 |
| Member non-voting | Director General, Department of Health or nominee | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| Member non-voting | Director General, Department of Jobs, Tourism, Science and Innovation or nominee | Ongoing | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$11,106** |
| **Western Australian Reproductive Technology Council** | | | | | | |
| Chair | Prof. Stephan Millet | 3 years | 12 months | Annual | $22,225 | $24,077 |
| Member | Dr Michael Allen | 3 years | 10 months | Sessional | $376 | $0 |
| Member | Michelle Arnold | 3 years | 12 months | Sessional | $251 | $2,761 |
| Member | Dr Andrew Harman | 3 years | 12 months | Sessional | $376 | $4,888 |
| Member | Dr Tamara Hunter | 3 years | 10 months | Sessional | $376 | $2,258 |
| Member | Dr Robyn Leake (Junckerstorff) | 3 years | 10 months | Sessional | $376 | $3,384 |
| Member | Anjali Krautmann | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Member | Sebastian Leathersich | 3 years | 7 months | Not eligible | Not applicable | $0 |
| Member | Hamish Milne | 3 years | 12 months | Sessional | $376 | $6,392 |

| Position | Name | Term of appointment | Period of membership 2022–23 | Type of remuneration | Base salary/ sitting fees ($) | Gross/actual remuneration ($) |
|---|---|---|---|---|---|---|
| Member | Dr Dale Pugh | 3 years | 12 months | Not eligible | Not applicable | $0 |
| Member | Associate Prof. Stella Tarrant | 3 years | 6 months | Sessional | $376 | $4,888 |
| Member | Dr Lucy Williams | 3 years | 2 months | Sessional | $376 | $376 |
| Deputy Member | Dr John Beilby | 3 years | 12 months | Sessional | $376 | $0 |
| Deputy Member | Felicite Black | 3 years | 7 months | Sessional | $376 | $0 |
| Deputy Member | Dr Megan Byrnes | 3 years | 2 months | Sessional | $376 | $0 |
| Deputy Member | Renee Fox | 3 years | 9 months | Not eligible | Not applicable | $0 |
| Deputy Member | Prof. Alison Garton | 2 years | 12 months | Sessional | $376 | $376 |
| Deputy Member | Dr Michele Hansen | 3 years | 6 months | Sessional | $376 | $0 |
| Deputy Member | Dr Andrew Lu AM | 2 years | 7 months | Sessional | $376 | $0 |
| Deputy Member | Dr Melissa O'Neill | 3 years | 7 months | Sessional | $376 | $0 |
| Deputy Member | Dianne Scarle | 3 years | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$49,400** |
| **Western Australian Reproductive Technology Council Preimplantation Genetic Diagnosis Technical Advisory Committee** | | | | | | |
| Chair (outgoing) | Dr John Beilby | 3 years | 6 months | Sessional | $476 | $2,380 |
| Chair (incoming) | Dr Tamara Hunter | 3 years | 6 months | Sessional | $476 | $952 |
| Member | Dr Hamish Milne | 3 years | 12 months | Sessional | $309 | $1,236 |
| Member | Dr Katherine Sanders | 3 years | 12 months | Sessional | $309 | $0 |
| Member | Dr Sharron Townsend | 3 years | 12 months | Not eligible | Not applicable | $0 |
| | | | | | **Total** | **$4,568** |

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