



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



Annual Report

2023–2024

Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. 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.



About this report

This annual report provides an overview of the operations and performance of the Department of Health in 2023–24, to support public sector transparency and accountability to the Parliament and people of WA.

The report includes our audited financial statements and key performance indicators for the financial year ending 30 June 2024.

Copies of this and previous reports can be found online at health.wa.gov.au. Digital copies are archived in the State Library of Western Australia and the National Library of Australia, Canberra.

Department of Health

189 Royal Street, East Perth, WA 6004
PO Box 8172, Perth Business Centre, Perth, WA 6849
Telephone: 08 9222 4222
enquiries@health.wa.gov.au
health.wa.gov.au



Statement of compliance

For the year ended 30 June 2024

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 financial year ended 30 June 2024.

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



Dr Shirley Bowen
DIRECTOR GENERAL
DEPARTMENT OF HEALTH

19 September 2024

Contents

Statement of compliance	ii	Agency performance	61
Department of Health in focus	iv	Our performance management framework	62
Achievements 2023–24	vi	Performance summary	63
From the Director General	viii	Progress of immunisation priorities	67
 About us	 1	 Operational disclosures	 73
Our responsible ministers	2	Employee disclosures	74
Our accountable authority	2	Internal governance	77
Our enabling legislation	3	Compliance reporting	81
Our system manager function	6	 Key performance indicators	 87
Our strategic directions	8	 Financial disclosures and compliance	 111
Our organisational structure	9	Financial disclosures	112
Our executive leadership	10	Audit opinion	117
 Significant issues	 15	Financial statements	123
 Report on operations	 19	 Appendices	 211
Corporate Plan 2023–24	20	Appendix 1: Future Health Research and Innovation Fund grants awarded in 2023–24	212
Lead and innovate	21	Appendix 2: Board and committee remuneration, 2023–24	213
Steward and assure	35		
Protect and enable	40		
Inspire and empower	53		

Department of Health in focus

We are part of the WA health system, that consists of local health system network providers that deliver hospital and other health services, and public health programs.



Stewardship and leadership

- Set the vision and direction for the WA health system
- Respond to emerging and current needs of the community
- Lead major national and state reform programs
- Oversee the delivery of health system infrastructure and assets
- Provide policy and funding support for health and medical research and innovation



Community health and wellbeing

- Promote healthy behaviours and environments
- Provide strategic leadership, planning and direction on communicable, environmental, Aboriginal and genomic health
- Manage the state's health disaster plans and oversee the safety of public events
- Inform the planning and design of programs and health responses to protect and promote community health



Excellence in health care

- Oversee the safety, quality and performance of public health services
- Oversee the licensing of private healthcare facilities, as well as licensing reproductive technologies
- Lead health system workforce, health care planning and service improvement
- Lead integrated community health service provision



Health system management

- Manage health system governance, policy and risk
- Manage health system budgeting and purchasing including resource allocation
- Manage health system industrial relations, including negotiation of industrial agreements
- Service demand modelling, analytics and data management to support health system planning and funding



\$1.2 billion budget¹



1,469 dedicated staff



93%
administrative
and clerical



2%
medical
services



3%
medical support
services



2%
nursing
services



66% full time



26% part time



8% other²

1. As per [Department of Health Annual Estimates 2023-24](#) excluding funding to Statutory Authorities for the delivery of health services.

2. Other includes casual and sessional employees, employees seconded out (not paid) or in (paid and unpaid), external contractors (unpaid) and official visitors.

Achievements 2023–24

Lead and innovate



Patient Transport Coordination Hub implemented across metropolitan hospitals to coordinate inter-hospital patient transfers

900 virtual consults conducted and **64%** emergency department visits avoided for residential aged care patients in WA Virtual Emergency Department trial



7,400+ hospital bed days saved through the From Hospital to Home disability transition support pilot program

290+ older patients discharged from hospital through the nation-first Residential Respite Pilot



Community Based Chronic Conditions Early Intervention program established to support those with or at risk of chronic conditions

\$92.4M grants awarded to **170** recipients under the Future Health Research and Innovation Fund



New partnerships established with Women's Legal Services WA and Ngala to support health outcomes for women, children and families

One of the first entities in Australia to achieve **Accredited Data Service Provider and Accredited Data User status**

Protect and enable

- **Interagency response** coordinated to reduce and prevent uptake of vaping among young people

- **Birthing on country survey** completed to inform a model for culturally secure antenatal care for Aboriginal women

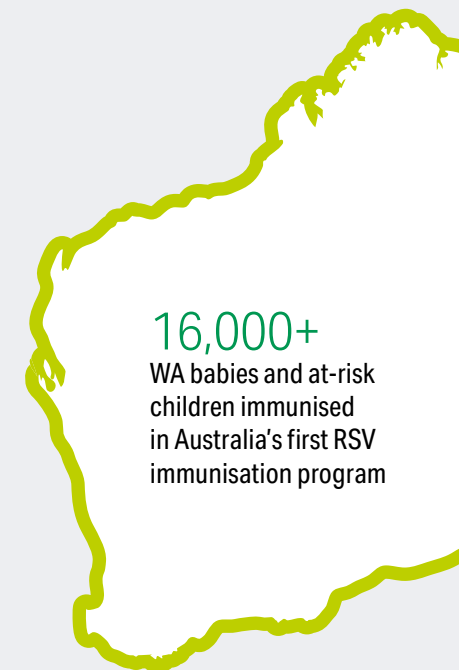
- **WA Foodborne Illness Reduction Strategy 2023–2026** released

- **Surveillance enhanced** for mosquito-borne viruses and Japanese encephalitis virus in northern WA

- **Public sector preventive health policies**, strategies and initiatives mapped to support cross-agency collaboration

- **Disaster contingency warehousing solution** implemented to manage emergency cache of equipment and medicine

- **State Health Emergency Response Plan** revised

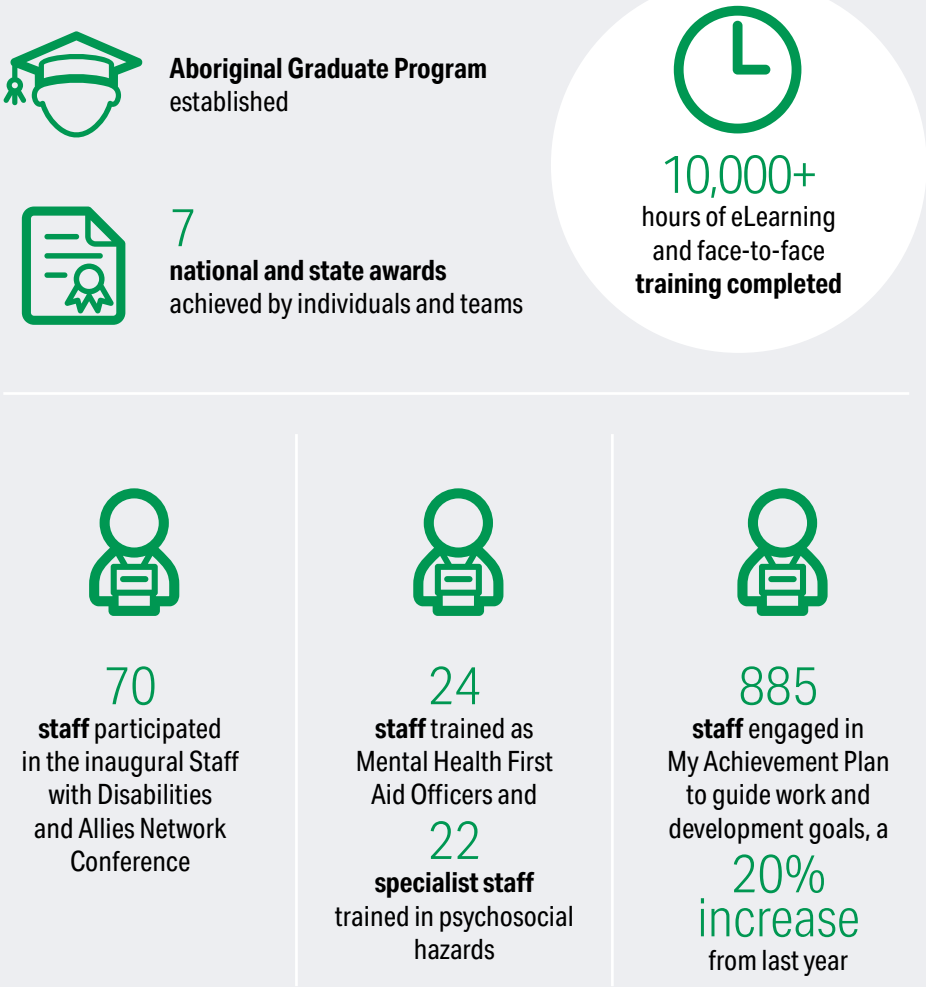


Steward and assure

- **WA Health Workforce Strategy 2034** developed
- **Work Health and Safety Policy Framework** introduced to support health, safety and wellbeing in the workplace
- **Safety and Quality in Health Care Strategic Plan 2024–2026** released
- **Systemwide integrity governance** strengthened to support identification and management of integrity risks



Inspire and empower





From the Director General

I am pleased to present the 2023–24 annual report for the WA Department of Health.

I commenced as Director General in May 2024 and thank outgoing Director General, Dr David (Russ) Russell-Weisz for his leadership over the last year.

I am filled with immense pride and gratitude for the incredible work being accomplished across the Department and I would like to thank our dedicated team for their contribution to the health system over the past 12 months.

The report provides a snapshot of the inner workings of the Department, the services we provide and the people who access them.

We are part of a world-class health system, adept at addressing the many challenges and demands that our expanding and ageing population face and the impact this has on our health services including our emergency departments, workforce and infrastructure.

This year has seen significant work invested into improving access to care, particularly in our Emergency Departments. The new State Health Operations Centre aims to improve access to emergency care in our community by improving integrations between health services, establishing alternative care pathways and creating better patient flow across the system.

Following the launch of the WA Virtual Emergency Department we have had 1,300 virtual consultations – with 65 per cent of patients avoiding unnecessary visits to our Emergency

Departments. As this service expands, additional referral pathways will further benefit patient experience by providing new destinations for care.

We are committed to delivering vital infrastructure projects to improve quality healthcare facilities for future generations. The investment in health infrastructure, including the New Women and Babies Hospital Project, as well as upgrades at Peel and Joondalup Health Campuses and Geraldton support the delivery of world class services to the WA community.

WA is at the forefront of medical research and innovation and home to some of the world's best researchers. This year alone, the Future Health Research and Innovation Fund (FHRI) awarded \$92.4 million across 170 grants. Health and medical research contributes to improving the health of individuals and the wider population by identifying new therapies, and new discoveries. Western Australia is fortunate to have the FHRI to support such innovation.

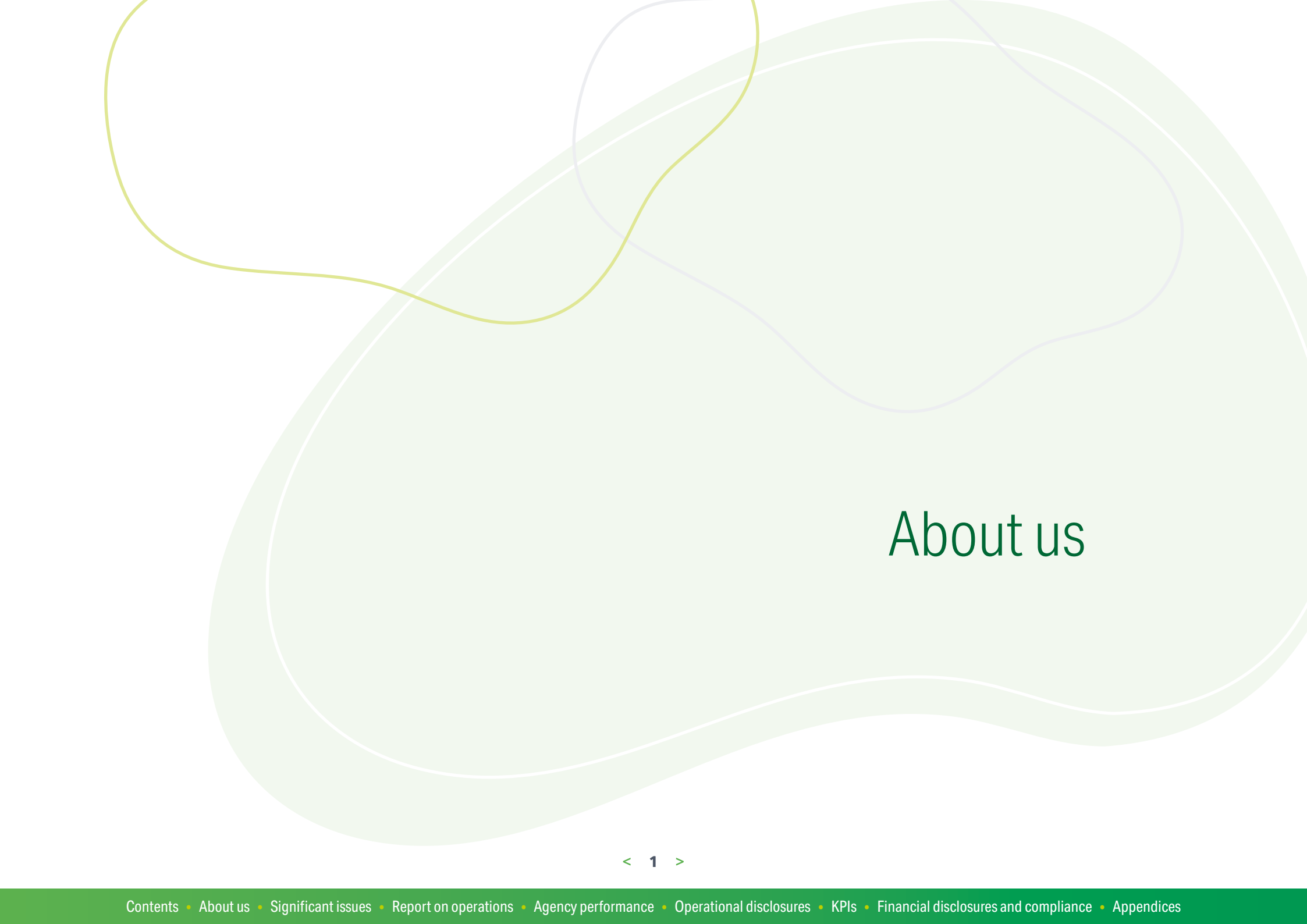
Our workforce continues to be our priority and we continue to support staff to feel safe and supported in the workplace. We are involved in a range of recruitment initiatives including financial incentives for newly qualified nurses and midwives and exploring opportunities to expand our allied health workforce by looking at alternative work roles and establishing clear and well supported career paths.

As part of the [WA Health Digital Strategy 2020–2030](#), we are upgrading our digital systems to allow technology to be rolled out to provide healthcare workers fast and more reliable patient information, reducing the paperwork burden and improving patient flow.

Finally, I would like to acknowledge my predecessor Dr David (Russ) Russell-Weisz for his 28-year commitment to the WA health system – from his time in the Pilbara and Kimberley, to the metropolitan health services and then in the Department of Health. During his time, he oversaw the commissioning of Fiona Stanley Hospital, as well as the health response to the COVID-19 pandemic. I wish him all the very best for the future.

Our vision to deliver a safe, high quality and sustainable health system for all Western Australians remains strong. I would like to thank all Department staff and everyone involved for their dedication and support – you should feel proud of what has been accomplished this year.

Dr Shirley Bowen
Director General
Department of Health



About us

Our responsible ministers



The department 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, that 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.

Ministerial directives

In 2023–24, the department 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.

Our accountable authority

The Director General of the department is Dr Shirley Bowen.

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) Account³ 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.

3. 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 disappplied by the Act).

Our enabling legislation

The department was established 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 31 Acts.

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 Regulation National Law Application Act 2024*
- *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*
- *Medicines and Poisons (Validation) Act 2022*
- *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*
- *Radiation Safety Act 1975*
- *Royal Perth Hospital Protection Act 2016*
- *Surrogacy Act 2008*
- *Therapeutic Goods Law Application Act 2024*
- *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* (except Part 3 which is administered by the Department of Treasury)

Legislation passed in 2023–24

Act	Impact
<i>Abortion Legislation Reform Act 2023</i>	Improves access to safe and timely abortion care and introduces a new abortion framework within the <i>Public Health Act 2016</i> rather than the <i>Health (Miscellaneous Provisions) Act 1911</i> and Criminal Code.
<i>Therapeutic Goods Law Application Act 2024</i>	Improves regulatory oversight of all therapeutic goods in WA and supports a national framework for consistent and unified vaping regulation.
<i>Health Practitioner Regulation National Law Application Act 2024</i>	Aligns WA with the national law that provides a consistent regulatory framework across Australia for 16 health professions, while retaining the ability to make amendments based on WA's specific needs if necessary.

Legislative and regulatory reviews in progress

Assisted reproductive technology (ART) and surrogacy continues to help many Western Australians start and/or expand their family. New legislation and associated policy documents are being developed to reflect the social trends, and medical and scientific advances for the accessible and safe use of ART and surrogacy. In liaison with the Parliamentary Counsel's Office, we aim to introduce a Bill for consideration to Parliament in 2024.

Following public consultation on reforms to the Medicines and Poisons Regulations 2016, we are drafting regulatory amendments ready for implementation later in 2024. The reforms are designed to enhance patient access to medicines and remove unnecessary red tape for health practitioners, while maintaining public protection over the supply and use of prescription medicines and controlled drugs.

The inaugural review of the operation and effectiveness of the *Voluntary Assisted Dying Act 2019* is in progress and the final report will be provided to the Minister for Health later this year.



Human tissue and transplant legislation amendment

From 19 February 2024, changes to provisions in the *Human Tissue and Transplant Act 1982* and relevant regulations came into effect. The legislation was amended to provide a comprehensive and clear framework to regulate the sale and supply of human tissue products used for the treatment of patients, including blood transfusions and organ and tissue donation for transplantation.

Key changes to the legislation aim to:

- align with the *Therapeutic Goods Act 1989* to allow authorised suppliers, such as the eye and musculoskeletal tissue banks, to recover costs associated with providing tissue products for patients in WA under certain specified conditions
- expand consent provisions to allow for removal of tissue for the purposes of training, education or quality assurance
- allow authorised retrieval technicians to remove certain tissues donated after the death of a person without the presence of a medical practitioner, with the exception of whole organs, for the purposes of transplantation
- allow donor human milk banks, prescribed in the regulations, to recover costs associated with the provision of donated breast milk for babies born prematurely.

***Public Health Act 2016* and clinical or public health management of notifiable infectious diseases**

Under the *Public Health Act 2016*, the Chief Health Officer may make a test order or public health order in respect of a person, or recognise an interstate public health order, to support the clinical or public health management of notifiable infectious diseases.

A test order can ensure that any individual who may have been exposed to a notifiable infectious disease is tested. If an individual is infected, a public health order can prevent them from behaving in such a way that may transmit the disease to another person or cause a public health risk.

In 2023–24, the Chief Health Officer did not make a test order or public health order, or recognise any interstate public health order.



Our system manager function

The Chief Executive Officer of the department (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 for allocating 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.

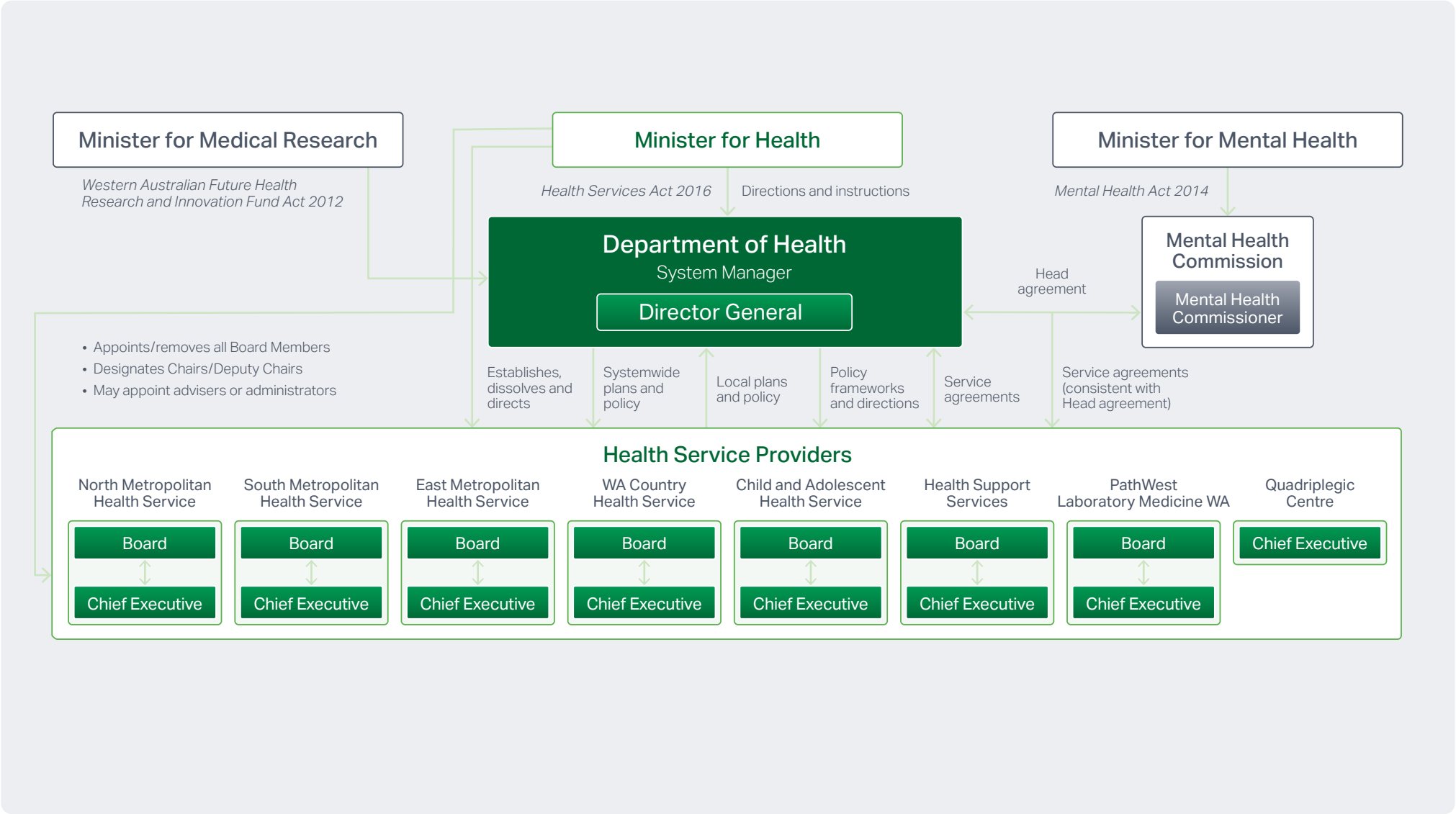
Health service providers form the remainder of the WA health system. They are established as statutory authorities and governed by a board and/or chief executive. These statutory authorities are responsible and accountable for delivering public health services or health support services as prescribed through service agreements between the Director General and each health service provider. 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 health service provider.

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

In performing the role of system manager, the Director General issues binding policy frameworks to health service providers 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 1 describes the governance relationships between the system manager, the department, health service providers and the Mental Health Commission.

Figure 1 : WA health system governance structure



Our strategic directions

Our 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 mission is 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.

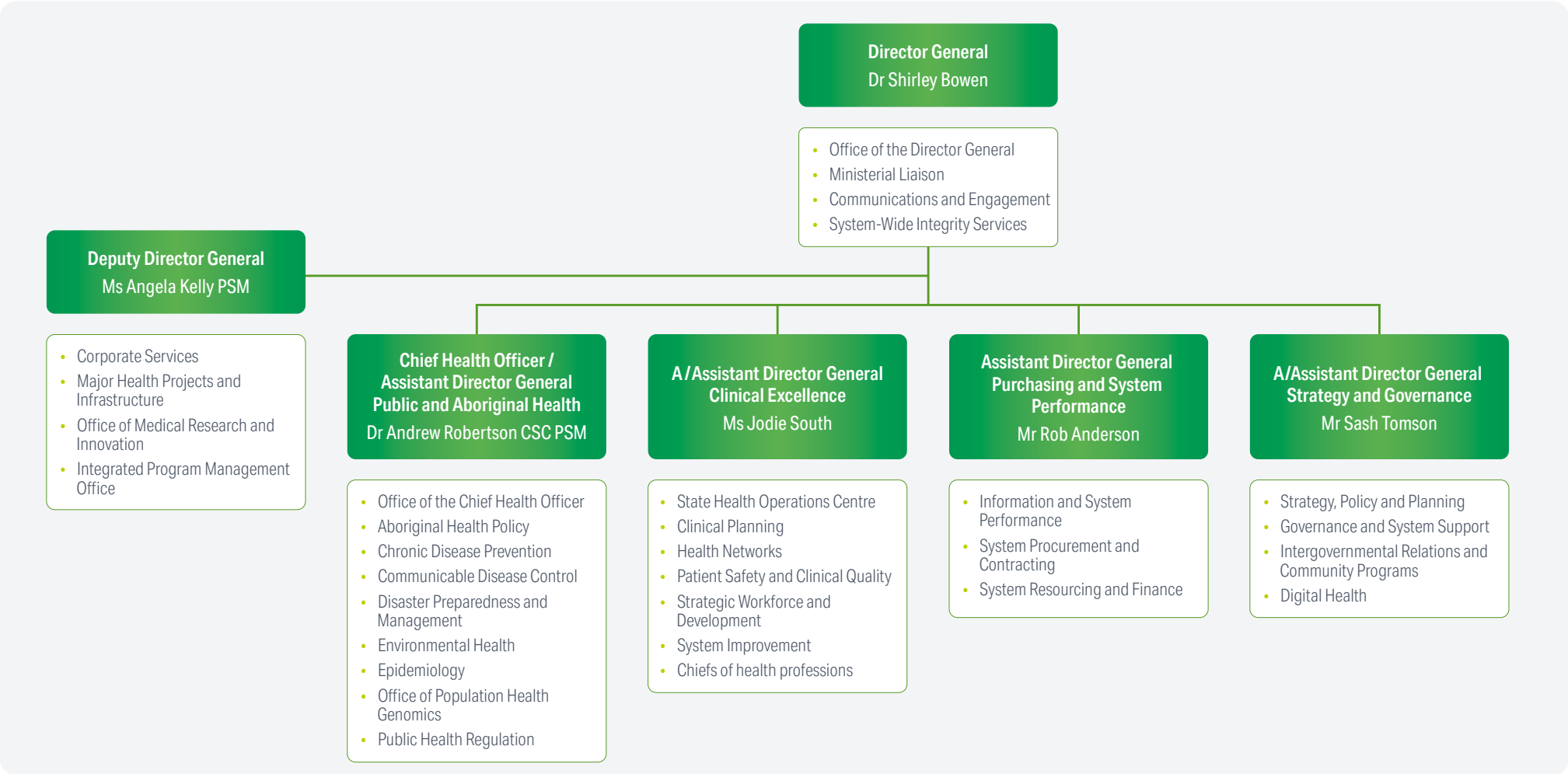
Figure 2: Our vision, mission and directions



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 3).

Figure 3: Our organisational and senior management structure, 2023–24



Our executive leadership

In 2023–24 we 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, 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 areas of Communications, Ministerial Liaison, System-Wide Integrity Services and the Office of the Director General.



Dr Shirley Bowen
Director General

Dr Bowen is a well-respected physician with extensive experience across all aspects of health service delivery. She is passionate about person-centred care and focused on delivering excellent health care to the people of WA.

Previously the Chief Executive of North Metropolitan Health Service, Dr Bowen has extensive expertise across the health sector with executive experience leading public and private hospitals, research, education and community services.

Dr Bowen's past appointments include CEO of St John of God Subiaco Hospital, Chief Medical Officer of the ACT, Executive Director of Fremantle Hospital, Dean of the School of Medicine, University of Notre Dame Australia, and Director of Communicable Diseases at the Department of Health.

With dual Fellowships in Infectious Diseases (FRACP) and Sexual Health Medicine (FACHSHM), Dr Bowen also has extensive experience as a clinician.

Dr Bowen appointed as the Director General

Dr Bowen has a passion for excellent and compassionate person care and is committed to visible and authentic leadership.

She is honoured to have the opportunity to lead WA Health and is committed to providing timely, accessible and evidence-based care and supporting the health workforce in their pursuit of excellence.

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 includes Corporate Services, the Integrated Program Management Office, Major Health Projects and Infrastructure, the Office of Medical Research and Innovation, and the Office of the Deputy Director General.

Key responsibilities include:

- providing core business functions to support the department's divisions including business services, business strategy and policy, people and culture functions, technology and information services, and risk and audit
- providing independent advice and assurance on the delivery of major health projects within the WA health system, working in collaboration with health service providers, central agencies and State Government
- leading the development of strategies and planning of infrastructure and assets for the WA health system and implementing policies and processes to deliver WA health system infrastructure to meet future health service needs
- providing policy and funding support for health and medical research and innovation for the WA health system and the wider WA medical research sector, including administration of the Future Health Research and Innovation Fund.



Ms Angela Kelly PSM
Deputy Director General

Ms Kelly is the Deputy Director General and leads the delivery of government strategic priorities through Major Health Projects and Infrastructure and the Office of Medical Research and Innovation.

Ms Kelly holds an economics qualification from the University of Western Australia and has more than 25 years' experience in the public health system, including leading roles in financial management, system performance, corporate governance and strategic planning.

Having worked in various senior roles within the WA public sector, Ms Kelly has led numerous projects and teams in the delivery of systemwide reforms, including assisting in guiding the state's planning and response to the COVID-19 pandemic. In 2022, she was recognised in the Queen's Birthday Honours List and 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. The division 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, Office of the Chief Dental Officer, Office of the Chief Nursing and Midwifery Officer and Office of the Chief Medical Officer. It leads major national and state reform programs in the areas of emergency access response and ambulance ramping, outpatient reform and community health services.

The Clinical Excellence Division implements systems to support the safety and quality of health care and oversees the licensing of over 4,900 beds in 114 private healthcare facilities, as well as licensing reproductive technologies.



Ms Jodie South
Acting Assistant Director General

Ms South is the acting Assistant Director General of the Clinical Excellence Division. Ms South has a wealth of public sector experience having worked in the WA health system for the past 25 years. She co-led 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 the subsequent SMHS realignment. She was also 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.

The division applies primary preventive measures, promotes healthy behaviours and environments, and intervenes to reduce hazards to health. 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 an active member of the naval reserves.

As Chief Health Officer, Dr Robertson played an integral role in guiding the Western Australian and national response to the COVID-19 pandemic.

Purchasing and System Performance Division

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

The division is the primary point of liaison between the department and the Department of Treasury and 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.

Key responsibilities include:

- demand and capacity modelling, system analytics, and data integrity
- provision of a world class data linkage function
- delivery of national and public reporting on behalf of the department
- strategic management of financial operations, including financial reform and policy
- management of key community sector contracts for statewide services
- delivery of whole of system budgeting and purchasing functions
- 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 Anderson is the Assistant Director General of the Purchasing and System Performance Division. Throughout his 30 years in public service, Mr Anderson has held a variety of senior portfolios across numerous organisations, including 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 division has 4 directorates: Governance and System Support, Strategy, Policy and Planning, Intergovernmental Relations and Community Programs, and Digital Health.

Key responsibilities include:

- supporting the implementation of the Sustainable Health Review
- coordinating and reporting against election commitments and recommendations from the Independent Review of WA Health System Governance
- overseeing the delivery of the statewide Electronic Medical Record Program and [*WA Health Digital Strategy 2020–2030*](#)
- providing WA Health systemwide strategic planning, and risk and assurance
- providing leadership on cross-government programs and strategic social health policy
- providing advice, management, and advocacy on WA Health systemwide industrial relations disputes and reforms
- managing the Minister for Health's legislative agenda and providing legal advice to the Minister, Director General, department and health service providers
- negotiating federal-state agreements and coordinating strategic policy advice for the representation of WA on federal-state governance bodies.

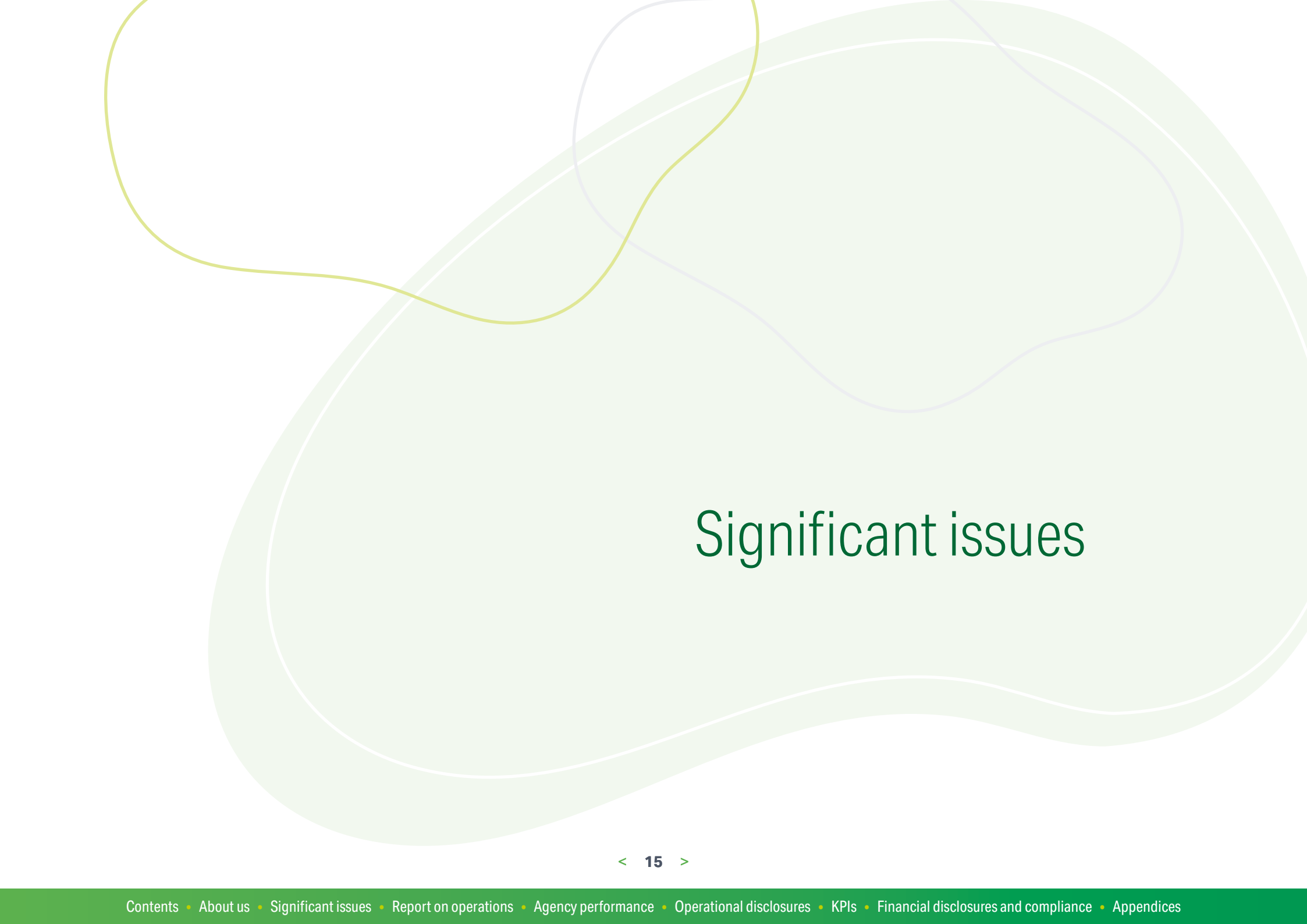


Mr Sash Tomson
Acting Assistant Director General

Mr Tomson is the acting Assistant Director General of Strategy and Governance Division. Mr Tomson is a management and finance professional with over 20 years' experience in management and leadership roles. He holds a Bachelor of Commerce from the University of Western Australia, is a Certified Practising Accountant (CPA), Fellow of the Australian Institute of Management and a graduate of the Australian Institute of Company Directors.

Mr Tomson has worked for WA Health for the past 6 years. He joined WA Health in 2018, as the Chief Finance Officer of Health Support Services and acted in the role of Chief Executive of PathWest during 2022–23. He previously worked in the public sector in Queensland and in the private mining and construction sectors.

This page has been left blank intentionally



Significant issues

Building a sustainable and outcomes focused health care system

WA Health continues to work hard to meet the challenge of increased demand for health care due to an aging population and the complexity of care that comes with the growing rates of chronic disease and mental illness.

The traditional approach of funding health services is based on the volume of services provided, however there are opportunities for improvement. We are looking at new funding approaches that are more flexible, focus on the delivery of patient outcomes, and better meet the healthcare needs of the population.

In 2023–24, we prioritised building WA Health’s capacity and capability to evaluate health service delivery outcomes to support funding decisions. We also focused on improving the department’s technical ability to assess how the community is using the healthcare system and to identify situations where healthcare needs are not being met.

We are engaged in interjurisdictional negotiations to revise and reset the National Health Reform Agreement for another 5 years. These renegotiations will lay the foundation for much needed whole of health system reform, as well as new payment models that encourage healthcare providers to focus on patient outcomes rather than volume of care delivery.

Continuing to shift the focus to patient outcomes, enabled by new payment mechanisms, will progressively improve the effectiveness and sustainability of the public health system, delivering better value to patients and the community.

Driving collaboration and coordination across the health sector

Driving greater coordination across the health sector is crucial for enhancing the quality and accessibility of healthcare services. By fostering collaboration and coordination among healthcare providers we can streamline service delivery, improve patient experiences and ultimately enhance health outcomes. Through a range of reform initiatives, we continue to focus on supporting an integrated health sector.

In 2023–24, we commenced establishment of the State Health Operations Centre (SHOC) to support health services manage emergency department demand and ease health system pressures. SHOC brings together key functions from across the health system to improve systemwide monitoring and oversight.

Discharging patients who no longer require acute care is a key strategy to improve patient flow through hospitals but ensuring patients receive appropriate transitional care is essential. In 2023–24, new and revised contract arrangements commenced with providers who deliver transition care services, resulting in a broader geographic spread of service locations, a better mix of specialist services, and a greater range of modern, fit for purpose facilities. Transition support services for people with a disability awaiting long term care arrangements were expanded, with the first regional site opening in Bunbury. The nation-first Residential Respite Pilot was also implemented to support the discharge of older patients from hospital to short term aged care beds while awaiting residential aged care placement.

The Outpatient Reform Program continued in 2023–24 to ensure outpatient services are connected and accessible across all health service providers. A like-to-like comparison of services and experiences across the state was conducted this year to identify opportunities for greater alignment and enhancement of processes, system and services. The findings have informed a roadmap of initiatives to further transform outpatient services over the next 5 years.

We are developing a Community Health Services Strategy to guide the transformation of healthcare service delivery towards integrated community-based health care based on individual needs. The strategy will outline how people will be cared for within their community, including the vision to achieve community care hubs with integrated communication and care delivery pathways, escalation points and timely provision of care beyond hospital walls. Implementation of the strategy will begin in 2024 and will align with existing reform initiatives.

Cross-sector partnerships

Purposeful partnerships with the non-government sector and between levels of government are required to strengthen our focus on improving the overall health and wellbeing of Western Australians and to reduce disparities in health outcomes and access to care, especially for vulnerable members of our community.

In 2023–24, we continued to forge existing and new partnerships. With the success of the Health Navigator Pilot Program, delivered in partnership with the Department of Communities, further funding has been secured. This program connects vulnerable children in out-of-home care, their parents, carers and support workers with health, mental health, and disability services, and cultural supports to ensure culturally safe and holistic care. We also continued to support Homeless Healthcare's medical respite centre that provides a safe, community-based environment and links to both housing and social support for homeless people.

For the first time we partnered with Women's Legal Services WA to provide co-located health and legal services in a safe and secure environment for women who may face barriers to access these services. We also partnered with Ngala WA to provide clinically led care to at-risk women, babies and families through Ngala's parent-child residential unit.

Implementation of the WA Health Family and Domestic Violence (FDV) Reform Delivery Plan is in progress aligned with the State Government FDV Taskforce recommendations to improve the way agencies and organisations work together to respond to FDV.

Building our workforce for the future

With the global shortage of health workers, recruitment and retention challenges, and demands of an ageing population and workforce, a key priority for WA Health is to become an employer of choice. The aim is to give staff the capacity to operate at optimum level to be able to support and deliver safe, reliable, person-centred care across WA.

Informed by robust consultation across the WA health system, including recommendations from the Minister for Health Workforce Summit and roundtables held in August 2023, we developed the [WA Health Workforce Strategy 2034](#). The strategy provides a 10-year blueprint aimed at continuing to grow WA health's workforce. Proposed activities span the employment lifecycle and focus on 6 strategic priorities: workforce modelling, attraction, retention, leadership, digitalisation and partnerships. To drive delivery, a project control group providing oversight, and 6 strategic priority implementation groups have been established.



Tackling vaping

We are committed to protecting our community, particularly young people, from the harms of vaping. The increased use of e-cigarettes by adolescents has raised concerns in terms of addiction and health risks, and the potential for uptake of tobacco use.

In 2022–23, almost one third (30 per cent) of Australian secondary school students had ever vaped. Around 16 per cent of students had vaped in the past month and 3 per cent had vaped daily in the past month.⁴ Also, of concern is 4.5 per cent of students aged 16 to 17 years reported using both tobacco and e-cigarettes in the past month.

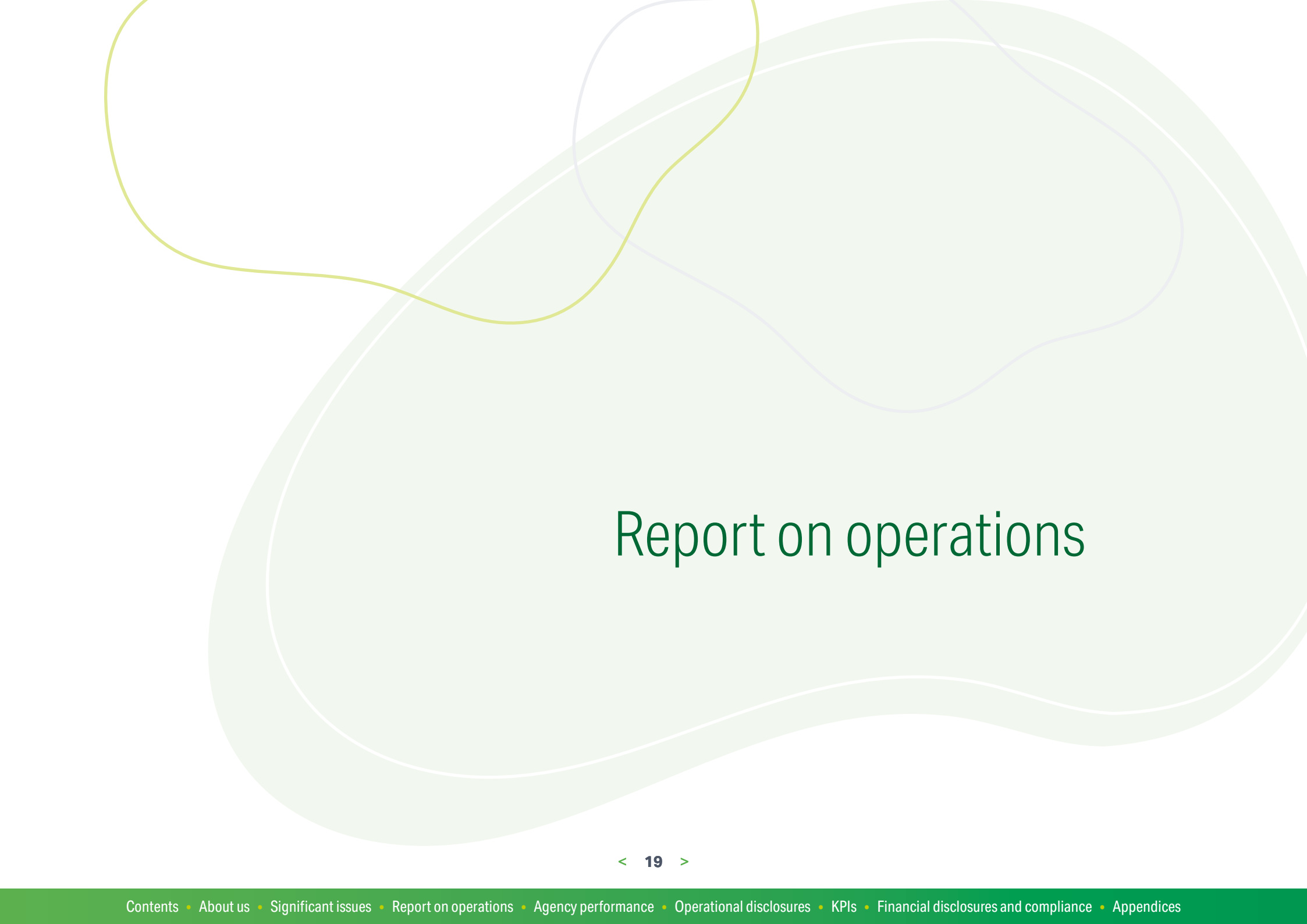
In response, efforts were scaled up in 2023–24 to strengthen legislation and policy, increase enforcement activities, and provide greater public health information and quitting support.

We commenced work to enhance WA Quitline services to support teens who wish to quit vaping, with funding from the Australian Government. We also worked closely with the Department of Education, Mental Health Commission, Healthway and the Child and Adolescent Health Service on policy and education activities, including new resources and guidance for health professionals, teachers and schools.

In addition to our existing tobacco control team, we established a dedicated e-cigarette and vaping compliance team to lead monitoring and compliance activities under the *Medicines and Poisons Act 2014* and *Tobacco Products Control Act 2006*. This includes enforcing restrictions on the sale of vapes by tobacco and general retailers. Almost 500,000 illegal vaping products were seized in 2023–24, including one of the biggest warehouse seizures in Australia to date. Joint operations were also conducted with the WA Police Force, Australian Border Force and the Therapeutic Goods Administration.

In May 2024, the State Parliament passed the *Therapeutic Goods Law Application Act 2024*. This Act improves regulatory oversight of all therapeutic goods in WA and supports a national framework for consistent and unified vaping regulation.

4. Department of Health and Aged Care, '[Australian secondary school students' use of tobacco and e-cigarettes – 2022–2023](#)'.



Report on operations

Corporate Plan 2023–24

The Corporate Plan 2023–24 outlines our key priorities and associated deliverables aligned to our 4 strategic directions.

Many of these priorities represent long term commitments to effective change with a continued focus on prevention, equity of access to care, and seamless access to services at home and in the community.

Our key priorities in 2023–24



Lead and innovate

Development of new models of care, service commissioning processes, and adoption of advances in technology to reform the way services are provided. Purposeful partnerships across the health sector, the non-government sector, and between levels of government continue to be forged to enable integrated, community-based health care.



Protect and enable

Protection and prevention initiatives focused on the health, safety and wellbeing of young people and Aboriginal people. Preparation for emergency and disaster response and for the longer term health impacts of climate change were also prioritised.



Steward and assure

Health service planning with a focus on workforce attraction and retention to support current and future healthcare needs of the community. Strengthening governance and assurance within the WA health system with a major focus on safe, quality care for patients as well as safe and healthy workplaces for staff.



Inspire and empower

Strengthening our values-based culture while acknowledging and celebrating the diversity and achievements of our workforce. Core learning for all staff and focused development opportunities for our young professionals and senior leaders continued to be a priority.

Lead and innovate

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

Coordinated person-centred care

To support people to stay well in their community it is important for health, aged care and disability services to work together to enable care in the most appropriate setting and to ensure people do not fall between the gaps.

The Long Stay Program continues to drive cross-agency solutions to support the discharge of patients who no longer need hospital care (long stay patients), including those with complex needs and disability. In 2023–24, the cross-agency Long Stay Working Group supported the development of tailored solutions to enable 68 long stay patients to return to community living. The nation-first Residential Respite Pilot supported the discharge of more than 290 older patients from hospital to short term aged care beds while awaiting residential aged care placement.

The From Hospital to Home pilot program provides transition support to people with disability while long term care arrangements are secured. The program supported the discharge of 100 people with disability this year, freeing up approximately 7,400 hospital bed days across 4 sites, including Western Australia's first regional site in Bunbury.

The Transition Care Program aims to optimise the functional ability and independence of older patients following a hospital stay. In 2023–24, revised contract arrangements commenced with service providers, resulting in a broader geographic spread of service locations, a better mix of specialist services, and a greater range of modern, fit for purpose facilities. Longer term service agreements were established with Aboriginal Community Controlled Health Services (ACCHS). These services provide place-based, locally led, culturally safe support close to home for Aboriginal people aged 50 and above in Broome, Bunbury, Mandurah and neighbouring areas. Delivery of the program is also being piloted for older Aboriginal people based in Perth.

In partnership with metropolitan health service providers, we developed a framework to establish Hospital in the Home services for people with complex health conditions who are routinely admitted to hospital. The services implemented in 2024 enable acute care to be provided at home. This included access to respiratory home ventilation services and equipment with the support of respiratory physicians for patients with lung conditions.

Health equity

We are committed to achieving equity in health outcomes and access to care with a focus on Aboriginal people, consumers and carers of culturally and linguistically diverse (CaLD) backgrounds and people living in lower socioeconomic conditions. These priority groups are more likely to face barriers in accessing health services.

The new Health Equity Impact Statement and Declaration Policy requires health service providers to ensure equitable health outcomes and access to care are considered and incorporated into health system initiatives, and have been informed by consultation with consumers and carers of priority groups.

The policy also provides a central mechanism for collecting, sharing and promoting information about current or planned significant initiatives, through completion and submission of a Health Equity Impact Statement and Declaration electronic form.



Transforming outpatient services

Outpatient services play an important part in bridging the gap between acute and primary care. These services, including day procedures and therapy services, enable patients to receive specialist care without being admitted to hospital and support efficient patient flow within the WA health system.

New solutions to address wait times and improve access to specialist outpatient services have led to major reform under the banner of the Outpatient Reform Program.

In recent years the Outpatient Reform Program has significantly improved outpatient services through a range of initiatives. The Manage My Care outpatient appointment application is now supporting over 135,000 patients and carers to have visibility of their referrals and manage their outpatient appointments in real time.

To guide general practitioners when referring patients to speciality outpatient services, Referral Access Criteria continue to be developed in partnership with primary care practitioners, specialists and health service providers. Referral Access Criteria are now in place across 8 specialties with rheumatology and paediatric endocrinology and diabetes implemented in 2023–24.

Changes to the Central Referral Service system are ongoing and will improve coordination of outpatient referrals across the health system making it easier for new patients requiring a specialist outpatient appointment. In addition, work is being progressed to develop

Smart Referrals WA, an integrated and fully electronic referral management system that will automate the referral process and give referrers greater ability to track and manage referrals.

To build on these successes and inform development, prioritisation and delivery of future initiatives, we engaged with advocacy groups and healthcare providers, conducted over 220 hours of interviews and collected 1051 survey responses concerning:

- experiences of vulnerable people in accessing outpatient care⁵
- opportunities and barriers to taking up virtual care for consumers
- opportunities and barriers in delivering timely, meaningful care as voiced by general practitioners and outpatient clinicians
- moments that matter in the delivery of, and access to, public health care.

A like-to-like comparison of services and experiences across the state also identified opportunities for greater alignment and enhancement of processes, systems and services.

The above have informed a roadmap of initiatives for the next 5 years, to further transform outpatient services, making them more connected and accessible while ensuring time for quality care.

Outpatient care consultation

Who

46	11	1001	7	179
Vulnerable consumers	Advocacy group leaders	WA residents	HSPs engaged	Healthcare stakeholders engaged

How

107	1051	3	18	33
In-depth interviews	Survey respondents	Outpatient clinic site visits	Collaborative workshops	Validation sessions

5. Vulnerable categories explored include older adults and frailty, homelessness, Aboriginal, culturally and linguistically diverse (CaLD), physical and mental disability.

Care in the community

The health needs of our community can often be best provided via community-based health services. Acknowledging this we continue to look for new ways for care to be provided at or close to home and within the community.

The [Chief Allied Health Office Homeless Health Action Plan 2022–2025](#) aims to improve care and coordination for people experiencing homelessness. Partnering with Homeless Healthcare and 2 Street Doctor programs resulted in 1,358 mobile clinics and 12,173 consultations in 2023–24. The 360 Street Doctor also secured a new truck with medical fit-out to expand service delivery. The Homeless Discharge Facilitation project provided discretionary funds to hospital social workers to ensure safe and appropriate discharge of people experiencing homelessness.

In collaboration with the Department of Communities, the first State Seniors' Strategy (2023–33) was released. Three key action items will be addressed including continuing to scope and implement models of care to support older people to remain independent in their home or another appropriate setting.

We also conducted an impact evaluation of initiatives underway within the Commonwealth National Partnership Agreement for Comprehensive Palliative Care in Aged Care. The final report will be released in late 2024 and will inform future specialist and generalist palliative care services in residential aged care facilities.

In 2023–24, we established partnerships to enable improved health outcomes for women, children and families. We partnered with Women's Legal Services WA to deliver co-located health and legal services in a safe and secure environment for women who may face barriers to accessing legal services. Running at a metropolitan site in Northbridge and a regional site in Kalgoorlie, this program is an efficient and cost-effective way to optimise service provision. It also builds the capability of women's health centre staff to identify and respond to clients' legal needs through legal education and training. The newly established Ngala WA Health Partnership Pilot is a community-based intervention program that provides clinically led care to at-risk women, babies, and families through Ngala's parent-child residential unit, prioritising referrals for families at risk of, or victim-survivors of family and domestic violence.

Programs to improve access to women's health services through local pharmacies were also implemented. Specially trained pharmacists are now authorised to provide women with a one-off course of antibiotics for immediate treatment of symptoms of a urinary tract infection,

and to resupply oral contraceptive pills for up to 12 months for women aged between 16 and 39 who meet certain conditions. For more complex cases, pharmacists will refer clients to a medical practitioner for further investigation and tests.

A Community Based Chronic Conditions Early Intervention program to be provided by the Better Health Company commenced in 2024. Early intervention can support people diagnosed or at risk of chronic health conditions to manage their condition and potentially reduce complications and optimise quality of life. Through this program tertiary qualified health professionals provide one-on-one coaching support to empower clients to manage their condition/s with the overall aim to improve wellbeing and prevent or delay progression of their disease/s.

State-of-the-art infrastructure

We continue to support health service providers in the delivery of key infrastructure projects across the WA health system, providing additional oversight through the new Office of Major Health Infrastructure Delivery. Construction has started on the Geraldton Health Campus redevelopment to deliver an expanded emergency department, new intensive care unit and integrated mental health service.

The Bunbury Regional Hospital Redevelopment Project progressed to the next phase of detailed design and planning. The redevelopment includes expansion of the emergency department, mental health facilities, and maternity, birthing and neonatal services. An increase in operating theatre capacity and additional beds are also planned.

Work has progressed on the Peel Health Campus Transformation Project, with the hospital returning to public hands in September 2024. Major redevelopment of the hospital is underway.

Planning for the New Women and Babies Hospital Project continues to progress with the Project Definition Plan submitted to Government in March 2024. Expressions of interest for managing contractors to design and construct the new hospital closed in April 2024. Procurement for a contractor to construct the first of 2 multi-deck car parks within the Fiona Stanley Hospital precinct has also commenced.

In 2023–24, we also developed a draft State Health Infrastructure Plan (2024–2034), due for release later in 2024–25. The plan is a roadmap to guide future investment in health infrastructure, in support of the delivery of world class services for the WA community.

Delivering health care digitally

Work continues to implement the statewide Electronic Medical Record (EMR) Program with \$104.1 million committed from 2024–25. The EMR will support clinical decisions and workflows to ultimately improve the patient experience and deliver safety and quality benefits through medication management functionality, alerts for observations and analytics. Implementation of stage 1 of the program continued in 2023–24, with progress in the roll-out of existing technologies to deliver early benefits, including the Digital Medical Record system. Planned work includes preparation for clinical and workforce readiness and planning for procurement of the new EMR solution.

The WA Individual Patient Approval System (WAIPAS) has been rolled-out to all public hospitals to support the initiation of medications prescribed outside of the requirements of the Statewide Medicines Formulary that lists approved medicines for general patient use. In addition, a dashboard presenting data captured in WAIPAS has been developed to assist health service providers with reporting requirements for medication governance.

Data innovations

The department provides data linkage services to support the State Government's PeopleWA initiative that holds linked datasets from the departments of Health, Communities, Education, Justice (including Registry of Births, Deaths and Marriages) and the WA Police Force. In 2023–24, we created an automated geocoding function to enable mapping of critical service events and analysis of data based on location, such as suburb, local government area, hospital or health region. The geocoded data combines multiple sources of information via the data linkage process and has created comprehensive datasets supporting approved users in monitoring geographical trends and patterns to address the social, health, environmental and economic issues facing the state. This data can be used for population-level research, government policy and service improvement projects.

In December 2023, the department was one of the first entities in Australia to receive Accredited Data Service Provider and Accredited Data User status under a public sector data sharing scheme established by the *Data Availability and Transparency Act 2022*. The accreditation ensures we can support the WA public sector's participation in the Australian National Data Integration Infrastructure and the establishment of enduring national data assets.

A representative synthetic data generation program was created utilising machine learning and data science techniques to make health data more accessible without compromising any confidential patient or system information. The synthetic data was shared with participants in the 2023 WA Health Hackathon, an innovation event for teams of data scientists, software developers, domain experts and other stakeholders to produce innovative solutions and insights to address challenges facing WA's health system. Exploring high powered computing proof-of-concepts has enabled production of real-time operational dashboards that deliver insights for rapid decision making.

Establishing the State Health Operations Centre

The State Health Operations Centre (SHOC) aims to improve access to emergency care in our community by enabling greater integration between health services, establishing alternative care pathways, creating efficiencies across health and providing a more seamless experience for patients.

A 24/7 state-of-the-art fit-for-purpose operations centre is due for completion in early 2025. The facility will support greater collaboration through co-location of services from within the department, WA Country Health Service Command Centre, Royal Flying Doctor Service, Department of Fire and Emergency Services and St John WA.

Significant work has been undertaken to establish key functions that will operate within SHOC. This includes virtual emergency care, centralised patient transport services and systemwide monitoring and oversight for early identification and resolution of issues affecting emergency department demand and overall patient flow.

WA Virtual Emergency Department

The WA Virtual Emergency Department (WAVED) provides a safe and convenient alternative to in-person emergency department (ED) attendance, where clinically appropriate. Emergency clinicians help to reduce demand on hospitals by providing virtual assessment and care via a video conferencing (telehealth) platform and linking patients with the most appropriate care pathway.

Launched in September 2023 initially for patients in residential aged care homes, WAVED has expanded to include referrals from metropolitan based St John WA paramedics. By June 2024, WAVED conducted over 1,300 virtual consultations, with 65 per cent of patients avoiding ED visits.

WAVED will be gradually expanded to include additional referral pathways ensuring more patients are able to benefit from this innovative service.



WAVED in action

Providing ED care to the patient in their own environment when safe and appropriate to do so.



Aged care resident concerned about knee pain and deteriorating mobility post a fall

Residential aged care home resident had a fall 5 days ago. They were concerned about ongoing knee pain and deteriorating mobility.

Staff were concerned the patient may have sustained a head injury (on anti-coagulants) and called triple zero (000).



No evidence of significant injury; resident able to remain at place of residence

Triple zero (000) call referred to WAVED Paramedic Navigator as deemed suitable for WAVED.

Patient underwent virtual consultation with WAVED emergency physician and no evidence of significant injury was found.

Patient and next of kin agreed to next day assessment at Royal Perth Hospital Ambulatory Clinic.



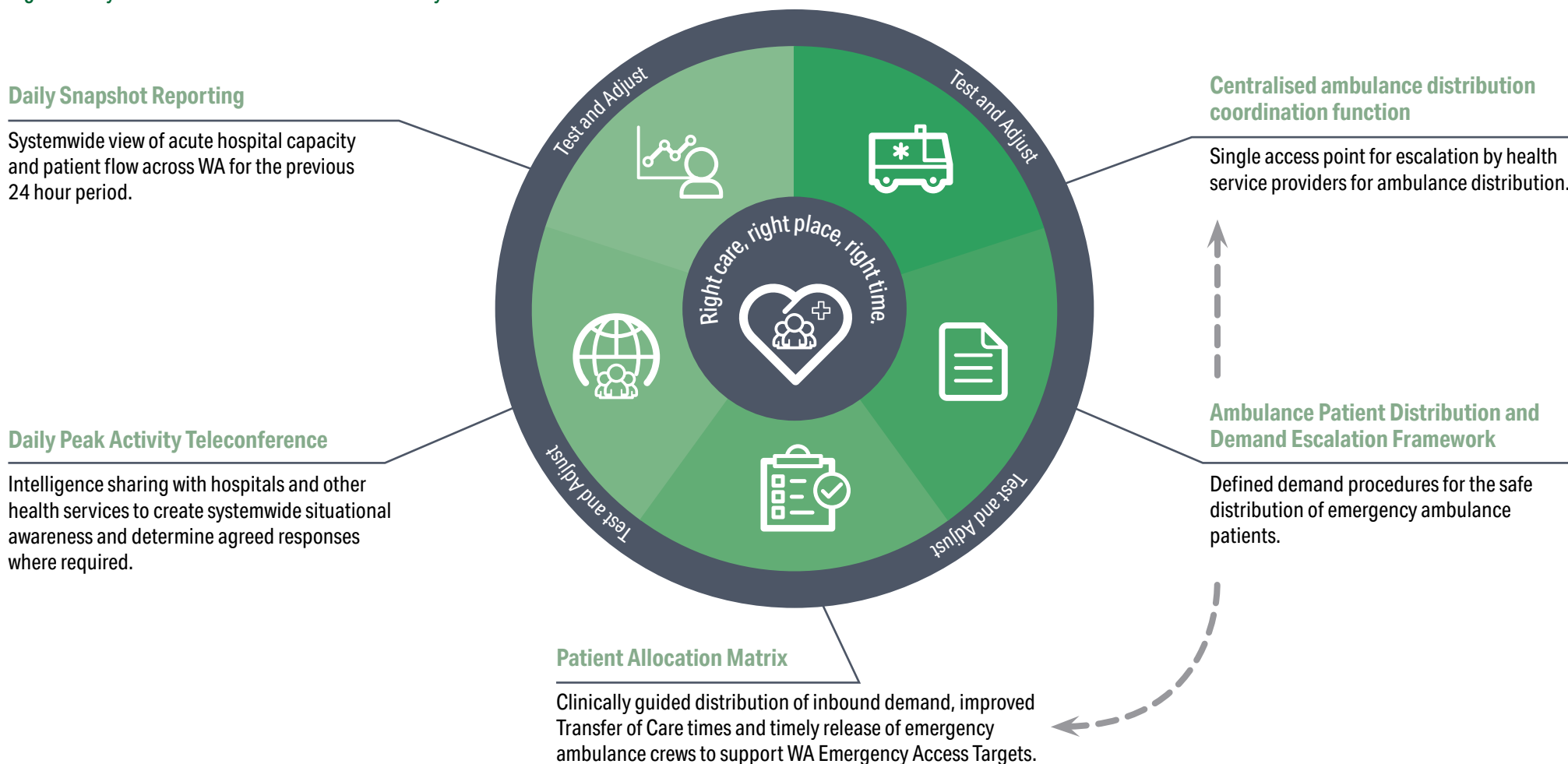
Patient managed at hospital clinic; ambulance dispatch and ED presentation avoided

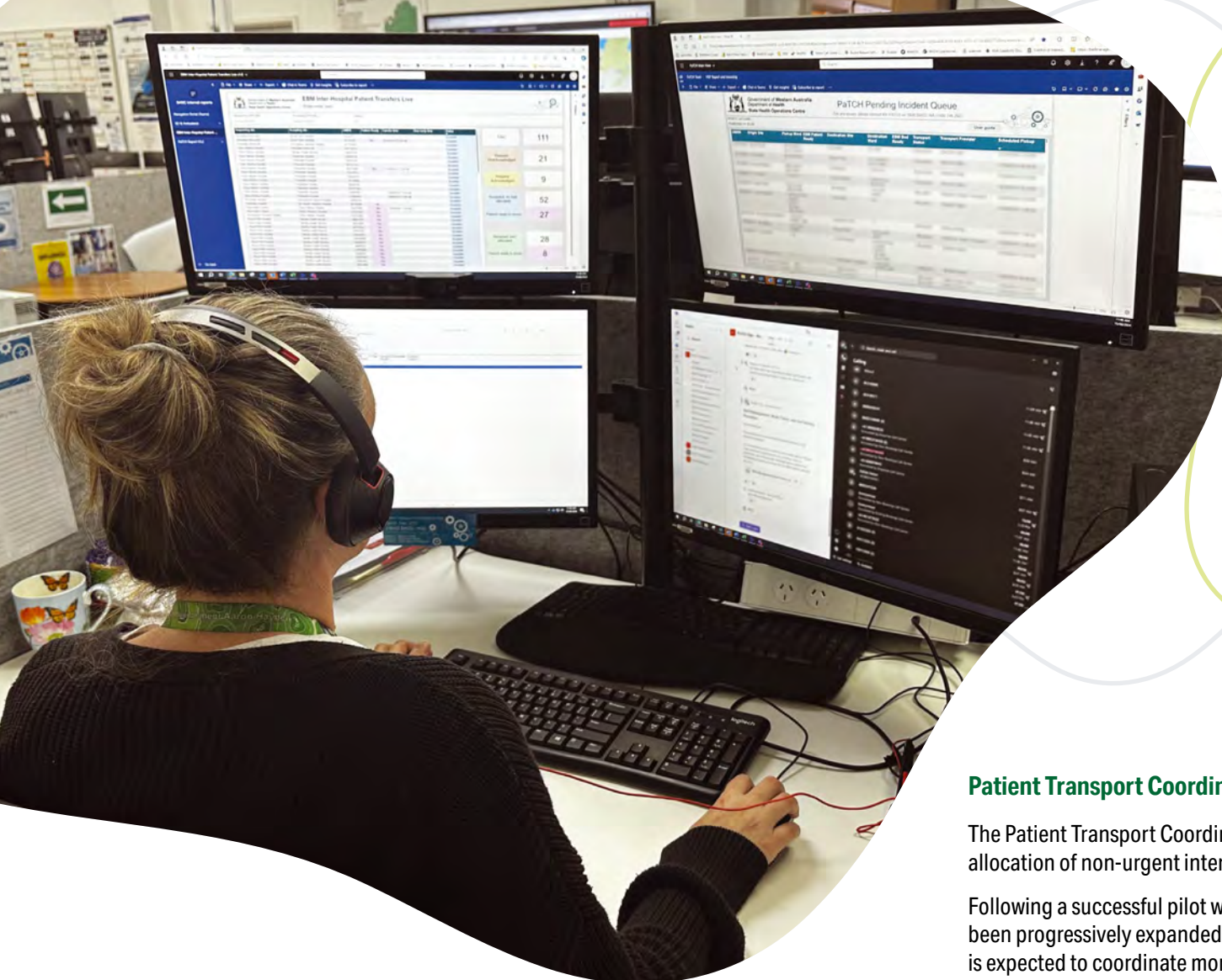
The patient attended ambulatory clinic the following day and received a full work up and was discharged back to the facility.

System Flow Centre

Established in August 2023, the System Flow Centre (SFC) is SHOC's nerve centre, providing systemwide monitoring and situational awareness of ED and triple zero (000) patient demand and facilitating a coordinated response across the health system when required.

Figure 4 : System Flow Centre function and activity





Patient Transport Coordination Hub

The Patient Transport Coordination Hub (PaTCH) centralises the booking, scheduling and allocation of non-urgent inter-hospital patient transfers in metropolitan WA.

Following a successful pilot with East Metropolitan Health Service in late 2023, services have been progressively expanded to other metropolitan hospitals. When fully operational PaTCH is expected to coordinate more than 70,000 patient trips a year, including around 20,000 hospital-to-hospital transfers.

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.

A key role of the department is to drive WA health and medical research guided by the [WA Health and Medical Research Strategy 2023–2033](#). We support the operations of the Future Health Research and Innovation (FHRI) Fund Scheme, as well as providing policy and funding support for health and medical research and innovation for both the WA public health system and the wider WA health and medical research and innovation sector.

Implementation of the Health and Medical Research Strategy

In 2023–24, we started implementing the strategy with a focus on strengthening WA's research foundations through sector leadership and collaboration, communication and engagement, and strategic planning.

A new governance framework developed in collaboration with an advisory panel representing the medical research sector and supported by a government reference group, aligns cross-agency priorities and identifies partnership opportunities. In addition, the communications framework identifies key messages, communication channels and opportunities that will support engagement activities over the next 10 years.

WA's research landscape is currently being mapped to enable the tracking and monitoring of research activity and funding. Work is also underway to inform the next stage of implementation of the strategy – to identify activities and programs required to grow health's medical research capability.





Future Health Research and Innovation Fund

In 2023–24, 170 grants amounting to \$92.4 million were awarded through the FHRI Fund (see overview in Appendix 1). Over the course of the year the FHRI Fund Advisory Council and the Minister for Medical Research also approved programs and initiatives to the value of \$96 million that are at various stages of implementation.

The following are some of the key initiatives for 2023–24 that support the [FHRI Fund strategic themes](#):

1. Partners
2. People
3. Platforms
4. Focus areas.

Partners

The Collaborative Centres Program aims to develop and enhance WA Health's major research programs and national and international research partnerships. The program is currently supporting research into rare and undiagnosed diseases, gene therapies and lung cancer management. The Co-Funding Partnerships Program aims to establish collaboration and funding partnerships to leverage support for local research in a shared area of interest. In 2023–24, the FHRI Fund partnered with the Cancer Council WA to co-fund the Cancer Research Project Grant Scheme, that supports WA researchers focusing on early-stage research ideas that address causes, diagnosis, treatment and prevention of cancer.

The FHRI Fund Innovation Seed Fund continues to provide WA innovators the opportunity to develop and commercialise their innovations. In 2023–24, more than \$9 million was awarded through 2 rounds of this program.

The FHRI Fund Near-miss Awards supports WA-based researchers and innovators to secure external competitive funding. In 2023–24, this included 22 WA researchers who were awarded \$100,000 to improve their applications and increase the likelihood of success through the National Health and Medical Research Council (NHMRC) Ideas Grant scheme.

Meanwhile 2 WA-based research teams, supported through the Major Research Application Support program, were awarded grants through the NHMRC Partnership Project scheme:

- **Professor Penelope Hasking, Curtin University**, for development of a suicide prevention platform which proactively reaches out to students identified at high risk of suicide and offers support, personal referrals and contacts for other suitable mental health services.
- **Dr Peter Arrow, University of Western Australia**, for research into the use of silver fluoride and tele-dentistry to manage and prevent childhood dental decay for Aboriginal children in remote communities and improve their dental health through to adulthood.

AI challenge to deliver better health care

In a new FHRI Fund innovation challenge, WA innovators were encouraged to look at generative artificial intelligence (AI) for ways to improve health care delivery in WA. Grants worth a total of \$937,312 were awarded to projects exploring the opportunities and benefits of AI in health care.

Professor Yogesan Kanagasingam's work on a non-invasive test for early diagnosis of Alzheimer's disease is an example of using AI as a diagnostic tool. Currently, the disease is definitively diagnosed through brain imaging techniques that rely on significant visible brain changes to occur before they can be detected.

The new approach will use AI to measure constriction and dilation of the pupil in response to light flashes – a process which is altered in people with Alzheimer's disease due to the degeneration of cholinergic nerve cells. This test can be carried out using a smart phone and has the potential to revolutionise early detection enabling intervention that may potentially reduce cognitive decline.

In another project, Dr Jafri Kuthubutheen is looking to use AI to improve access to ear health care in rural and remote WA. Otitis media, an inner ear infection that may result in hearing loss if not treated early, is a major health problem affecting Aboriginal children living in country WA, where access to timely and accurate specialist care is limited.

This project involves developing an AI model to support general practitioners in forming a preliminary diagnosis of otitis media and to provide treatment recommendations based on the patient's history, symptoms and images taken via a video otoscope. Referral recommendations and potential complications for review by an ear, nose and throat specialist may also be provided, thereby streamlining and expediting care for patients in country WA.

People

The Clinician Research Fellowships program has been extended for a further 3 years through a co-funding arrangement with the Raine Foundation. The program enables clinicians employed by WA health to undertake research while continuing to work their day jobs on hospital wards or in health clinics.

Through a co-funding partnership with Royal Perth Hospital Research Foundation, funding awarded through the Research Innovation and Impact Grants program supports mid-career and senior researchers who are translating novel ideas into healthcare innovations.

Pathways for exchange among health, academic, community, commercial and public sectors to identify new research and innovation initiatives continue to be funded.

The Distinguished Fellows Program attracted world-leading researchers to WA to lead 2 substantial and high-quality innovative research programs. The researchers were awarded a 5-year fellowship, supported by the FHRI Fund and matched funding from host and partner organisations.

Distinguished Fellows Program

Associate Professor Kathryn Modecki, Centre for Mental Health at Griffith University, Queensland

Researching how early experiences and social inequalities shape children's future mental health to inform prevention and treatment options for young people, parents, carers and the community.

Associate Professor Alexey Terskikh, Sanford Burnham Prebys Medical Discovery Institute, California

Researching the cellular mechanisms driving aging, metabolic diseases and rejuvenation with the goal of advancing healthy ageing through tailored therapies.

Platforms

In 2023–24, the refreshed Research Infrastructure Support program was funded for the next 4 years to support research institutes, universities and hospitals by providing grants to cover indirect and operational costs associated with the running of their research facilities and to support expansion and availability of existing dedicated research facilities, services and/or equipment.

In addition, 13 grants were awarded through 2 rounds of the WA Cohort Studies – Operational Support Program to enable existing WA cohort studies to be continued as they contribute to national and international clinical research.

New facility to improve cancer outcomes

A new biotech facility will be established in Perth to develop messenger RNA (mRNA – the molecule that carries a cell's instructions for making proteins) technology for cancer treatments. With more than \$2 million awarded from the FHRI Fund and \$4.8 million from the [National Collaborative Research Infrastructure Strategy](#) (NCRIS) the facility will be Australia's first centre to focus solely on this type of research.

The facility is part of a national network that supports mRNA research, development and commercialisation in Australia and will accelerate the translation of mRNA discoveries into individualised treatments for cancer patients.

Researchers and innovators will be able to collaborate and work hand in hand with oncologists, consumers and patient advocates to design, produce, test and pilot mRNA products.

Focus areas

The Innovation Challenge: **Child and Youth Mental Health** program called for innovative solutions to improve child and youth mental health in WA. In the first stage of this program, grants were awarded to recipients to explore the feasibility of their solutions. Following a competitive process, nearly \$4.5 million was awarded in 2023–24 to 3 grant recipients.

Throughout 2023–24, 10 finalists have worked to deliver their proof-of-concept solutions as part of [The Challenge](#) – reimagining **regional and remote health care** using technology. Finalists were selected in 2023 from a global pool of applications and were provided with \$200,000 each in seed funding to prove their concept on the ground in the Pilbara over a 12-month period. The finalists' innovative ideas leverage artificial intelligence, innovative digital ecosystems, advanced screening and diagnostics, wearables, and virtual reality/augmented reality technologies. Once the activity period ends in August 2024, a rigorous judging process will determine the winner and recipient of \$5 million to enable further development of their research.



Department of Health funding schemes

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

Key research supported in 2023–24 included investigation of the use of personalised mutation-based cancer vaccines as cancer immunotherapy, and assessment of the health impacts and cardiovascular risk factors of COVID-19 in Busselton.

In addition, we supported 11 projects through the WA Child Research Fund, a joint venture by the department and the Channel 7 Telethon Trust, that funds research focusing on the health of children and adolescents in WA.

We also supported the Western Australian Health Translation Network that fosters collaboration and co-operation amongst and between researchers, clinicians, and consumers, and encourages translation of health and medical research discoveries to patient care and community health, as well as health policies and strategies.

Consumers using their voices in health and medical research

It is increasingly recognised that the outcomes of health and medical research can be improved if informed by consumer and community perspectives and lived experiences.

Our Consumer and Community Involvement Coordinator ensures consumers with lived experience have the opportunity to shape decisions about department funded research. Consumers with lived experience can be involved in all stages of the research cycle, allowing for greater transparency and accountability leading to research that is more relevant and impactful to the community, and that can be translated to better health care.



Consumer representative Amber Bates is making a difference to department supported research. Amber is a mother of 4, the youngest of whom was born preterm at 25 weeks gestation in 2010. Throughout her son's 100 day stay in the neonatal intensive care unit and for 18 months thereafter the biggest challenge was addressing his poor lung health. Her own lived experience and the strong connections she has forged with other families who have experienced premature birth inspired her to become a passionate consumer representative.

Amber is the consumer representative and an Associate Investigator on the WA Child Research Fund (WACRF) PELICAN project (Prematurity's Effect on the Lungs In Children and Adults Network) that aims to improve lifetime lung health outcomes for premature infants.

Amber's involvement in this project has included supporting the establishment of a preterm lung function data repository. She also participated in presentations at a PELICAN meeting with the European Respiratory Society Congress to provide insight on consumer involvement in the project, and to highlight the benefits of collaborative relationships on research. Amber shared her experience with other hospitals and universities participating in PELICAN, to educate them about how to engage with consumers in their local settings, the benefits of consumer engagement and how to upskill their consumer representatives for maximum impact.

Amber recently participated in a partnership with the Children's Lung Health team at Telethon Kids Institute to identify the top 10 health priorities for lung health of consumers with a lived experience of preterm birth. This information is being used to inform PELICAN and other research projects.

Steward and assure

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

Health service planning and workforce

We are currently preparing to produce an updated contemporary WA Clinical Services Framework that sets the direction for systemwide and local health service planning over the next 10 years. Speciality reviews that consider changes to models of service delivery are underway. Consultation has progressed on service definitions that will outline the minimum service requirements, workforce requirements and support services necessary to deliver safe and appropriately supported clinical services. Health service providers have also assessed their levels of service against actual (2024–25) and future (2029–30 and 2034–35) capability requirements based on projected future community need.

We also worked with health service providers to develop the [WA Health Workforce Strategy 2034](#). The strategy provides a 10-year blueprint aimed at continuing to grow WA health's workforce, amid global workforce challenges.

Speciality workforce requirements remain a focus. The WA Nursing and Midwifery Workforce Strategy was developed to ensure the required workforce is available to meet our health care priorities. The strategy will be complemented by practice and leadership frameworks, to be delivered in 2024–25, that will address the day-to-day operational needs and learning and development needs of nurses and midwives across the continuum from novice to expert. In addition, policy amendments will enable enrolled nurses to undertake diagnostic assessment, treat, prescribe and refer patients within their scope of practice.

Initiatives to increase the nursing and midwifery workforce continue. The nursing and midwifery graduate recruitment process has transitioned from a biannual to annual process, with onboarding of graduates aligned to the financial year. To attract and retain staff in regional and remote public hospitals where there are critical workforce shortages, the department and WA Country Health Service are offering financial incentives through the Country Nursing and Midwifery Incentive Program as well as support for newly qualified nurses and midwives to pay off their HECS-HELP debt if they choose to work in country WA. In addition, the department piloted a scholarship program for registered nurses to complete post-graduate midwifery training that is currently supporting 55 students. Evaluation of this program is underway with a view to continue the program for an additional 50 students and 5 clinical facilitators.



Implementation of the Mental Health Clinical Workforce Action Plan continues to build the capacity, capability and sustainability of our mental health workforce to support the required expansion of mental health services. Workforce attraction and retention, positive workplace culture and staff wellbeing remain a focus.

We are involved in several projects to ensure the sustainability of our medical and general practitioner workforce. In 2023–24, implementation of the National Framework for Prevocational Medical Training commenced. The aim of the training is to equip junior doctors with essential knowledge, skills and clinical experience in the first 2 years after graduating. To ensure the training program is delivered consistently and in line with national standards more than 300 clinical supervisors are working towards accreditation to teach, supervise and assess prevocational doctors.

In January 2024, 105 new participants joined the General Practitioner Hospital Training Program that supports new trainees in accessing hospital rotations to prepare them for working in the community. Of the 184 trainees who have participated in the training program since 2020, 30 (16 per cent) have successfully completed all requirements for Fellowship through the Royal Australian College of General Practitioners or Australian College of Rural and Remote Medicine, and a further 120 (65 per cent) are undertaking further general practitioner training. In 2023 all trainees were allocated to hospital rotations to support achievement of their paediatrics training requirements.

A workplace-based assessment program has commenced to provide opportunities for international medical graduates to gain local clinical experience and complete assessments required by the Australian Medical Council. In 2023, 6 candidates completed the program and received their Australian Medical Council Certificates, and a further 5 candidates are due to complete the program in 2024.

In 2023–24, we progressed initiatives to explore alternate work roles for the allied health workforce. Opportunities to support the growth of our allied health workforce were identified, and included establishing clear and well supported career pathways, providing access to allied health clinical educators and allocating protected time for research. This work will inform a review of career pathways for health professions employed by the WA health system.

Using data wisely

To encourage and enable the use of analytical tools for data-driven decision making across WA Health, we established a data and analytics knowledge hub that allows users to access data products, service needs and training resources in the one location. In addition, significant improvements have progressed within the data application and approvals processes to support the timely provision of data for research analysis and for health system operations.

New interactive dashboards allow the public to access key health information. The information shared relates to emergency department performance, real-time notifiable infectious diseases data to facilitate disease surveillance, and community health and wellbeing indicators to provide insight into the overall wellbeing of the WA community. This information will assist public health staff, policy makers and researchers.

Recognising the significant opportunities for improved health care presented by artificial intelligence (AI), machine learning and data driven technologies, we commenced a project to establish an AI policy and associated procedures for the WA health system. This will ensure the responsible, safe and effective use of AI by all staff. Ongoing stakeholder engagement and research will inform the policy development process expected to be completed by the end of 2024. As a rapidly changing field, we will continue to monitor the external policy and legislative environment for impacts on our compliance obligations and review our guidance as needed.

To ensure the highest standards are upheld when using the health information of individuals for data linkage, the WA Health Data Linkage Policy was released. The policy establishes minimum data linkage standards for our health service providers to follow. The policy ensures that, where health information is used to create and produce integrated datasets, it is done so in accordance with applicable standards and industry best practice.

Governance and assurance

In 2024, we introduced 2 key elements of a new systemwide integrity model. The revised integrity governance structure outlines the high-level committee and entity structure governing department and systemwide integrity functions, services and activities. The integrity governance framework complements this work by providing the key integrity related structures, systems, processes, roles and responsibilities for the department in the identification and management of integrity risks.

In response to the Independent Governance Review of the *Health Services Act 2016*, we commenced internal reforms to improve assurance of major health infrastructure projects being delivered across the WA health system and strengthen oversight of planning, development and project delivery. New senior leadership roles were established to manage critical areas of focus and the Office of Major Health Infrastructure Delivery (OMHID) was created to oversee the delivery of a portfolio of current major and significant projects with budgets over \$100 million, alongside other strategic projects that are considered of significant complexity, scale or impact. The Statewide Health Infrastructure team will also lead and oversee the WA health system's broader asset investment portfolio and its program of statewide projects, including medical equipment and imaging replacement, minor building works and remediation.

We are working with health service providers to consolidate information on the leased and owned land portfolio under the Health Ministerial Body. This includes identifying land not currently owned by the Minister for Health, reviewing previous ownership structures within now defunct Boards and arranging land transfers as required. This work supports the management of works and land portfolios under new joint arrangements and is anticipated to be completed in 2024.

To support delivery of the [WA Health Digital Strategy 2020–2030](#), we are transitioning to a more robust governance structure. As part of a continuous review and improvement process, we are assessing the digital capability and maturity of the WA health system. This includes auditing current projects to identify gaps and refocus priorities for the next 3 years. This review is expected to be completed in late 2024.

Systemwide audits conducted in 2023–24

- Identified ligature risks across all public mental health inpatient units within consumer accessible areas, informing a business case for funding to remediate high risk items.
- Reviewed medical equipment inventory and assessed asset records across all health services, informing strategic asset planning and management of medical equipment including asset replacement.
- Identified the updated requirements of the new standard for reprocessing of reusable medical equipment, informing a program of works to meet accreditation requirements across the health system.

Improving safety and quality in health care

We are committed to continuous improvement across the WA health system to ensure appropriate and safe care for Western Australians now and in the future.

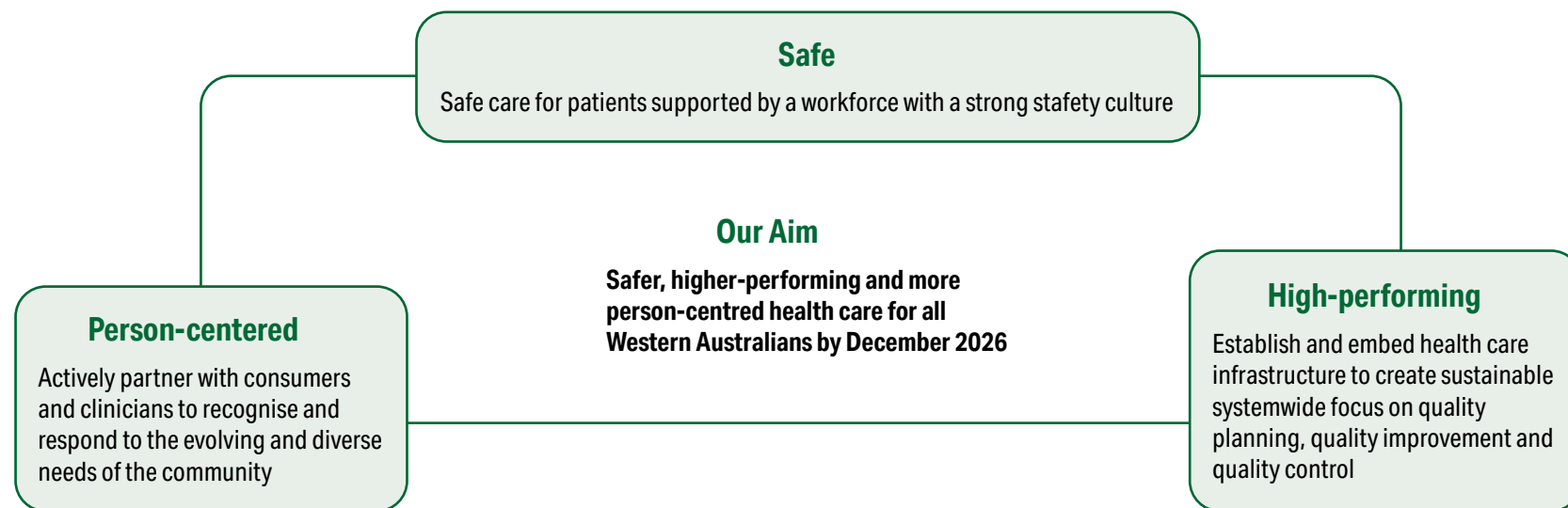
Improving safety and quality in health care: A strategic plan for action in WA 2024–2026 provides a 3-year blueprint for system improvement and outlines key priority areas for investment and development. The plan sets goals for safer, higher performing, more person-centered health care for all Western Australians.

To ensure a robust and informed plan, we conducted a comprehensive assessment to identify the WA health system's strengths and areas for improvement. Consultation with 148 consumers, carers and family members, 390 healthcare staff, 90 department staff and 78 health executives and board members informed the safety and quality priorities for the next 3 years.

The plan aims to enhance the voice of consumers, carers and families through people-centered programs ensuring respectful, culturally safe and equitable care. It also focuses on building a workforce safety culture based on courage, innovation and reliability, and strengthening our workforce's safety and quality capabilities.

The strategic plan is part of a larger suite of documents, including an operational plan detailing specific programs and measurable outcomes. It will be delivered collaboratively by the department and health service providers, with oversight from the Health Executive Committee.





The [*Healthcare Safety and Quality Capabilities Framework*](#)⁶ released in 2023, outlines expected capabilities and behaviours for all WA Health employees, leaders and board members to engage in safety management and quality improvement.

The framework encourages staff to attain capabilities from foundational to advanced levels. Strong workforce capabilities will help WA Health to recruit, develop and sustain teams that deliver safe, reliable care.

6. The framework was reproduced and adapted to meet WA Health requirements with kind permission from the NSW Clinical Excellence Commission.



Commitment to a safe and healthy workplace

WA Health has progressed through transitional arrangements to adapt safe systems of work to meet new legislative requirements under the *Work Health and Safety Act 2020*.

In September 2023, a new Work Health and Safety (WHS) Policy Framework was introduced to ensure an effective and consistent approach to WHS management across the WA health system. The framework clarifies the duties and responsibilities of officers, managers and workers in contributing to a safe and healthy work environment.

Extensive consultation was held with key stakeholders, including direct engagement with WHS leads from across the department and all health service providers, to support the development of the WHS Management Policy. In March 2023, over 30 WA Health staff including the Director General, Chief Executives of health service providers and WHS leads participated in a workshop and provided feedback on the draft policy and operational framework.

This meaningful collaboration resulted in the development and implementation of WA Health's first comprehensive WHS Management System, including governance and consultation arrangements, planning and risk management processes, training mechanisms and reporting requirements.

In another first, WA Health leaders and unions came together to sign a statement of commitment to health, safety and wellbeing, acknowledging the shared responsibility of working together to make our workplaces safer.

Protect and enable

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

Safety and health of children

The Health Navigator Pilot Program (HNPP) continues to support children in out-of-home care to better access health, mental health and disability supports across 2 pilot sites, Mirrabooka and the South West. The program is a collaboration with the Department of Communities and was co-designed with representatives from health service providers, people with lived experience of out-of-home care, carers, advocacy groups, Aboriginal Community Controlled Organisations, Aboriginal Medical Services, and non-government service providers. 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 connect to the right services at the right time, including access to culturally safe and holistic services.

Preliminary evaluation of the HNPP showed significant improvements to timely health assessments and improved access to specialist health services, and the pilot has been extended for a further 2 years. Strong stakeholder engagement and working in partnership across government, with non-government organisations and alongside Aboriginal Medical Services, continues to be a core element to the success of the program.

We continue to work with health service providers to strengthen and embed child safeguarding across the WA health system in response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse. Our efforts are guided by the National Principles for Child Safe Organisations that aim to provide a nationally consistent approach to help keep children and young people safe and reduce future harm in organisational settings. While compliance regulations are not yet in force, work is underway to create awareness, assess readiness and to support the health sector, including non-government organisations, peak bodies and contracted health service providers to prepare for being Child Safe Organisations.

Emergency and disaster response

In response to recommendations from the State Government's COVID-19 Post Operational Review, development of plans to underpin an emergency management framework for the WA health sector has started. In 2023–24, we conducted in-depth interviews with key stakeholders to prepare a discussion paper for consideration by the COVID-19 Post Operational Review steering group. The paper outlines agreed principles to be applied in the design of an emergency management structure applicable to a protracted public health emergency.

In 2023–24, the [State Health Emergency Response Plan](#) was reviewed. The plan informs the WA health system on how to fulfill its role as the Hazard Management Agency in the event of a heatwave, release of a biological substance or a human epidemic. Key updates to the plan include amendments to WA Medical Assistance Team response guidelines and the addition of guidelines for the management of a cyber security incident. The plan also now outlines the infrastructure and resource options for mortuary processes and body storage to support the WA Police Force to conduct an organised and effective disaster victim identification response.

We implemented a new specialist digital management solution for the state's disaster contingency warehouse that holds a strategic cache of equipment and medicine for deployment in preparation for and during a disaster response. The state-of-the-art warehousing solution will improve oversight and management of the cache, providing real-time data and location records to support stock rotation and deployment, and equipment and plant maintenance.

In October 2023, services provided at the Centre of National Resilience – Perth (CNRP) transitioned to federal government responsibility. The CNRP remains available to the state for emergency use under an agreement with the federal government that is managed by the Department of the Premier and Cabinet. We ensured continuity of operations after the transfer, and the site was successfully activated in November 2023 to provide accommodation to residents affected by bushfires in the Wanneroo area.

Health prevention and protection

In 2023–24, we continued to focus on prevention initiatives including the coordination of WA's response to vaping in line with national reforms. Efforts were directed towards strengthening legislation and policy, increasing enforcement activities and providing greater public health information and quitting support.

The Healthysexual advertising campaign ran between December 2023 and April 2024 with a focus on syphilis, including syphilis in pregnancy. The campaign was communicated via mass media including radio, socials, YouTube videos and outdoor advertisements. It resulted in an estimated 775,000 views, and over 44,000 views of the Healthysexual website. Information regarding syphilis in pregnancy is now provided to all women at their first antenatal visit.





The department also validated new mosquito collection and transportation methods to enhance surveillance across northern WA of both endemic mosquito-borne viruses and the newly introduced Japanese encephalitis virus (JEV).

Food safety – from farm to fork

WA's population relies on a complex food supply chain involving many stages from food production, processing and distribution, right through to the consumer's plate at home or a restaurant. Despite the existence of food safety legislation, foodborne illness is estimated to cost WA \$81 million each year. We are dedicated to ensuring the safety of food sold in WA through food policies and standards, and the management of chemical, microbiological, physical and dietary food risks.

Reducing food poisoning

The majority of foodborne illness is contracted at home. To tackle this issue the [*Foodborne Illness Reduction Strategy \(FBIRS\) 2023–2026*](#) aims to enhance food safety management during primary production to ensure food safety risks are minimised before consumers handle their food. Following on from the success of the previous strategy that reduced the rates of salmonellosis in WA by 63 per cent from 2017 to 2022, the updated FBIRS prioritises the reduction of campylobacteriosis – the state's most notified foodborne gastrointestinal disease. In 2022, 4,046 cases were reported in WA – almost 30 per cent higher than the previous year.

Key elements of FBIRS

- Establishing and maintaining an effective surveillance and response system
- Minimising food safety risks at the primary production and processing stage
- Raising consumer food safety awareness
- Sector-based initiatives for the chicken, meat, egg and high-risk horticulture industries



Implementation of food safety standards

In 2023–24 the new national Food Safety Standard 3.2.2A was introduced to improve food safety within food service, retail, and catering establishments. The standard included the introduction of new food safety management tools that enable food businesses to manage food safety risks more effectively to help prevent foodborne illnesses and outbreaks. We played a pivotal role in coordinating the implementation of this standard in collaboration with local governments throughout WA. This involved developing a range of resources, mass media campaigns, seminars and webinars aimed at raising awareness among food businesses and industry stakeholders who are required to comply with the new standard.

Simultaneously, 3 additional national Food Safety Standards were introduced to formalise food safety requirements for the primary production and processing of leafy vegetables, melons and berries. Foodborne illnesses associated with these commodities are estimated to cost Australia \$21 million each year. We are partnering with industry peak body vegetablesWA to assist WA growers in understanding the new food safety requirements and providing local government environmental health officers with training and tools to support them in meeting the standard by February 2025.

Monitoring agricultural chemicals

Surveys assessing the level of agricultural chemical residues on fresh fruit and vegetables are routinely completed by the department. In previous years, samples were collected from major fresh produce distribution centres, farm gates and local markets where growers sell directly to the public. In 2023, survey samples were purchased from large retail stores located throughout the metropolitan area. Findings from the [Fruit, vegetables and agricultural chemicals: 2023 monitoring survey](#) showed industry food safety programs were working and safety risks were low.



Strong body, strong mind – strong youth

For young people health is a holistic concept that includes physical, mental, emotional and social aspects. They believe being healthy involves eating well, exercising, maintaining good self-esteem and being resilient.

Guided by the [Western Australian Youth Health Policy 2018–2023](#) we are committed to optimising the health and wellbeing of all young people, recognising all forms of diversity across WA. Early intervention, engagement and promotion of healthy behaviours assist in building the foundations for health and can help shape the health trajectory of our young people across their life course.

We fund a range of age-appropriate community-based initiatives that focus on promoting healthy behaviours, including programs that support children and families to eat healthy and be active where they live, learn and play. The Better Health Program helps parents and carers of children aged 6 to 12 make healthier choices at home. FreshSNAP supports schools in educating students on healthy eating and creating spaces that provide and promote healthy food and drink. This program extends to the whole school community including priority groups such as regional populations, Aboriginal people, culturally and linguistically diverse populations, people with disability and people with low literacy levels.

To prevent young people from smoking and vaping, the Cancer Council WA's Make Smoking History campaign is funded to raise awareness of associated harms and the WA Quitline helps those who wish to quit. We also support the Department of Education in providing information and resources to school communities on the harms of vaping and where to get help.

In the broader community, we work to reduce the risk of injury to children and young people when around water by funding Royal Life Saving's Keep Watch and Youth Water Safety programs.

As part of the Sexual Health and Blood-borne Virus Program, we support sexual health care for young people. We provide funding to Sexual Health Quarters to deliver sexual health and relationship services, counselling and education. Further education and training is also provided through the Youth Educating Peers Project.

In addition, our 'Talk. Test. Protect.' health protection campaign aims to raise awareness about sexual health and encourages youth to talk, test, and treat to minimise the personal and social impact of sexually transmissible infections.

For parents and educators, the Growing and Developing Healthy Relationships website is available to provide resources to deliver comprehensive lesson plans, guides and strategies on sexual health and relationships, and the 'Talk soon. Talk often.' guide for parents talking to their kids about relationships and sex.

Aboriginal health

We are committed to supporting Aboriginal people to live long, well and healthy lives. Guiding principles and priority focus areas to support this vision are outlined in the [WA Aboriginal Health and Wellbeing Framework 2015–2030](#), the Sustainable Health Review and the National Agreement on Closing the Gap.

Key to achieving our aim is to:

- build strategic partnerships to progress better health outcomes
- improve access to high quality healthcare services
- embed structures, policies, and processes to ensure a culturally respectful and non-discriminatory health system
- support communities to take a preventive approach to optimising health and wellbeing
- build capacity of the Aboriginal health workforce
- enhance health system performance and accountability mechanisms.

Achievements in 2023–24 are highlighted below.

Partnerships to progress better health outcomes

The Aboriginal Community Controlled Health Service Transition Care Program Pilot, a national first, provides culturally safe community-based transition care to older people for up to 12 weeks after their hospital discharge. The program provides access to social workers, nurses and allied health care professionals and has contributed to improving health outcomes for Aboriginal people. There has been a 15 fold increase in the number of Aboriginal people accessing transition care during the first phase of the pilot program with 92 per cent of clients maintaining or improving their independence.

Enabled by capacity building funding during the pilot program, Broome Regional Aboriginal Medical Service and South West Aboriginal Medical Service (SWAMS) have become approved aged care providers and will continue to provide transition care and home care to their communities. SWAMS also expanded services to the Peel region in early 2024. The pilot program is now supporting the Moorditj Koort Aboriginal Corporation to deliver transition care services in the metropolitan area, with an initial focus on Perth's southern coastal corridor.

The Health Navigator Pilot Program helps Aboriginal children in care navigate and access health and mental health services. Health professionals such as nurses or Aboriginal health workers are employed as 'health navigators'. Health navigators assist children in out-of-home care, their parents, carers and child protection workers to better connect to services. Preliminary evaluation of the program demonstrated an increase in timely access to health services, mental health services, cultural services and disability supports for Aboriginal children and young people in out-of-home care.

Improving access to high quality healthcare services

The first phase of the Birthing on Country Project, including a statewide survey to scope the availability and utilisation of maternity services currently available to Aboriginal women, was recently completed. A purposeful sample of maternity service providers within the WA health system, private health services and Aboriginal Community Controlled Health Services were invited to participate in the survey. The survey results are currently being reviewed and will inform a statewide model to support culturally secure antenatal care across WA.



Policies to build a culturally safe and responsive health system

We continue to guide the transformation of WA Health through implementation and monitoring of mandatory policies to build a culturally safe and responsive health system.

The WA Health Aboriginal Health and Wellbeing Policy aims to ensure a consistent approach for actioning the strategic directions of the WA Aboriginal Health and Wellbeing Framework. The policy specifies mandatory planning and reporting requirements for health service providers to demonstrate their efforts to improve the health and wellbeing of Aboriginal people aligned to specific performance indicators.

The Aboriginal Cultural eLearning Policy mandates all employees within the WA health system complete the Aboriginal Cultural eLearning course. The course aims to improve the cultural responsiveness of the workforce and strengthen its capacity to provide culturally respectful and non-discriminatory health care. At 30 June 2024, 56,489 (87 per cent) WA health system employees and contractors had completed the course.

The Aboriginal Health Impact Statement and Declaration (ISD) Policy requires WA health entities to declare and demonstrate that the interests of, potential impacts on and opportunities for Aboriginal people are considered and appropriately incorporated within health policies and initiatives. The Aboriginal Health ISD process encourages engagement with Aboriginal people, allowing issues or needs to be identified and addressed early in the planning process. In 2023–24, Aboriginal Health ISDs were completed for the 6 priority focus recommendations from the Sustainable Health Review. These recommendations relate to access to outpatient services, models of care for people with complex conditions, a new funding and commissioning model for services, digitising the WA health system, and workforce culture and capability.

Supporting communities to optimise health and wellbeing

For approximately 30 years, we have provided environmental health related services to Aboriginal communities via locally based service providers within the Kimberley, Pilbara, Midwest and Goldfields, and parts of the Perth metropolitan area. Throughout 2023–24 the department, Aboriginal Health Council of WA, Aboriginal Community Controlled Organisations and other key stakeholders participated in a co-design process to establish and cost a contemporary model of care for Aboriginal environmental health.

The new model of care aims to achieve better Aboriginal community health outcomes from environmental determinants such as:

- contamination of food and water
- vectorborne diseases transmitted by insects and other animals
- disease caused by air pollution or exposure to chemicals
- injuries resulting from workplace or traffic systems
- disasters or changes in ecological systems associated with climate change.

The model of care is culturally informed and community led and will embed a stronger focus on prevention and primary health care in the delivery of Aboriginal environmental health services going forward. Following review and feedback from key stakeholders, the Aboriginal Environmental Health Model of Care is expected to be finalised later in 2024.

Raising awareness of blood borne viruses

The *Look after your blood* campaign aims to raise awareness of the importance of preventing blood borne viruses (BBV) such as hepatitis B, hepatitis C and HIV.

Testing is crucial as people with BBV often look and feel healthy, and a range of treatments are now making it possible for people with BBV to continue to live long and healthy lives.

The campaign was informed by Aboriginal health workers and leaders, community-based organisations including a peer organisation for people who inject drugs, and Aboriginal people that have a lived experience of hepatitis C and HIV.



Building the Aboriginal health workforce

We are committed to building and expanding the Aboriginal health workforce ensuring it is culturally relevant and responsive to Aboriginal perspectives.

The profession of Aboriginal Health Practitioner is nationally accredited and registered to provide high quality care to both Aboriginal and non-Aboriginal people and makes a valuable contribution to addressing Aboriginal health outcomes within the current healthcare environment. Aboriginal Health Practitioner positions have been established within 4 health service providers and job description forms have been developed for entry level to senior roles.

At 30 June 2024, 13 Aboriginal Health Practitioners were employed by WA Health and solid foundations are established for future workforce supply. Training agreements are in place with Aboriginal registered training organisations and we have commissioned work to ensure training providers and their students have better access to hospitals for clinical training. An innovative 'immersion' recruitment program led by Fiona Stanley Hospital commenced in June 2024, offering 14 candidates one week paid work experience involving rotations through key clinical areas within the hospital including mental health, maternity, rehabilitation and emergency care.

We continue to implement the WA Health Aboriginal Workforce Policy to increase representation of Aboriginal people at all levels of the workforce through recruitment, retention and development initiatives. At 30 June 2024 there were 914 Aboriginal employees across WA Health, including 36 undergraduate students participating in the Aboriginal Cadetship Program and 6 recent university graduates participating in the new Aboriginal Graduate Program.

To date 77 staff have completed the Aboriginal Leadership Excellence and Development (LEAD) program to fast-track high potential Aboriginal staff into senior management and executive positions, and 74 staff have completed the First Step Aboriginal Leaders program for mid-tier Aboriginal staff interested in career progression.

Enhancing health system performance

A new WA Aboriginal Health Dashboard has been implemented to enhance and consolidate performance and progress monitoring of Aboriginal health outcome measures. The dashboard includes over 80 measures aligned to the strategic directions within the WA Aboriginal Health and Wellbeing Framework. Through improved access to information, the dashboard supports WA Health in strategic planning, quality improvement initiatives and responding to the healthcare needs of Aboriginal people.

Further indicators are being developed to monitor equity and access to healthcare services. For example, ease of access to hospital diagnostic or interventional procedures by Aboriginal patients is being reviewed. Work has progressed to capture experiences of racism and discrimination within the health system via new questions in the MySay Patient Experience Survey.

We acknowledge Aboriginal people should have access to the information and data we hold to improve Aboriginal peoples' wellbeing and health outcomes. Working with the Aboriginal Community Controlled Sector, we are developing an Aboriginal Data Governance Policy as a first step to support the realisation of Aboriginal data sovereignty. The policy will address the requirements for Aboriginal people to have a greater say about Aboriginal health data and how it is collected, stored, interpreted, and used.



WA Aboriginal Health Executive Roundtable

In August 2023, we hosted the WA Aboriginal Health Executives Roundtable to provide an opportunity for health executives to listen, learn and identify how to work together to improve health outcomes for Aboriginal people.

Attendees included the WA Health executive and senior Aboriginal leaders from the WA health system and the Aboriginal Community Controlled Health Service (ACCHS) sector.



The strategic objective was to determine actions to monitor and respond to racism in the health system and embed the Cultural Determinants of health into policy and service provision.

The Cultural Determinants of health refer to a conceptual framework based on Aboriginal knowledge that culture is central to Aboriginal health and wellbeing. These domains, shown in Figure 5, form cultural identity and act as protective factors for better health and wellbeing.

Figure 5: Cultural Determinants of health

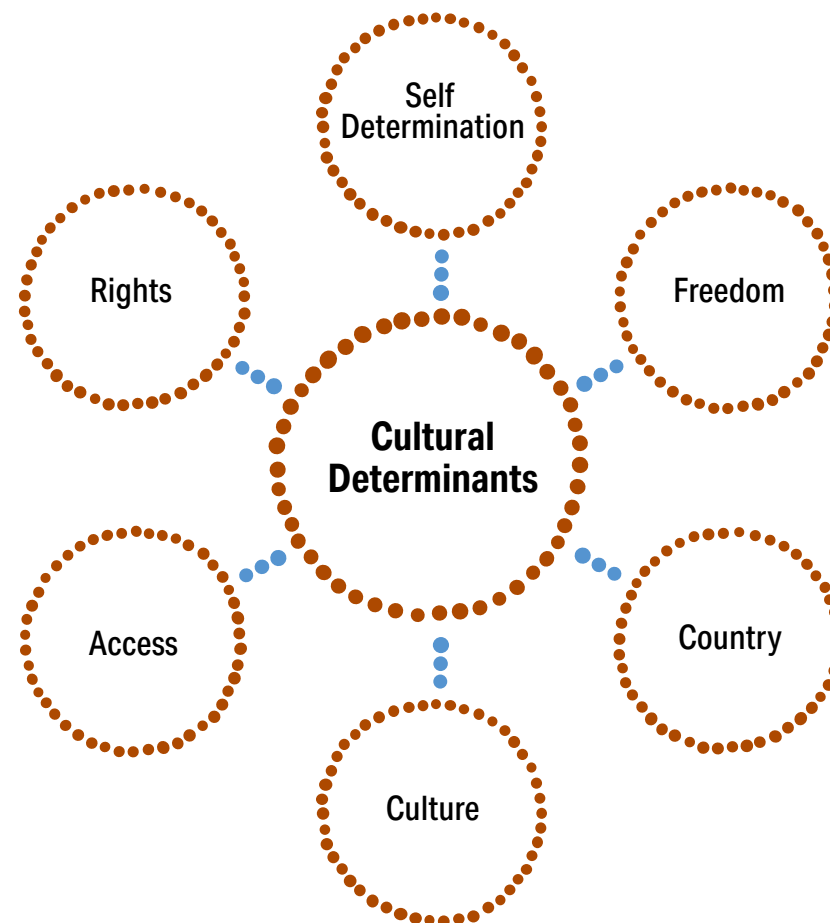
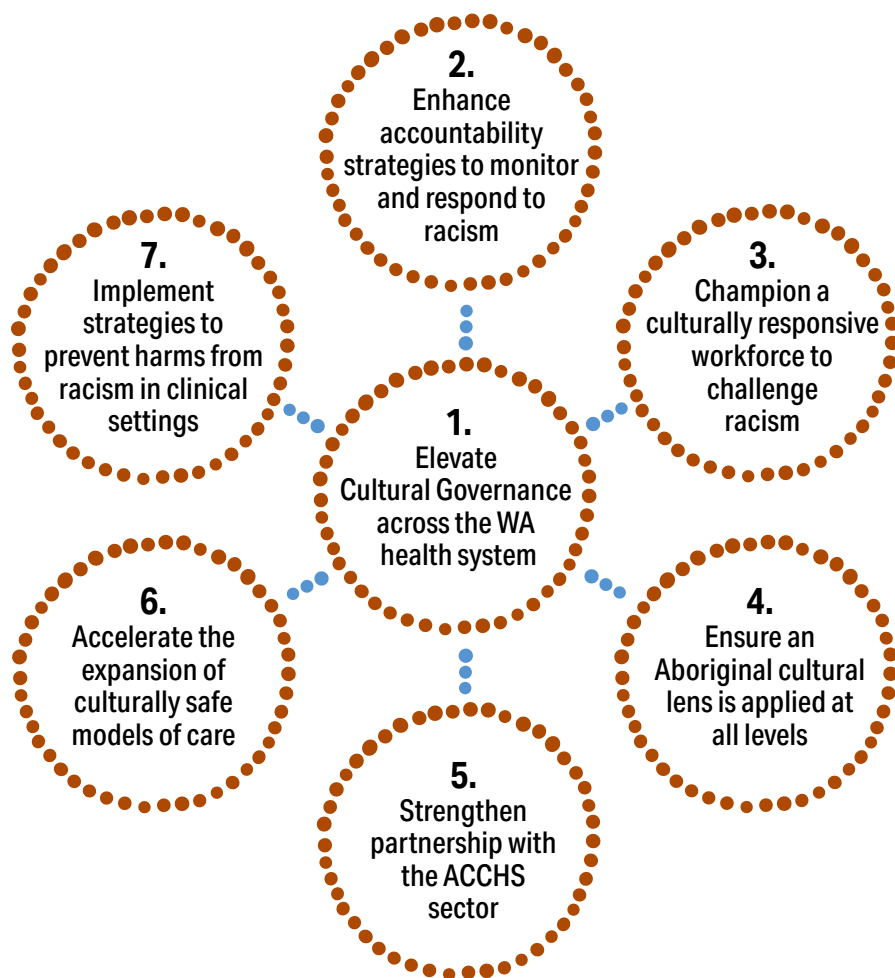


Figure 6: 7 High-Impact Actions



During the roundtable event, the keynote address was delivered by Professor Ray Lovett (Wongaibon/Ngiyampaa), Mayi Kuwayu Study Director in the National Centre for Epidemiology and Population Health at the Australian National University. Professor Lovett presented WA specific data on the Cultural Determinants and the impacts of racism on the health and wellbeing of Aboriginal people. This was followed by facilitated discussions led by Professor Braden Hill, Deputy Vice Chancellor of Edith Cowan University.

Following these discussions, 7 high-impact actions were identified as priorities to guide the WA health system to address racism and embed the Cultural Determinants of health (see Figure 6). These high-impact actions, along with recommended next step activities, were endorsed by the Health Executive Committee (HEC) and will guide future strategic actions.

The key focus of the first high-impact action, to elevate cultural governance across the WA health system, is to facilitate genuine shared decision making with Aboriginal people and to drive implementation of the other 6 actions. In support of this action, WA Health has established dedicated HEC meetings with an Aboriginal health focus and has also revitalised the Statewide Aboriginal Health Network, a strategic partnership between the department, health service providers and ACCHS sector.



Climate health

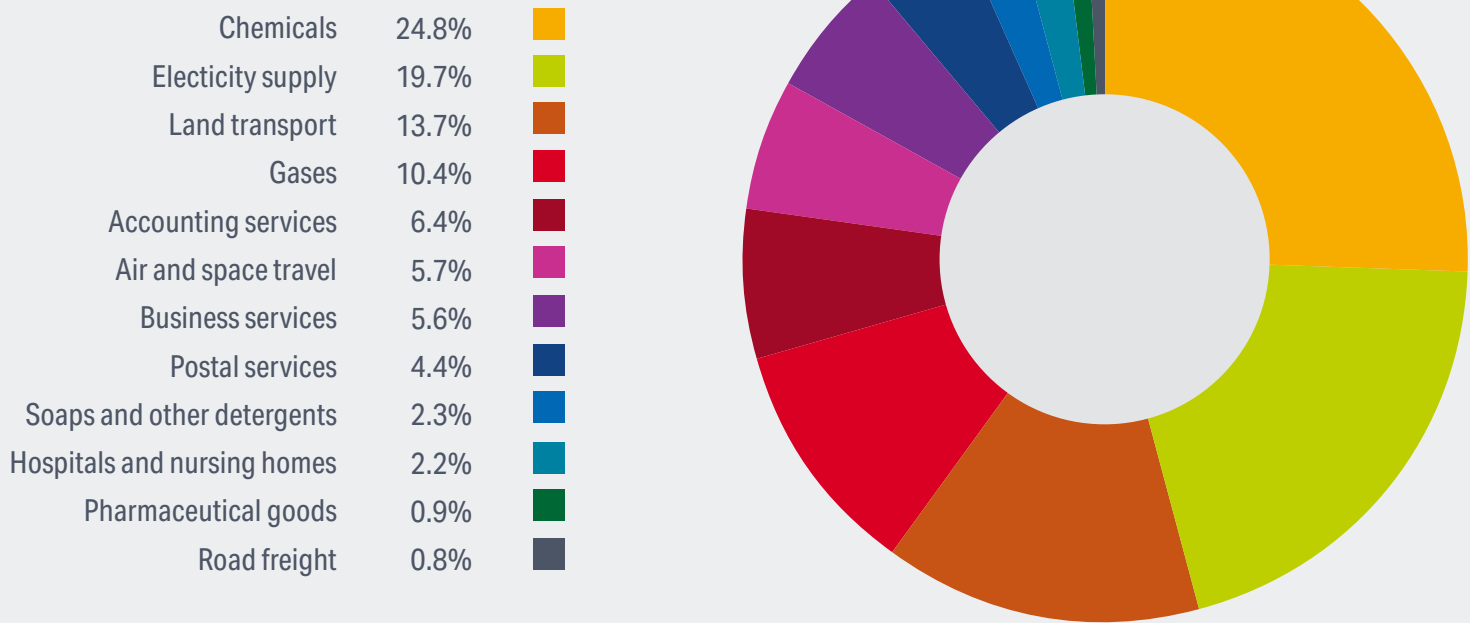
The *Climate Health WA Inquiry Final Report* outlines various ways climate change can impact human health, whether directly, through extreme weather events or heatwaves, or via complex pathways such as altered patterns of disease transmission and spread. There are also mental health impacts, including those associated with experiencing an extreme weather event.

We are committed to building a climate resilient and sustainable health system, reducing emissions, energy and water use while preparing the WA health sector and the community for the impact of climate change.

Climate change and our healthcare system

The need for many healthcare facilities to operate continuously, and the high standards of hygiene, safety and quality required to protect patients, means health systems are significant contributors to greenhouse gas emissions. To enable a reduction in WA Health’s greenhouse gas emissions, we needed to calculate the carbon footprint to understand the total emissions and where these come from (see Figure 7).

Figure 7: Top 12 economic sectors contributing to WA Health's greenhouse gas emissions



Our findings reflect the unique operating environment for delivering health services. In particular, the highest emissions of energy were identified as:

- transport services, including the movement of patients via the Patient Assisted Travel Scheme and road freight (20 per cent of total emissions)
- electricity, including the heating and cooling of healthcare facilities (20 per cent)
- the manufacture and delivery of products and services (46 per cent).

Overall, the total carbon footprint for WA Health in 2020 was 6,578 kilotonnes of carbon dioxide equivalents, which is approximately 8 per cent of the state's total emissions.

Informed by this research and extensive consultation across the WA health system, we are developing a strategy for an environmentally sustainable, low carbon and climate resilient healthcare system that will be released in late 2024.

In the meantime, key initiatives are progressing across WA Health to reduce our environmental impact. This includes supporting energy efficiency programs, product replacement programs including the reduction in single use plastic items, and expansion of waste streams to divert waste from landfill and increase reuse and recycling of material.

The exploration of lower carbon medicines is also a focus. In an Australian first we coordinated a process to delist desflurane from the Statewide Medicines Formulary. Desflurane, a short-acting general anaesthetic agent, is a potent greenhouse gas with a global warming potential 2,540 times that of carbon dioxide. This change was the result of a clinician led movement to switch to the use of safer and more effective anaesthetic gas in our hospitals that is also better for the environment.

Sustainability education

The Sustainability in Healthcare scholarship program supports organisational capacity by providing climate and health related education and training opportunities for WA Health employees. In 2023, we supported 5 staff members in completing the Environmental Sustainability and Health Care Systems online course delivered by the University of Notre Dame. In 2024, 25 WA Health employees have enrolled in Edith Cowan University's Carbon Literacy Training program.

Planning for climate adaptation

In 2023–24, we progressed initiatives to support the State Government [*Climate Adaptation Strategy*](#).

A pilot Health Sector Adaptation Plan that considers the delivery of health sector services in the context of a changing climate was developed. Specific adaptation actions addressing capacity, capability and continuity management were identified based on the World Health Organization operational framework for building climate resilience. WA Health sector leaders, key government partner agencies and service providers contributed insightful feedback and details of current initiatives through face-to-face interviews and comments via an online survey. This pilot plan will inform the development of a Health and Human Services Sector Plan as specified in the Climate Adaptation Strategy.

We are also collaborating with the Aboriginal Health Council of WA to support Aboriginal communities to develop locally informed and Aboriginal led initiatives to reduce the harm of climate health risks in their communities.



Heat-related health impacts in Perth

Building on previous studies that show extreme heat exposure is closely associated with an increase in death and disease, we investigated escalating heat-related health impacts within the Perth community, taking into consideration historical weather data and a wide range of health outcomes including cause-specific deaths, hospital admissions, emergency department presentations and healthcare costs.

Using this data, future heat-related health impacts were determined. Based on an average of 1.64 degrees Celsius of warming by the 2050s, projections show a 61.4 per cent increase in heat-related deaths, with people over 75 and those susceptible to cardiovascular diseases impacted most. Heat-sensitive hospital admissions and emergency department presentations were projected to rise by 33.8 per cent and 29.8 per cent, respectively, leading to an estimated \$30.6 million increase in healthcare costs. In addition, occurrence of extreme heat-related deaths during summer is expected to shift from a 1 in 50 year event under the climate of 2020 to nearly a 1 in 10 year event by 2050. These results align with similar studies, reinforcing the urgency for health sector adaptation to climate change.

Small steps can have a big impact

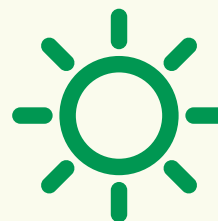
We continued to deliver on our *Climate Action Plan 2022–24* to reduce the environmental impact of the department's operational activities and commit to making changes towards more innovative and environmentally friendly ways of working.

The Climate Action Working Group continued to promote collective leadership across all levels of the organisation, including delivering presentations to senior leadership staff with suggested actions to lead and support staff to make changes in the workplace.

Our eco champions facilitated initiatives online and in-person to educate and raise awareness in the workplace with a focus on 'small steps can have a big impact'. Initiatives to promote responsible waste management behaviours included publication of a waste separation and disposal guide, participation in Plastic Free July and National Recycling Week, and facilitation of a waste reduction competition across divisions. Overall, improved waste management practices and behaviours in the workplace have resulted in the department **diverting over 60 per cent** of monthly waste from landfill.

To further reduce our carbon footprint, our energy consumption, including water and power use was measured at the May Holman Building to inform strategies to increase energy efficiency and reduce energy consumption for implementation in 2024–25. We also analysed our spend on everyday services. This information will inform a department guide to educate and support staff to consider buying environmentally preferable goods and services.

Online consultation was held with staff to better understand how they commute to and from work. The results will be used to estimate current emissions associated with staff travel and inform strategies to promote and support sustainable commuting options.



Climate action plan priority areas

- Collective leadership
- Waste disposal and management
- Energy generation and usage
- Procurement and supply of goods
- Business transport and staff commute

Inspire and empower

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

Values based culture

Throughout the year department culture champions, health and safety and wellness groups, diversity and inclusion staff and eco champions all collaborated to lead and promote initiatives and events that bring people together with a focus on a values aligned culture.

To further build our understanding of staff experiences and ideas to improve culture, 14 Your Voice in Health staff consultation workshops were held in July 2023. More than 100 staff attended, sharing over 950 valuable ideas that directly informed key priorities in the *Your Voice in Health: Action Plan 2023–24*.

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

Your Voice in Health: Action Plan priorities

Responding to staff feedback on priority changes for an even better workplace

- **Recruitment refresh** to improve recruitment practices for staff and candidates
- **Transition to SharePoint online** to improve information access and flow
- **Executive panel sessions** to share information, break down silos and highlight values-led leadership
- **Leadership forums** to support our future leaders

Diversity and inclusion

Our 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.

Our diversity and inclusion staff groups set and monitor priorities and drive implementation of the framework, ensuring initiatives are staff led and reflect diverse voices. Work is also underway to embed diversity and inclusion as a core element of the priorities considered by the Department Executive Committee People and Culture Sub-Committee.

Cross-Cultural Awareness training, Language Services eLearning, and the Diverse WA online training, as well as a series of online equity and inclusion training modules are offered to staff. Training for hiring managers that addresses unconscious bias in recruitment continues to gain momentum with 123 managers and panel members attending since July 2022.

Efforts were made to improve the collection and analysis of workforce data to better meet the needs of our staff and health consumers. This included the creation of a workforce dashboard to access real-time demographic data, as well as improvements to the employee diversity data form. Registration forms for eLearning were also updated to seek diversity information, ensuring equitable opportunities to access learning and development programs that support career progression and identification of diverse voices in feedback on training.

As part of the 2023 WA Public Sector Census, our staff were asked about their diversity, whether they had shared this with our agency and, if not, the reason for not sharing. Staff confidence in expressing their identities, workplace experiences, and concerns reflects the level of trust, psychological safety, and inclusion within the workplace. Our results showed that staff were willing and open to sharing personal information, particularly around their cultural diversity.



Staff that did not share their diversity information did so because they felt that it would not be kept confidential and may limit the roles they would be offered. These findings support our existing actions to improve diversity and inclusion, including revisions to our recruitment and selection processes, and retention and career development practices.

The inaugural Staff with Disability and Allies Network Conference was held in April 2024 to bring together health staff with disability and allies to work together to make the WA health system a more inclusive workplace. More than 70 participants from across the WA health system attended the program that included guest speakers, workshops, healing and learning spaces, and networking.

The conference facilitated thought-provoking discussion and recommendations regarding:

- being an ally and supporting inclusion
- educating managers to enable employees' rights and best-practice adjustments
- creating a space for staff with disability to understand their rights and to network
- improving accessible recruitment and retention of staff in an inclusive workplace.

Celebrating our diversity

In celebration of the diversity of our people and community, and to demonstrate our support for an equitable, accessible, culturally safe and inclusive health system, the department participated in key events throughout the year.

For International Women's Day on 8 March, we hosted a panel discussion with inspiring women who are leading change every day.

In support for the health and wellbeing of the LGBTQIA+ community in WA, we participated in the annual Pride Parade and hosted a rainbow morning tea for IDAHOBIT, the International Day Against Homophobia, Biphobia, Intersex Discrimination and Transphobia.

We also celebrated Harmony Week with an international lunch event featuring a question-and-answer session with an experienced interpreter working in the WA health system.

To share and celebrate achievements in diversity and inclusion within the department, a lunch and learn series was established in 2024, including sessions on accessible and inclusive design, health equity in outpatient services and reducing gendered language in sexual health resources.

Professional development

Training and development opportunities

Staff development opportunities are structured around the learning model defined in the Learning and Development Plan 2020–2024. A mix of on-the-job training, collaborative formal learning and growth opportunities aligned to business needs, and individual development requirements were made available to staff.

The department's formal learning catalogue includes on-demand eLearning through the MyLearning platform, and face-to-face opportunities. In 2023–24, our staff completed 5,663 hours of eLearning programs and 4,344 hours of face-to-face training and development. An overview of participation can be seen in Figure 8 and Figure 9.

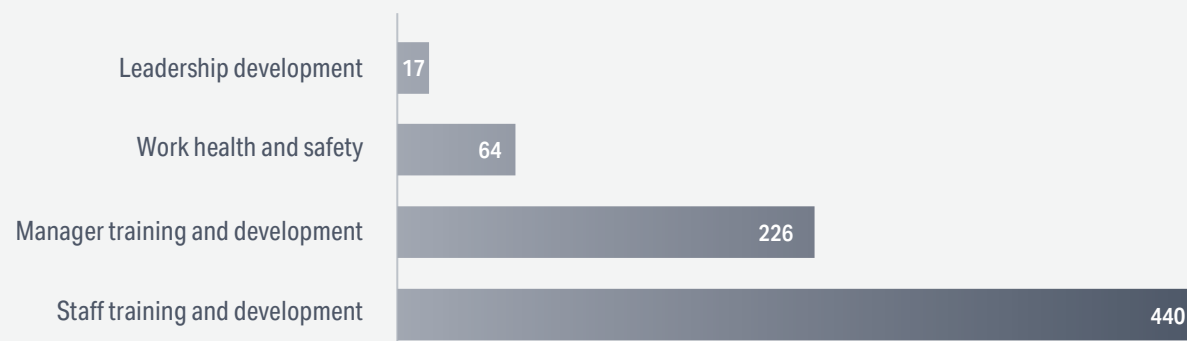


885 staff engaged in My Achievement Plan to support their career development and to guide leadership and management activities, a **20 per cent increase** from 2022–23.

Figure 8: eLearning participation by training type, 2023–24



Figure 9: Face-to-face learning: attendance by training type, 2023–24



Note: An individual staff member may attend more than one development session.

Supporting our leaders

The Level 8 leader network continues to provide professional support as our middle management leaders navigate the unique challenges in balancing the need to deliver multiple projects while simultaneously keeping pace with a changing environment. In 2023–24, members of the Level 8 leader network were surveyed to determine their greatest challenges, development needs and how they could be best supported. In response, the Facilitative Leadership in Action workshop gave leaders the opportunity to learn 'how to be the host rather than the hero' and to explore being a leader who fosters empowerment, collaboration and creativity. Managing Difficult Conversations allowed participants to unpack the elements and models of difficult conversations and provided the opportunity to practice and build confidence.

Supporting young professionals

We are committed to developing and providing employment opportunities for all individuals, including aspiring young professionals. During 2023 participants from our first cohort of school-based trainees transitioned to a 12-month corporate traineeship while completing their Certificate III in Government. On completion, corporate trainees secured permanent roles in the department. The current cohort of school-based trainees will have the same opportunity following completion of their traineeships in September 2024.

We also piloted a paid summer internship program, providing 4 select university students with the opportunity to gain corporate experience in WA health. The pilot provided interns with professional skills and a pathway to the WA Health Graduate Development Program, and promoted WA Health as a preferred employer to young people. Evaluation of this program and ongoing implementation will be considered in 2024–25.



Welcoming our Aboriginal graduates

In early 2024, WA Health welcomed its first cohort of 6 graduates to the Aboriginal Graduate Program, a 2-year paid employment program that offers Aboriginal university graduates a head start in developing their skills and strengthening their employability within a culturally safe and supportive workplace.

Graduates are offered diverse placements across relevant work areas, projects and teams depending on their degree and career aspirations. The first cohort includes one graduate with a Masters of Infectious Diseases and others with bachelor-level qualifications in science, health science, social science and the arts. Their placements are across public health planning, data governance, communications, human resource management, and clinical roles in speech pathology and microbiology.

WA Health is committed to growing our Aboriginal workforce and the Aboriginal Graduate Program offers role-specific and broader learning and development to support participants in building their career pathway and increasing their knowledge of the public sector and the WA health system. The program also provides significant support to transition to permanent employment on completion of the program.

A key component of the program is providing cultural wrap around support, including mentoring and coaching. Mentors are drawn from the Aboriginal Leadership Excellence and Development (LEAD) and First Step Aboriginal Leaders programs. Working with the graduates provides a valuable opportunity for mentors to translate their learning to the workplace and extend their skills within the supportive framework established by the Aboriginal Graduate Program.

Training is also planned for supervisors and staff working with graduates to ensure they understand how to work best with Aboriginal staff and how to make them feel culturally safe in the workplace.

As the Aboriginal Graduate Program matures, closer connections will be fostered between graduates, participants in the LEAD and First Step programs and undergraduates participating in the Aboriginal Cadetship Program. This will expand the cultural support network and networking opportunities across WA Health.



Joseph Bin Omar, Senior Program Officer in Aboriginal Environmental Health, on why he volunteered to mentor in the Aboriginal Graduate Program:

I felt it was important to be able to give back to others so that we can build a positive work culture, connect with other Aboriginal people in the sector and to learn from my mentee. Learning of fresh perspectives or a new approach within a work context and hearing what they are involved in and where they hope to go is important. Connecting with other people is always a powerful way to help each other grow.



Lily Turton, Aboriginal Graduate Officer in Information and Performance Governance, on what she enjoys most about the Aboriginal Graduate Program:

I enjoy the Cultural Mentor Program most because it connects me with someone that genuinely understands my experiences and perspectives, which is especially important given I'm the only Aboriginal person in my team. Thanks to my mentor, I now have a space where I can seek advice, receive ongoing guidance and support, and connect with other mob working across WA Health.

I also really enjoy the projects I've been involved in, as they have enabled me to promote and advocate for Aboriginal data sovereignty, protective factors of Aboriginal health and wellbeing, and the importance of using strength-based data.



Ayesha Gadsdon, Aboriginal Graduate Officer in Aboriginal Health Policy Directorate, on what attracted her to apply for the WA Health Aboriginal Graduate Program:

I was a Cadet the past 2 years, and I really enjoyed my time at my placements. During that time, I discovered that I was really passionate about healthcare disparities that a lot of mob face, so it only made sense to apply!

I'm also currently doing my research masters on the racial empathy gap in perinatal health for Aboriginal women which has so far complemented my work at the department so nicely.



Health and wellbeing

Our commitment to creating a mentally healthy workplace and supporting staff to manage their mental health at work continued in 2023–24. A total of 24 staff completed training and accreditation to become mental health first aiders in the workplace, bringing the total number of officers to 84.

We also focused on identifying and managing the psychosocial hazards in the workplace. As a priority, 22 staff working in the areas of people and culture, human resource management and work health and safety completed a 2 day psychosocial training workshop to equip them with the knowledge and skills to manage complex and sensitive issues impacting staff in the workplace.

For all staff, we provided information online concerning:

- psychological safety in the workplace
- finding work life balance
- managing stress and building resilience
- maximising time and productivity
- developing a healthy relationship with technology
- managing team wellbeing.

A varied health and wellbeing program was also offered to support the wellness of staff. The program included events and seminars for occasions such as Mental Health Week and R U OK? Day, encouraged physical activity through step challenges and lunchtime exercise, and supported general health through influenza vaccinations, health checks and skin checks.

Our award-winning people

Australia Day Honours 2024



Dr Kristen Nowak, Director Office of Population Health Genomics, was awarded the Medal of the Order of Australia for service to medical research.



Dr Revle Bangor-Jones, Deputy Chief Health Officer – Health Protection, was awarded the Public Service Medal for outstanding public service through strategic leadership of the public health response to COVID-19, including the management of COVID-19 outbreaks on vessels in WA waters.



Dr Robyn Lawrence, former Assistant Director General Clinical Strategy and Planning, was awarded the Public Service Medal for her outstanding public service through substantial contribution to WA's response to COVID-19.

Institute of Internal Auditors-Australia Awards

The department's **Risk and Audit team** was awarded **Internal Audit Team of the Year** in recognition of innovative audit approaches, implementation of effective assurance activities and governance, and significant achievements in the management and mitigation of risk. The national award is a testament to the team's leading role in risk and audit practices for the public sector.



Institute of Public Administration Australia WA Achievement Awards

Nasir David, Director of Data and Information Systems, was awarded **Information Technology Practitioner of the Year** for leading the rapid development of a statewide online registration form to capture individuals' positive COVID rapid antigen test (RAT) results. Based on a person's high health risk factors provided in the form, people were easily identified as requiring home monitoring as part of the COVID Care at Home Program.



WA Health Excellence Awards

The WA Health Salmonella Outbreak Response Taskforce, led by **Environmental Health Directorate**, received the award for **Excellence in Preventive Health**. To reduce and control community wide outbreaks of salmonellosis, the department worked with local government, the WA egg industry and food businesses. This collaboration resulted in a 98 per cent reduction of cases attributable to salmonella outbreak strains, and an overall decrease in case notifications below pre-2009 levels and the national average.



The Health Navigators Pilot Program, led by **Strategy, Policy and Planning Directorate**, received the award for **Excellence in Person-Centred Care**. The aim of the program is to design and test new ways of working to improve services to better meet the health needs of children in out-of-home care (OOHC). With over 200 children supported across both pilot sites (Mirrabooka and the South West), the program provides timely access to health services for children in OOHC, including initial and comprehensive health assessments, mental health services, disability and cultural supports to ensure culturally safe and holistic care.

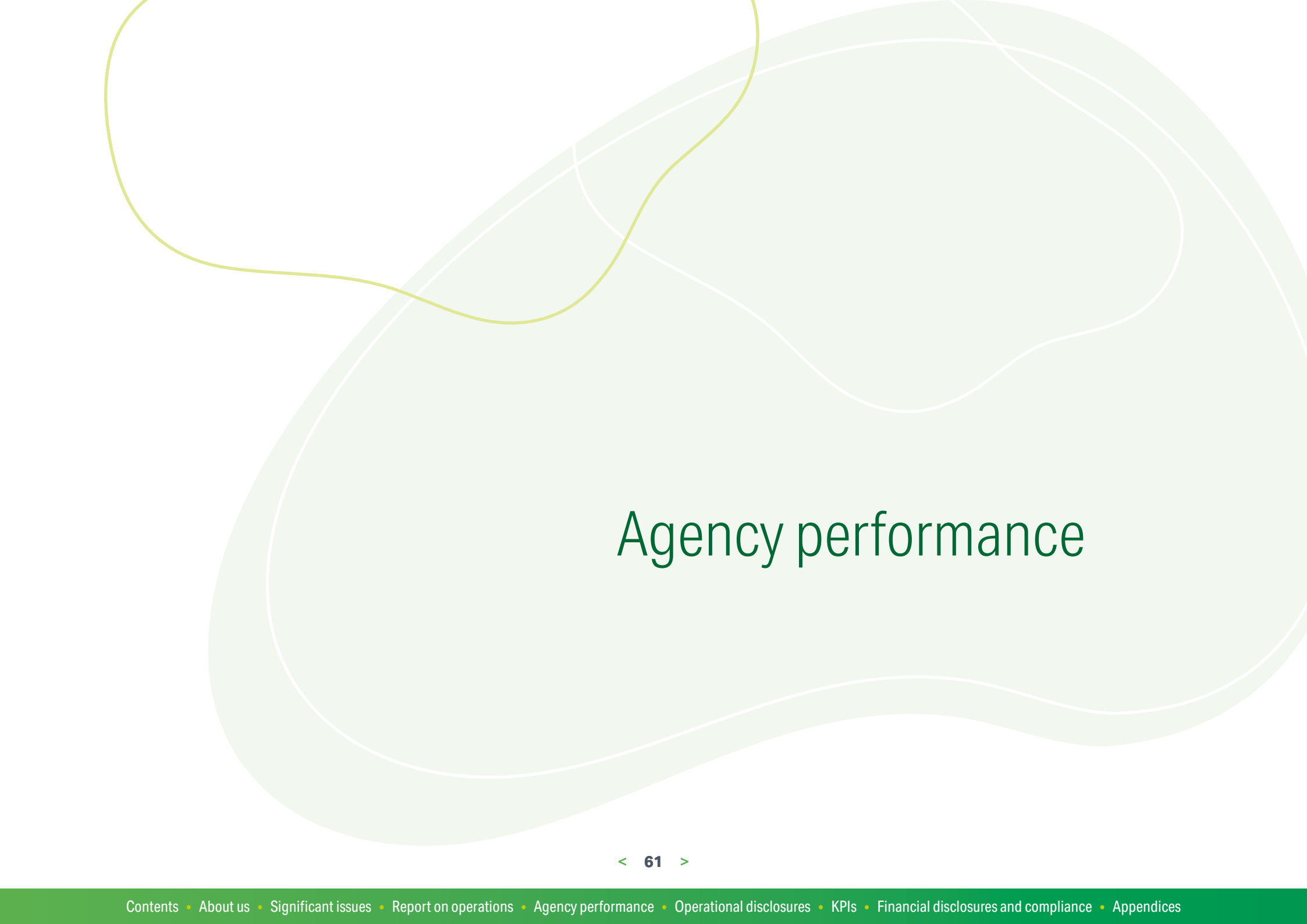


WA Multicultural Awards

The **Older Person Health Network** received the **Premier's Public Sector Award** for coordinating the Older People Community Education series, aimed at promoting health literacy and healthy ageing for culturally and linguistically diverse (CaLD) older people. This initiative reached over 600 community members and representatives of CaLD organisations. Work has started to expand the reach of the series in 2024.



This page has been left blank intentionally



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 1 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 green.

Table 1: Outcome Based Management Framework for the WA health system

Government goals	Desired outcomes	Services
Safe, strong and fair communities: 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 2. Public hospital emergency services 3. Public hospital non-admitted services 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 6. Public and community health services 7. Pathology services 8. Community dental health services 9. Small rural hospital services
Strong and sustainable finances: 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 11. Health support services

While supporting and enabling the delivery of services to achieve all 3 desired outcomes through system-led initiatives and support to health service providers, the department specifically and directly achieves Outcomes 2 and 3.

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, and that provide functional interim care or support for older, frail, aged and younger people with disability to continue living independently in the community. These services include community-based palliative care services that are delivered by private facilities under contract to the department, 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 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.

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 2023–24 is summarised in the Agency performance section and described in detail in the Key performance indicators section of this report.

In 2023–24, computation changes were made to 4 key performance indicators. Notation of these amendments and the reasons for change are detailed in the Key performance indicators section of this report.

Performance summary

Summary of financial performance

Table 2 provides a summary of our financial and performance information for 2023–24.

Full details of the department's financial performance including variance explanations are provided in the Financial statements section of this report.

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

	2023–24 Target (\$'000)	2023–24 Actual (\$'000)	Variation (+/-) (\$'000)
Total cost of services ¹	9,609,042	10,400,112	791,070
Net cost of services	6,763,336	7,409,396	646,060
Total equity	291,486	300,519	9,033
Agreed salary expense level	246,783	192,361	-54,422 ²
Approved borrowing limit	0	0	0

Notes:

1. The total cost of services includes grants and subsidies to fund statutory authorities for delivery of health services.
2. In the calculation of the target non-related salary expenses were included resulting in the variation.
3. Approved borrowing limit is not applicable.

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 2023–24, the cash limit target and actual for the WA health system are provided in Table 3.

Table 3: Agreed working cash limit for the WA health system

	2023–24 Agreed Limit (\$'000)	2023–24 Target/Actual (\$'000)	Variation (+/-) (\$'000)
Agreed working cash limit (at budget)	561,528	561,528	0
Agreed working cash limit (at actuals)	607,036	617,182	10,146

Notes:

1. The working cash limit is for all WA health system entities, including health service providers.
2. The cash position for the department can be found in the notes to the financial statements.

Agencies are required to operate within an agreed executive salary expense limit. The executive salary expense limit target and actual for the WA health system are provided in Table 4.

Table 4: Agreed executive salary expense limit for the WA health system

	2023–24 Target (\$'000)	2023–24 Actual (\$'000)	Variation (+/-) (\$'000)
Agreed executive salary expense limit	12,320	12,333	13

Ex-gratia payments paid in 2023–24 are provided in Table 5. The department did not make any act of grace payments during the financial year.

Table 5: Department of Health ex-gratia payments paid in 2023–24

Funding source	Payment date	Payment amount (\$)	Purpose of payment
State appropriation	Throughout the year	5,669,643	Payments to health service providers to cover the 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 6 and efficiency results are summarised in Table 7. Detailed information can also be found in the Key performance indicators section of the report.

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

Table 6: Actual results versus key effectiveness performance indicator targets

Page	Desired outcomes and related effectiveness indicators		2023–24 target	2023–24 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					
91	1	Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Programme	≥82%	91%	9%
92	2	Percentage of people accessing specialist community-based palliative care who are supported to die at home	≥76%	73%	-3%
94	3	Potential years of life lost for selected common causes of premature death			
		a. Lung cancer	1.4	1.2	-0.2
		b. Ischaemic heart disease	2.1	2.4	0.3
		c. Malignant skin cancers	0.3	0.4	0.1
		d. Breast cancer	1.7	1.6	-0.1
		e. Bowel cancer	1.1	1.0	-0.1
96	4	Percentage of fully immunised children			
		a. 12 months	≥95%	91.7%	-3.3%
		b. 2 years	≥95%	89.9%	-5.1%
		c. 5 years	≥95%	92.9%	-2.1%
98	5	Percentage of 15 year olds in Western Australia vaccinated for HPV			
		a. Males	≥80%	83.0%	3.0%
		b. Females	≥80%	84.1%	4.1%
100	6	Response times for emergency road-based ambulance services (Percentage of priority 1 calls attended to within 15 minutes in the metropolitan area)	≥90%	86.3%	-3.7%
Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system					
101	7	Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of system manager functions	≥75%	78%	3%

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

Table 7: Actual results versus key efficiency performance indicator targets

Page		Desired outcomes, services delivered and related efficiency indicators	2023-24 Target	2023-24 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					
102	1	Average cost of a transition care day provided by contracted non-government organisations/service providers	\$334	\$442	\$108
103	2	Average cost per home-based			
		a. hospital day of care	\$322	\$366	\$44
		b. occasion of service	\$149	\$158	\$9
104	3	Average cost per day of non-acute bed-based continuing support	\$814	\$888	\$74
105	4	Average cost to support patients who suffer specific chronic illness and other clients who require continuing care	\$20	\$19	-\$1
106	5	Average cost per client receiving contracted palliative care services	\$9,131	\$8,608	-\$523
Service 6: Public and community health services					
107	6	Cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury	\$49	\$102	\$53
108	7	Cost per trip for road-based ambulance services, based on the total accrued costs of these services for the total number of trips	\$673	\$655	-\$18
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					
109	8	Average cost of public health regulatory services per head of population	\$7	\$6	-\$1
110	9	Average cost for the Department of Health to undertake system manager functions per health service provider full time equivalent	\$4,752	\$5,778	\$1,026

Progress of immunisation priorities

We are committed to protecting individuals and the community from vaccine preventable diseases by enhancing immunisation service delivery and uptake across WA.

Immunisation is known to be one of the most effective public health interventions, saving millions of lives worldwide every year. Immunisation plays a crucial role in safeguarding our health by protecting us from serious infectious diseases and providing lasting defence against some illnesses. There are many diseases that can be prevented using vaccines.

Despite the success of immunisation and availability of safe and effective vaccines, many vaccine preventable diseases continue to occur in WA. Due to the significant disruption of COVID-19 to our immunisation programs and the resultant increase in vaccine hesitancy/fatigue in the community, vaccine coverage is declining in some cohorts of the population and as such there is an ongoing risk of disease re-emergence.

Our priorities: 2016–2023

A key focus of the *Western Australian Immunisation Strategy 2016–2023* was to increase immunisation coverage for young children, Aboriginal people, adolescents and adults.

In 2024, the strategy was evaluated to identify achievements and to determine our priorities going forward.

Vaccine coverage and public uptake

During the life of the strategy, a gradual incline in influenza (flu) vaccination coverage occurred for adults aged 65 years and older, from 36 per cent in 2017 to 71 per cent in 2022, achieving the target of 70 per cent. Increased access to free flu vaccinations occurred during this period of incline.

Flu coverage of pregnant women gradually increased from 2017 to 2020 (33 per cent vs. 62 per cent) to meet the target of 60 per cent. However, coverage over the past couple of years has declined to approximately 50 per cent.

The strategy also set a coverage target of 60 per cent for antenatal vaccinations. Pertussis vaccination in pregnant women increased by over 25 percentage points between 2016 and 2020 and was consistently above the 60 per cent coverage target from 2018 to 2022. Coverage averaged 67 per cent from 2016 to 2022 and peaked at 77 per cent in 2020.

The *Western Australian Immunisation Strategy 2016–2023* aimed to:



Coverage and equity in access

Achieve or sustain high levels of immunisation coverage across WA, with equity in access to vaccines and immunisation services



Public confidence

Provide safe, high quality immunisation services that instil public confidence and adherence to vaccine recommendations



Efficient services

Ensure cost effective use of vaccines and efficient immunisation services



Monitoring and surveillance

Implement timely and effective monitoring of immunisation coverage and surveillance of vaccine preventable diseases and the occurrence of adverse events following immunisation



Communication

Implement clear communication with the public and immunisation providers about vaccine preventable diseases, vaccines and adverse events following immunisation

Vaccination coverage for children aged 12 months, 2 years and 5 years has consistently met the 90 per cent coverage target but remains below the aspirational national target of 95 per cent.⁷ Coverage declined in 2021 and 2022 for all ages and notably among Aboriginal children. Sufficient coverage of childhood vaccines has resulted in lack of visibility of these diseases in the community that can result in complacency. We also know that 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. In addition, vaccine hesitancy is an ongoing issue within the Aboriginal community, affecting immunisation rates across all vaccination programs.

Since 2018, vaccination for human papilloma virus (HPV) has consistently met the 80 per cent target for both males and females. However, coverage rate for Aboriginal adolescents has remained below the 80 per cent target and low in comparison to non-Aboriginal adolescents.⁷ The school immunisation catch-up program was impacted by COVID-19, specifically staff shortages and a focus on COVID-19 vaccinations.

Vaccine delivery, monitoring and safety surveillance

By 2024, the immunisation workforce has increased due to the establishment of a Structured Administration and Supply Arrangement to authorise registered nurses and enrolled nurses to vaccinate. In addition, access and affordability of vaccinations improved through expanded community pharmacy immunisation services. Over 500 community pharmacies now provide immunisation services for a range of programs, including flu vaccines for people aged 5 years and over, adolescent vaccination and the measles, mumps, rubella vaccination for adults.

Improved monitoring of vaccination coverage and safety surveillance has occurred due to the implementation of automated systems and processes.

Our priorities going forward: 2024–2028

Influenced by stakeholder engagement and key learnings from the evaluation of the 2016–2023 strategy, the department will continue to focus on reducing the incidence or maintaining elimination of vaccine preventable diseases by:

- improving immunisation access and acceptance, and increasing demand and uptake
- enhancing the systems that provide and support immunisation service delivery.

To achieve this key community groups will require additional support, including those who may be disproportionately and/or severely affected by vaccine preventable diseases, face barriers to accessing immunisation services, or have seen a decline in immunisation rates in recent years, including coverage in young children and adolescents, flu for older adults and pertussis for pregnant women.

Support for established settings for immunisation delivery will continue. In addition, settings that require tailored immunisation programs will include:

- places where congregate living occurs, including residential care facilities, prisons, and detention facilities
- geographic locations with low vaccination coverage
- outreach settings, for example ad-hoc clinics and in-home vaccination, for high priority populations or specific identified needs.

To improve community confidence in immunisation clear messaging is required concerning the benefits of immunisation and allocating resources to address vaccine hesitancy, disinformation, misinformation and public opinion.

A monitoring and reporting framework will be necessary that includes planning and reporting requirements for key immunisation stakeholders, data capture and outcome reporting against key performance indicators.

7. Detailed data is provided in the key performance indicators section of this report.

Don't Assume You're Immune

A new statewide public health campaign highlighting the importance of being immunised to protect against preventable diseases was recently launched.

The Don't Assume You're Immune campaign features the risks for people and their loved ones if they're not immunised. The campaign encourages consumers to make informed decisions about immunisation against diseases including influenza, meningococcal and shingles, that can be life-threatening in some cases.

To support the campaign, a new immunisation website was launched. This online [hub](#) provides easy to find, accurate and credible medical information about vaccine preventable diseases, possible complications for those not immunised, and highlights who is most at risk from the diseases.



No Jab, No Play

Rationale

From 2019, legislative changes, referred to as 'No Jab No Play' require a child's immunisation status to be up to date to enroll into a child care service, community kindergarten or school. A child is considered up to date if they have received all vaccinations listed on the National Immunisation Schedule for their age.

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.

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 693 children who did not have an up-to-date immunisation status as reported in the 2022–23 reporting period, 281 (40.5 per cent) were recorded as up to date as of 3 July 2024.

In the 2023–24 reporting period, 607 children were reported by child care services (n=35), community kindergartens (n=9) and schools (n=563) as having an immunisation status of not up to date. As of 3 July 2024, the immunisation status of 96 (15.8 per cent) of these children was considered up to date, while a further 42 children (6.9 per cent) were on a catch-up schedule.

The number of children reported as having an immunisation status of not up to date at enrolment in 2023–24 decreased by 12.4 per cent from 2022–23.

In 2023–24, we focused on promoting the importance of immunisation to families arriving from overseas. A reduction in the number of children from overseas who are not up to date at enrolment has been observed.

Table 8: Immunisation status of children who were not fully immunised by enrolment cohort, 2022–23 and 2023–24

Enrolment cohort	Reported as not up to date at enrolment	Immunisation status as at 3 July 2024			
		Up to date	On a catch-up schedule	Not up to date	Unable to find on Australian Immunisation Register
2022–23					
Children enrolled in child care between 1 July 2022 and 30 June 2023	47	15	0	25	7
Children enrolled in kindergarten/school between 1 January and 31 March 2023	646	266	0	319	61
Total	693	281	0	344	68
2023–24					
Children enrolled in child care between 1 July 2023 and 30 June 2024	35	4	7	21	3
Children enrolled in kindergarten/school between 1 January and 31 March 2024	572	92	35	372	73
Total	607	96	42	393	76

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. 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.
3. '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.
4. Due to the time lag between reporting, data cleaning and follow up activity the immunisation status of both cohorts for 2022–23 is considered final and for 2023–24 the findings are considered preliminary. Any changes to immunisation status of children reported in the 2023–24 period will be provided in the 2024–25 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.

Evaluating the impact of No Jab No Play

In February 2024, we released the findings from an [evaluation of the impact of the No Jab No Play legislation](#).

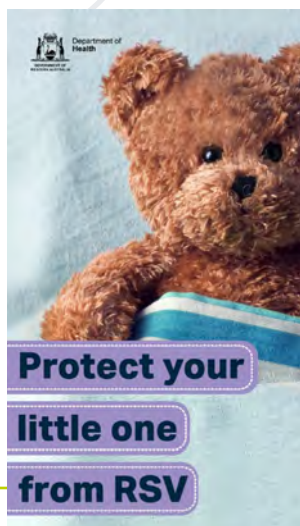
The evaluation conducted in 2022 aimed to:

- compare the immunisation coverage of children before and after the NJNPlay legislation was introduced
- investigate the impact and identify any unintended consequences of the NJNPlay legislation on families, early childhood educators and health professionals.

In response we are currently addressing the following recommendations:

1. Provide support and resources for health professionals and early childhood educators to administer the legislation.
2. Enhance understanding and awareness of the legislation and immunisation among families, early childhood educators, and health professionals.
3. Strengthen understanding of exemptions among families, early childhood educators and health professionals.
4. Provide adequate resources to support children on catch-up schedules.





Protecting little ones from RSV

In an Australian first, WA babies are being offered immunisation against respiratory syncytial virus (RSV) – a highly infectious respiratory virus that infects more than 65 per cent of all babies in their first year of life and, every year, hospitalises around 1,000 babies in WA.

In April, RSV immunisations became available through birthing hospitals, general practitioners, Community Health Clinics and Aboriginal Medical Services that provide childhood immunisations. All newborns and babies under 8 months are eligible for vaccination, as well as children aged between 8 to 19 months who are at increased risk of severe RSV.

While RSV impacts the whole community, babies have tiny airways and are more likely to have a serious outcome following an RSV infection – including potential hospitalisation and an increased risk of developing childhood asthma.

The Therapeutic Goods Administration approved the use of nirsevimab – an antibody which provides immediate protection against RSV. One dose, given via injection, protects babies for at least 5 months, covering them for the duration of an average RSV season, which is typically May through to September.

Medical studies show immunisation with nirsevimab is safe and has proven to be approximately 80 per cent effective at preventing infant hospitalisations and 90 per cent effective at preventing admission to an intensive care unit.

To 30 June, more than 16,000 babies and children have received the RSV vaccination across WA. The rollout of RSV immunisation in WA is expected to prevent about 700 RSV-related infant hospitalisations, around 3,000 emergency department presentations and 4,000 consultations with general practitioners this year.

Heartbreaking experience of RSV

Mum of 3, Rebecca Reynolds, highly recommends the RSV immunisation, following 3 hospital visits with her youngest son George.

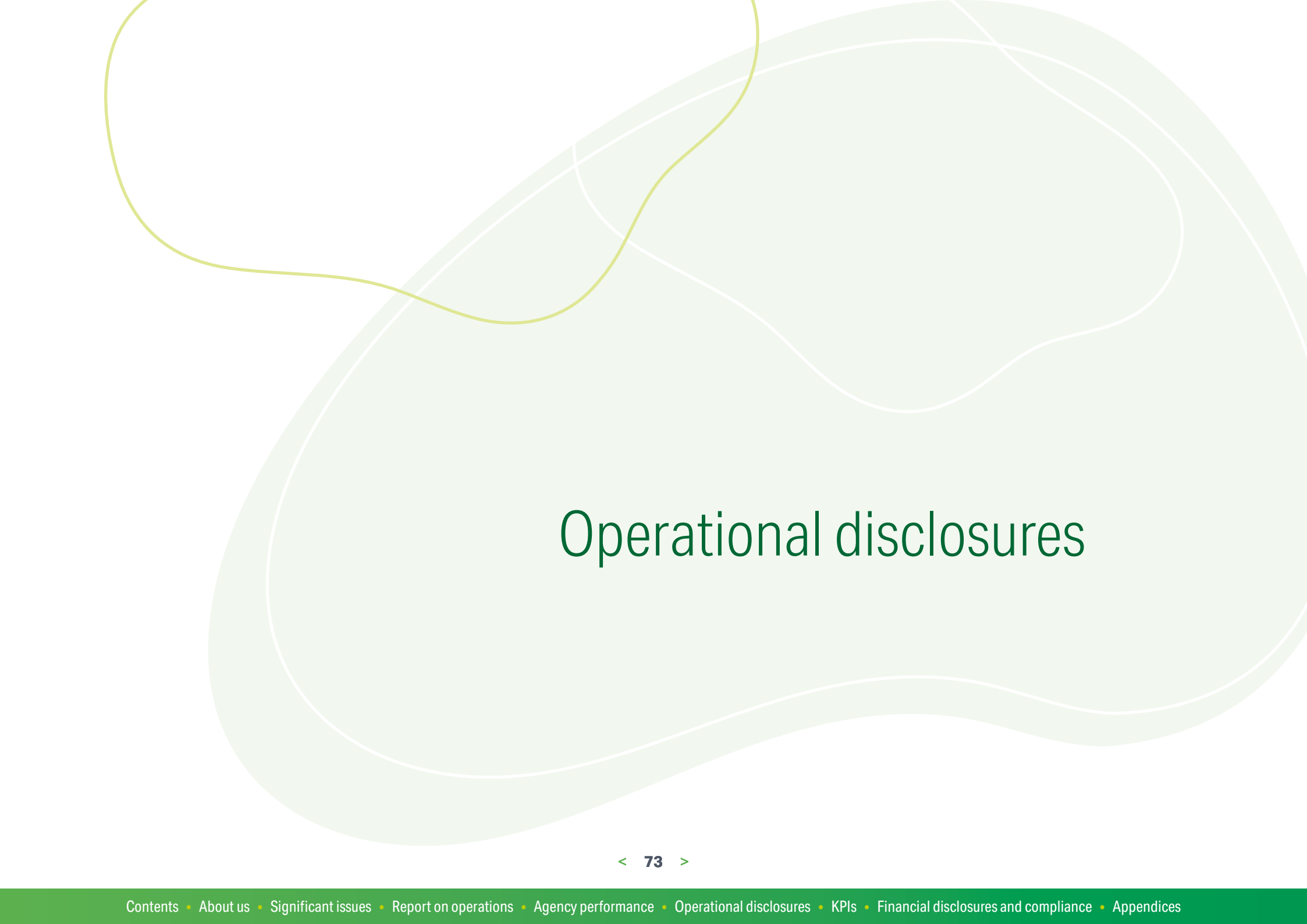
George was first diagnosed with RSV at 8 months of age. Initially he showed standard cold symptoms but within a few hours his symptoms escalated. Rebecca realised it wasn't just a cold when George's breathing became laboured and he was gasping for air. He was lethargic, unsettled and had a loss of appetite.

Rebecca took George to Perth Children's Hospital where he was placed on oxygen and required constant monitoring. The pair spent multiple nights in hospital, isolated from the rest of their family as Rebecca was concerned her other 2 children would also catch the highly contagious virus. Once released from hospital, George required close supervision to monitor his breathing.

Now, at 18 months, George's lungs are weakened and he is at greater risk of catching viruses. He must also use Ventolin as soon as he is unwell as his breathing is impacted.

'It is amazing to hear this immunisation is now available and I could have only wished it came out sooner and George could have benefited from it,' Rebecca said.

'To see such small babies impacted so severely is heartbreaking. I would highly recommend it to any new parents. To watch your child go through 3 hospital stays and the breathing distress is difficult.'



Operational disclosures

Employee disclosures

Employment profile

As at 30 June 2024, the department employed 1,244 full-time equivalent (FTE) employees (see Table 9). Compared to 2022–23 a 5 per cent increase was observed in FTE associated with an increase in full time, part time and seconded in employees.

Table 9: Total full-time equivalent by category

Category	2022–23	2023–24
Full-time permanent	615	684
Full-time contract	280	224
Part-time measured as full-time equivalent	219	240
Secondment in	39	48
Secondment out	2	2
Other	31	46
Total	1,186	1,244

Notes:

- 1. Data extracted on 10 July 2024.
- 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, that includes the negotiation, monitoring and evaluation of industrial agreements and subsidiary agreements, and management of award amendments.

In March 2024, the WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2022 was registered with the WA Industrial Relations Commission, following 18 months of negotiations.

In addition, through the WA Health System – Medical Practitioners – AMA Industrial Agreement 2022, WA Health introduced permanency for senior medical practitioners, an employment arrangement that has not been available in WA public hospitals since 1996.

Throughout 2024, 10 industrial instruments will be renegotiated covering the entirety of the WA Health workforce – over 60,000 employees. Negotiations have commenced with relevant unions for replacement industrial agreements for salaried officers, hospital support workers, enrolled nurses and medical practitioners. Negotiations are on track to commence in coming months for replacement agreements relevant to dental officers, dental technicians, registered nurses and midwives, and engineering and building trades staff.

We remain focused on delivering reform items related to 2022 bargaining including review of classification structures, competency frameworks and career pathways for key employee groups.

Staff development

Details of staff development activities are provided in the Inspire and empower section of this report.

Work health, safety and injury management

Commitment to workplace health and safety

We are committed to providing safe workplaces and maintaining high standards of physical and psychological health and safety for workers and visitors in alignment with the *Work Health and Safety Act 2020*.

Efforts to improve the effectiveness and performance of the work health and safety (WHS) management system are informed by consultation with staff, elected health and safety representatives (HSRs) and our Health and Safety Committee. To support staff engagement, information about the WHS management system is included within induction, local HSRs are available for ongoing assistance and advice, and the Health and Safety Committee minutes are accessible on the intranet. Safe Work Month is promoted annually to emphasise prioritisation of healthy and safe workplaces.

Reviews completed during 2023–24 that are guiding improvements include Safe First Aid Assessments across all department sites, and staff safety and security reviews for key sites and teams.

There has been an increased focus on psychosocial risk in 2023–24. We completed a preliminary psychosocial trend analysis and investigated emerging themes related to workplace behaviours. An external specialist also undertook an assessment of psychosocial risk associated with the physical work environment in the May Holman Building. Key staff attended training in psychosocial hazards and also family and domestic violence to enable them to manage complex and sensitive cases. In addition, the scope of our Employee Assistance Program was expanded to offer services to Disaster Preparedness and Management labour hire staff and to accommodate extra counselling sessions for complex cases. The Manager Assistance Program that offers supervisors with support to navigate difficult situations in the workplace is now promoted in WHS for Managers training to encourage awareness and use of the service.

Operational improvements during the year included:

- enhanced monitoring and reporting to enable WHS real-time data and trend analysis
- establishment of a workplace inspections register to record hazards and track completion of corrective actions
- implementation of a dashboard to monitor payment of first aid officer allowances
- development of resources to support delivery of successful initiatives and events
- enhanced oversight and tracking of building maintenance and testing.

Our work health and safety specialists also partnered with teams across the department to meet local needs, including development of operational risk assessment documentation, facilitation of risk management workshops and development of risk registers, review of internal policies, and development of a distressed caller protocol. Emergency management plans and procedures have also been developed for key teams and sites.

Injury management and return to work

We are 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 2023* which came into effect on 1 July 2024.

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. In 2023–24 a total of 4 workers compensation claims were made, a decrease of 3 compared to 2022–23.

Work health and safety performance

Annual public sector performance reporting in relation to work health and safety and injury management is summarised in Table 10. To improve the percentage of managers trained in work health and safety and injury management responsibilities, regular training sessions are offered and non-compliant managers are reminded to participate.

Table 10: Work health and safety performance, 2021–22 to 2023–24

Measure	Target	Actual performance			Performance against target
		2021–22 (base year)	2022–23	2023–24	
Number of fatalities	0	0	0	0	Achieved
Lost time injury and disease incidence rate (LTI/D per 100)	0 or 10% reduction	0.14	0.56	0.08	Achieved
Lost time injury and severity rate (rate per 100)	0 or 10% reduction	0	57	0	Achieved
Percentage of injured workers returned to work ¹ :					
i. within 13 weeks	Greater than or equal to 80%	0%	66%	50%	Not Achieved
ii. within 26 weeks	Greater than or equal to 80%	50%	66%	100%	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%	79%	83%	72%	Not Achieved

Notes

1. Injured workers returned to work are reported by calendar year (2021, 2022, 2023) to ensure complete reporting (i.e. 26 weeks have passed since injury date).
2. There were 2 lost time injury claims in 2023 (calendar year), with one returned within 13 weeks and both returned within 26 weeks.
3. Due to the small number of staff with lost time injuries per year, caution should be taken when comparing with base year performance.

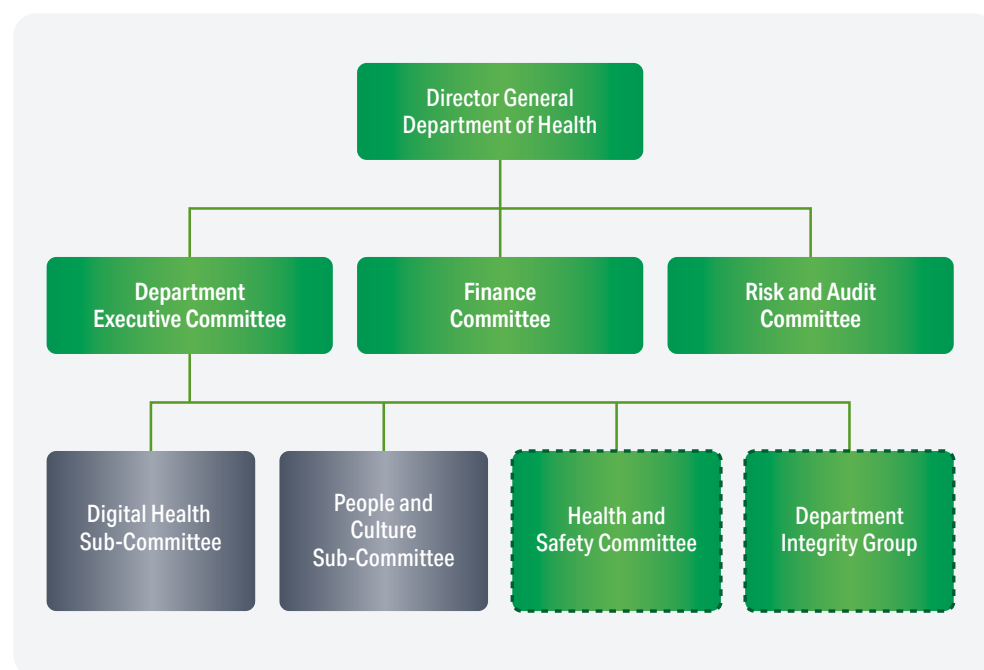
In 2023–24, new performance reporting measures were introduced for all WA health entities through the systemwide Work Health and Safety Management Policy and Operational Framework, including consideration of workplace inspections, hazards and incidents reported, and incidents reportable to WorkSafe WA in accordance with Part 3 of the *Work Health and Safety Act 2020*. Further work will be done in 2024–25 to analyse data and trends in this reporting.

Internal governance

Governance oversight

Our governance structure ensures we execute our responsibilities in a coordinated, effective and efficient manner and assists the Director General to discharge her duties as Chief Executive Officer of the department.

Figure 10: Department of Health internal governance structure



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

■ 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. Four internal groups, each with a focused purpose, report to the Department Executive Committee.



Digital Health Sub-Committee

The Information and Communications Technology (ICT) Sub-Committee transitioned to the Digital Health Sub-Committee in 2023–24. The committee continues to provide assurances in discharging a coordinated, integrated, and efficient approach to digital health matters.

In 2023–24, the committee continued to focus on:

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



People and Culture Sub-Committee

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.

Key focus areas in 2023–24 included:

- establishing a mechanism for culture champions to present their observations and feedback to the sub-committee
- championing a staff consultation process to expand on the 2023 Your Voice in Health survey feedback and prioritising actions for implementation in response to the results
- improving understanding of the roles and synergies of the people and culture staff groups within the department, including culture champions, health and safety and wellness groups, diversity and inclusion staff groups, eco champions and the Joint Consultative Committee.



Department Integrity Group

The Department Integrity Group supports integrity, good governance, and ethical decision-making, and prevention and management of misconduct, fraud and corruption across the department.

In 2023–24, membership of the group was refreshed to ensure representation across the department's high-risk functions as well as areas with specific responsibilities for misconduct, fraud and corruption prevention. Other key pieces of work included providing input to the department's Integrity Governance Framework and assessment of integrity, fraud and corruption risks.



Health and Safety Committee

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

In 2023–24, the committee oversaw Safe First Aid Assessments conducted by St John WA and monitored implementation of the recommended actions. In addition, the committee implemented a new process to monitor progress towards rectifying hazards identified during workplace inspections.

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.

In 2023–24, the committee continued to focus on alignment of budgets against strategic priorities, management of financial risks identified in audits and external reviews, and review and endorsement of additional funding requests, repurposed surpluses and resource allocations impacting future financial years.

The structure and functions of the committee were reviewed during the year and revised terms of reference and membership will be implemented in 2024–25. Regular reporting to the Department Executive Committee will continue to ensure executive oversight of departmental budget matters.

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 achievement of strategic objectives, and compliance with regulations, policies and other requirements including the expectations of customers, staff and the community.

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

The Risk and Audit Committee continued building on the risk culture in 2023–24 by supporting development of the department's strategic risks and a strategic risk dashboard which includes an integrated schedule of planned assurance activities to provide the committee and the department's executive with insights into the governance and assurance environment. Other key areas of focus for the committee included providing oversight of cybersecurity, work health and safety, and fraud and integrity risks.

From the Risk and Audit Committee Chair

The Risk and Audit Committee (RAC) examined a broad range of department functions and activities throughout the year. This included review of the annual financial statements, timely implementation of internal and external audit recommendations, and a focus on ICT and cybersecurity risk.

Risk management practices within the department have incrementally improved over time and are considered by the RAC to be representative of good practice. Audit recommendation implementation by management is also considered timely and few recommendations are overdue. Of note this year was the internal audit team who were named by The Institute of Internal Auditors-Australia as winner of Internal Audit Team of the Year.

Moving forward the RAC will continue to focus on risk associated with cybersecurity, artificial intelligence and assurance activities.

Andrew Cox Chair, Risk and Audit Committee

Andrew is an audit committee chair and independent consultant specialising in internal audit, risk management, governance, business continuity and project assurance. He has held chief audit executive positions at significant organisations. He formerly worked for the Institute of Internal Auditors-Australia as internal audit subject matter expert and has been a prolific contributor to the governance and assurance body of knowledge. He has worked on international assignments including audit and risk management strengthening projects in Ghana, Iraq, Papua New Guinea, Saudi Arabia, Uganda and the United Arab Emirates.



Risk and Audit Committee members, 2023–24

Andrew Cox (Chair) Manager of Technical Services The Institute of Internal Auditors-Australia	Beata Bialozor-Kurtis General Manager Customer Team, Health, Buildings and Contracts Department of Finance
Dr Wayne Kearney Head of Risk and Assurance Water Corporation	Jay Peckitt Deputy Director General Education Business Services Department of Education
Dr Andrew Robertson Chief Health Officer and Assistant Director General, Public and Aboriginal Health Department of Health	Dr Audrey Koay Executive Director Patient Safety and Clinical Quality Department of Health

Risk management and internal audit

The department maintains an effective internal audit function, this year recognised as The Institute of Internal Auditors-Australia's Internal Audit Team of the Year.

The Director General authorises the function through the department's Internal Audit Charter that describes how the internal audit team will operate including measures to ensure their independence and objectivity. The charter requires adherence to Treasurer's Instructions and mandatory elements of The Institute of Internal Auditors' International Professional Practices Framework and requires consideration of relevant professional practice standards.

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 monitors progress towards addressing recommendations made in internal audits.

In 2023–24, 18 internal audits were conducted and 35 per cent of total audit recommendations were successfully implemented, 95 per cent of these within the established due date. A summary of internal audit activity is provided in Table 11.

Table 11: Internal audit activity summary, 2023–24

Audit activity	Number
Audit recommendations carried over from 2022–23	65
Audit recommendations opened in 2023–24	85
Total active audit recommendations in 2023–24	150
Audit recommendations closed in 2023–24	52
Audit recommendations to be carried over to 2024–25	98

We are committed to building a risk culture that encourages proactive risk management. In accordance with the established risk management policy and framework, we use the Enterprise Risk Management System (ERMS) to record risks and risk management activities.

In 2023–24 actions taken to support continuous improvement included development of a new strategic risk register and strategic risk dashboard, and publication of a comprehensive project risk management guide.

Following development of our Business Continuity Policy and Framework in 2022–23 and aligned to our Risk and Audit Strategy 2023–25, all divisions developed refreshed and streamlined business continuity plans. Five of the 6 plans were tested and confirmed as fit for purpose.

Compliance reporting

Enquiries and complaints management

We welcome and value consumer enquiries and complaints. In alignment with our values, these opportunities are key to acknowledging and addressing issues to achieve positive outcomes.

Clear instructions are provided on our website to support consumers to submit enquiries and complaints by phone, letter, in person or online. Upon receipt, details 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 is communicated on our website.

Responses to enquiries and complaints received from the public via the Office of the Minister for Health are coordinated by the department. In 2023–24 we received 302 ministerial requests referencing complaints or issues of concern requiring a response (see Table 12). Complaints were received from a variety of sources, including members of the public, state and local government representatives, and not-for-profit organisations.

Table 12: Ministerial complaints by allocated response area, 2023–24

Response area	(n=302)
Health service provider	77%
Department of Health	23%

Note: Where the ministerial is referred to more than one entity, the first referral entity is counted.

Compliance with public sector standards and ethical codes

Our staff are responsible for ensuring their behaviour reflects the standards of conduct embodied in the WA Health Code of Conduct.

To encourage understanding and compliance with the principles of workplace behaviour and conduct, we communicate with employees in a variety of ways. New employees are required to acknowledge the code of conduct as a part of the offer of employment and are further educated as part of their induction. Expectations are reinforced on an ongoing basis through relevant policy documents, online and face-to-face learning, information provided on the intranet, and scheduled news articles. A dedicated advisory line for queries and advice regarding integrity matters is also available.

Assessment of compliance with the code of conduct is undertaken by:

- monitoring code of conduct 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.

Training on the code of conduct is provided through accountable and ethical decision-making eLearning. It is mandatory for new employees to complete this online program within 3 months of commencement and for all staff to complete refresher training every 2 years. In 2023–24, 98 per cent of our staff had completed the training, and 88 per cent of eligible staff had completed the refresher training.

Declarations of conflicts of interests and acceptance of gifts are recorded via online registers and support is provided to ensure requirements are met when necessary.

We are required to review and investigate all complaints alleging non-compliance with the Public Sector Code of Ethics or WA Health Code of Conduct in accordance with our Discipline Policy. During 2023–24, 21 new misconduct matters were raised and 5 matters were carried over from 2022–23. All 26 matters were investigated internally and 22 were finalised, of which 16 resulted in a finding of misconduct. Four matters are ongoing.

The increase in complaints and findings of misconduct in comparison to 2022–23, when we received 10 complaints and 5 matters resulted in a finding of misconduct, may be attributable to an improved reporting culture and refined business processes for recording and assessing complaints.

The WA Health Code of Conduct is currently under review to ensure it is contemporary, meets the needs of the WA health system and complies with broader public sector policy, including Commissioner's Instruction 40: Ethical Foundations issued by the Public Sector Commission in October 2023.

We are 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 staff through effective and compliant processes. Code of conduct training, through mandatory accountable and ethical decision-making eLearning, is another tool that reinforces behaviours aligned to the public sector standards and provides information and direction about grievance resolution.

To improve recruitment outcomes and ensure compliance with the standards:

- training and development activities for managers and staff who undertake recruitment are conducted, with a focus on ensuring compliance with public sector standards and Commissioner's Instructions
- direct support is provided to recruiting managers including support for process design and candidate assessment
- final quality assurance checks occur on all selection reports prior to approval being sought from the relevant delegated authority.

We review all breach of standard claims and are committed to making reasonable attempts to resolve them prior to referral to the Public Sector Commission. Nine breach of standard claims were received in 2023–24, all relating to the grievance resolution standard. Three claims were resolved internally, one was referred to the Public Sector Standards Commissioner, and as at 30 June 2024, 5 were pending resolution. No adverse breach findings were made in 2023–24.

Compliance with public sector policy

Multicultural Plan

In February 2024, we launched our *Multicultural Action Plan 2024–2028*, that will support our ongoing efforts to achieve equitable workforce participation for people from culturally and linguistically diverse (CaLD) backgrounds. Development of the plan was informed by findings from the Your Voice in Health staff consultation workshops, targeted consultation across all divisions and our diversity and inclusion staff groups.

The inaugural plan saw the establishment of the diversity and inclusion staff groups, a calendar of events and communications promoting and celebrating diversity, a suite of online equity, diversity and inclusion training, and improved collection and analysis of diversity data.

Progress continues to enable CaLD staff to be consulted in the development of applicable policies, procedures and practices, and to ensure diversity and inclusion is embedded as a core element of priorities considered by the People and Culture Sub-Committee.

17.5% of staff identify as CaLD, above the target of 15.5%

Disability Access and Inclusion Plan

Our *Disability Access and Inclusion Plan 2020–2025* outlines the actions we will take to support people with disability to access services provided by the department in a way that promotes their independence, opportunities and participation in the workplace and community.

To support the delivery of accessible information, a lunch and learn session was held to upskill staff on how to design information for staff and health consumers with disability in formats that are both accessible and inclusive. The session established guidelines for best-practice documents and covered concepts from typography to colour contrast.

Managers seeking to employ people with disability have benefited from a new working partnership with EDGE Employments Solutions. Using EDGE's existing candidate pool, we piloted an adapted hiring process to smooth the transition of staff with disability into the workforce. The pilot has supported several teams to fill administrative and support roles and is undergoing evaluation and adjustment to ensure continued success.

3.1% of staff identify they have a disability, below the target of 5.5%

Health programs funded by the department and delivered by contracted providers continue to enable participation by people with disability with the use of online delivery platforms, 'easy read' resources and visual messaging using informative imagery. Service provider achievements and progress towards disability access and inclusion outcomes are reported to the department on an annual basis as a requirement of service agreements.

Substantive equality

We are committed to identifying and addressing any institutional barriers to health care that exist for different people and groups in the community, and to avoid the creation of inequalities when developing and implementing health policies, programs, and services. As such, the goal of substantive equality is embedded in many of our programs, partnerships and policies, including:

- partnerships supporting person-centred care between health, aged care and disability services to enable care in the most appropriate setting
- community-based health programs that aim to improve care and coordination for people including those experiencing homelessness, women, children and families
- programs supporting the safety and health of children in out-of-home care
- ongoing commitment to support Aboriginal people to live long, well and healthy lives through the [*Aboriginal Health and Wellbeing Framework 2015-2030*](#).

Specific achievements in 2023–24 include:

- implementing the new Health Equity Impact Statement and Declaration Policy, and existing Aboriginal Health Impact Statement Declaration Policy, ensuring policies and programs are informed by consultation with priority groups
- identifying 7 high-impact actions to elevate the Cultural Determinants of health and eliminate racism in the WA Health system during the WA Aboriginal Health Executive Roundtable in August 2023
- implementing enhancements to the patient information system to enable healthcare staff to provide affirming and appropriate care for LGBTQI+ patients by accurately capturing gender identity and pronouns

- gathering specific experiences and insights from 11 advocacy group leaders and 46 vulnerable consumers, including older adults, people experiencing homelessness, Aboriginal people, culturally and linguistically diverse people and people with physical and mental disability as part of consultation to inform the Outpatient Reform Program
- in partnership with the Health Consumers' Council, capturing the genetic health care needs of CaLD people and their families through surveys, focus groups and interviews to inform planning for clinical genetics outpatient services
- establishing the Disability Health Profile as a statewide medical record form for people with disability or their carers to document information related to their disability to improve communication during a hospital admission
- developing 4 easy read guides detailing the components contained in the hospital stay guideline that provides people with disability and their carer network with information about how to prepare for emergency and elective hospital visits, what to expect while in hospital, discharge processes and post-admission management.

Read more about our projects and partnerships championing substantive equality in the Lead and innovate and Protect and enable sections of this report.

Recordkeeping plan

Our recordkeeping plan outlines the records that are to be created by staff, and how they are to be kept, in accordance with State Records Commission standards.

To meet the requirements of the *State Records Act 2000*, a comprehensive review of the recordkeeping plan and its associated policy and procedures was conducted in 2023–24. The documents were approved by the State Records Commission until the next full review in 5 years.

To ensure staff understand their roles and responsibilities and are supported to carry these out, training on recordkeeping awareness and use of the department's electronic document records management system (EDRMS) is included in the mandatory induction program (see Table 13). Automated reminders and emails are sent to remind staff to complete these training packages. Recordkeeping and use of information is also included as a stand-alone module in the department's code of conduct training.

Table 13: Staff compliance with recordkeeping training as at 30 June 2024

Training type	Staff compliance
Recordkeeping Awareness	98%
Electronic Document Records Management System	98%

To further support staff to comply with their recordkeeping responsibilities:

- helpdesk support and advice are provided
- ad-hoc training is conducted
- a comprehensive suite of self-help guides are available on the intranet
- business units are targeted to streamline recordkeeping practices
- broad communications to staff on records management topics are delivered regularly.

Monitoring, audit, and reporting on compliance with the recordkeeping plan occur regularly. A live dashboard is also used to monitor EDRMS usage, assist with integrity and security of records, and track compliance with training.

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 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 our [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 the [Freedom of Information](#) page on our website.

Further advice and assistance to submit an application for information can be sought via our Freedom of Information Coordinator. We also maintain 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*. We addressed a total of 49 applications in 2023–24 of which one was transferred to another agency for action and one is in progress.

As at 30 June 2024, 47 applications were finalised (see Table 14).

Table 14: Summary of freedom of information request outcomes, 2023–24

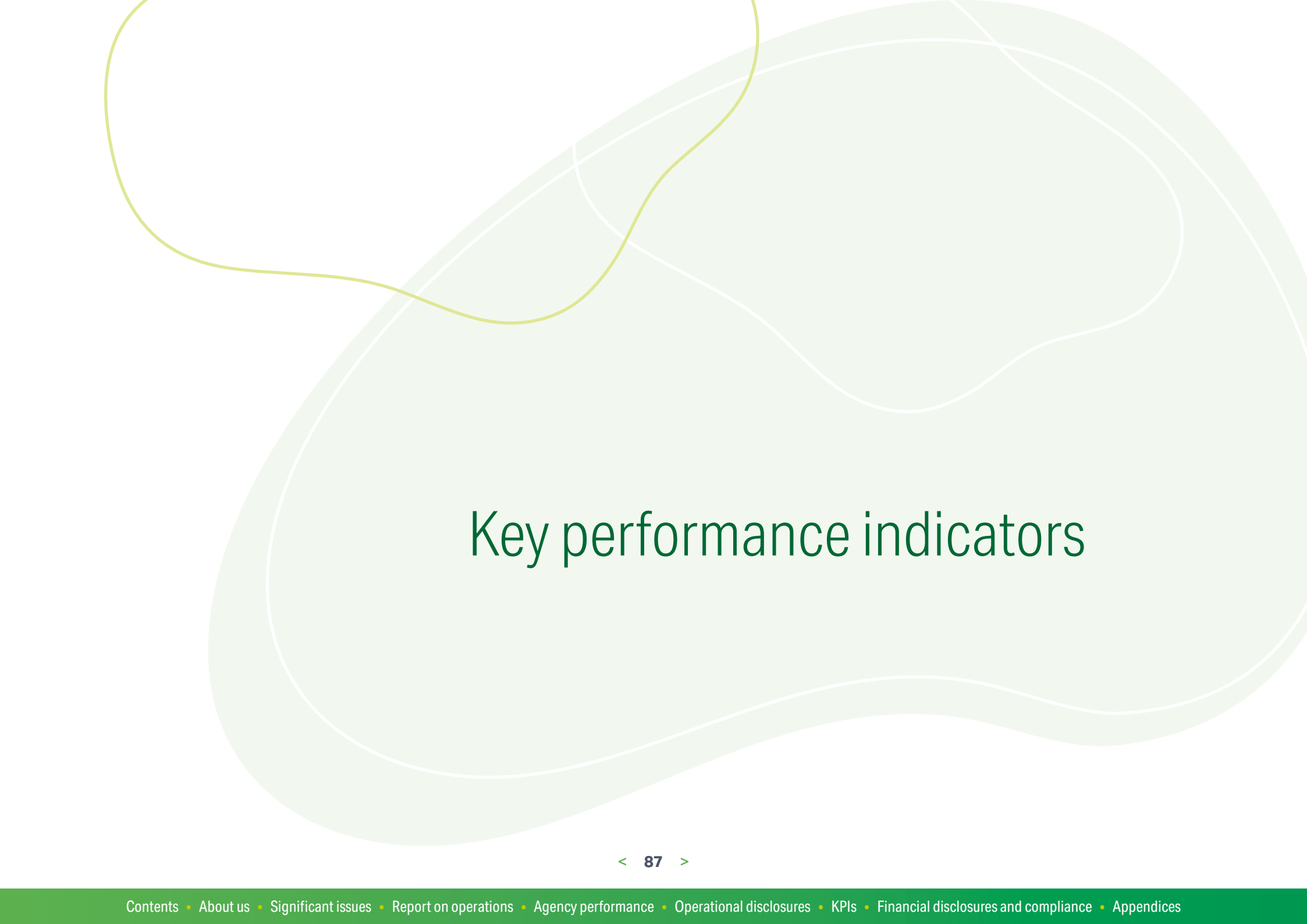
Summary of action	Number
Applications granted – full access	22
Applications granted – partial or edited access	3
Applications withdrawn by application	8
Applications refused ¹	14
Total applications²	47

Notes:

- 1. Includes 4 matters where no records were found and 10 matters where the documents were exempt from release.
- 2. Includes 7 matters carried over from 2022–23.



This page has been left blank intentionally



Key performance indicators

Certification of key performance indicators

Department of Health

Certification of key performance indicators
For the year ended 30 June 2024

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 2024.



Dr Shirley Bowen
DIRECTOR GENERAL
DEPARTMENT OF HEALTH
ACCOUNTABLE AUTHORITY

19 September 2024

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 15).

Table 15: Key performance indicators reported by the department

WA health system desired outcomes	Measuring effectiveness key performance indicators	Services	Measuring efficiency key performance indicators
Outcome 2 Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives	1. Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Programme 2. Percentage of people accessing specialist community-based palliative care who are supported to die at home 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 and (e) Bowel cancer 4. Percentage of fully immunised children: (a) 12 months; (b) 2 years; (c) 5 years 5. Percentage of 15 year olds in Western Australia vaccinated for HPV 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 care services 1. Average cost of a transition care day provided by contracted non-government organisations/service providers 2. Average cost per home-based hospital day of care and occasion of service 3. Average cost per day of non-acute bed-based continuing support 4. Average cost to support patients who suffer specific chronic illness and other clients who require continuing care Palliative and cancer care services 5. Average cost per client receiving contracted palliative care services
		6. Public and community health services	Public health services 6. Cost per person of providing preventive interventions, health promotion and health protection activities that reduce the incidence of disease or injury Patient transport services 7. Cost per trip for road-based patient transport services, based on the total accrued costs of these services for the total number of trips

Table 15: Key performance indicators reported by the department - continued.

WA health system desired outcomes	Measuring effectiveness key performance indicators	Services	Measuring efficiency key performance indicators
Outcome 3 Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system	7. Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of system manager functions	10. Health System management – policy and corporate services	Policy services 8. Average cost of public health regulatory services per head of population 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 Programme

Outcome 2

Effectiveness KPI

Rationale

The Transition Care Programme⁸ 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.

The Transition Care Programme 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 Programme 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 2023–24 target for the percentage of clients maintaining or improving functional ability is 82 per cent or above.

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

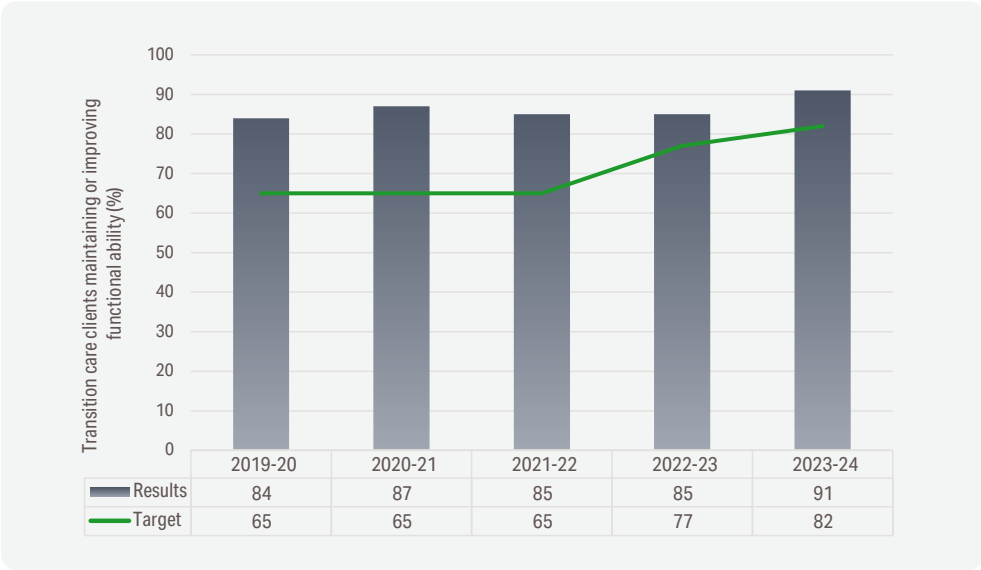
Results

In 2023–24, the percentage of transition care clients maintaining or improving functional ability was 91 per cent, exceeding the target of 82 per cent (see Figure 11).

Progress has continued this year to revise contract arrangements with existing service providers and to onboard new contracted services, resulting in a greater geographic spread of service locations, a better mix of specialist services, and a greater range of modern, fit for purpose facilities. The program also established longer term service agreements with Aboriginal Community Controlled Health Organisations that provide culturally appropriate support close to home for Elders in Broome, Bunbury, Mandurah and neighbouring areas. Of significance, service providers with revised contracts who are now able to offer more therapy hours for patients have resulted in a greater proportion of clients who demonstrated maintained or improved functional ability compared to 2022–23.

8. <https://www.health.gov.au/initiatives-and-programs/transition-care-programme>

Figure 11: Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Programme, 2019–20 to 2023–24



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 Programme.
2. In 2023–24:
 - a. the target was calculated on the average of prior year results.
 - b. clients with a discharge code of 'deceased' were excluded from the calculation of the KPI.

Data source: Transition Care Programme database, Department of Health.

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

Outcome 2

Effectiveness KPI

Rationale

The preference of the majority of Australians to die in their home and not in a hospital has been well documented. While between 60 and 70 per cent of people state they want to die at home, only about 14 per cent do so⁹. 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 contracts Silver Chain to provide specialist community-based palliative care services in the Perth metropolitan area.

This indicator aims to measure the effectiveness of these services in allowing patients to die in the comfort of their home, where it is their wish to do so. A high proportion of people realising their wish to die at home indicates that the service has appropriate strategies in place to provide in-home care appropriate to patients' needs and to avoid unplanned hospital admissions.

Target

The 2023–24 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.

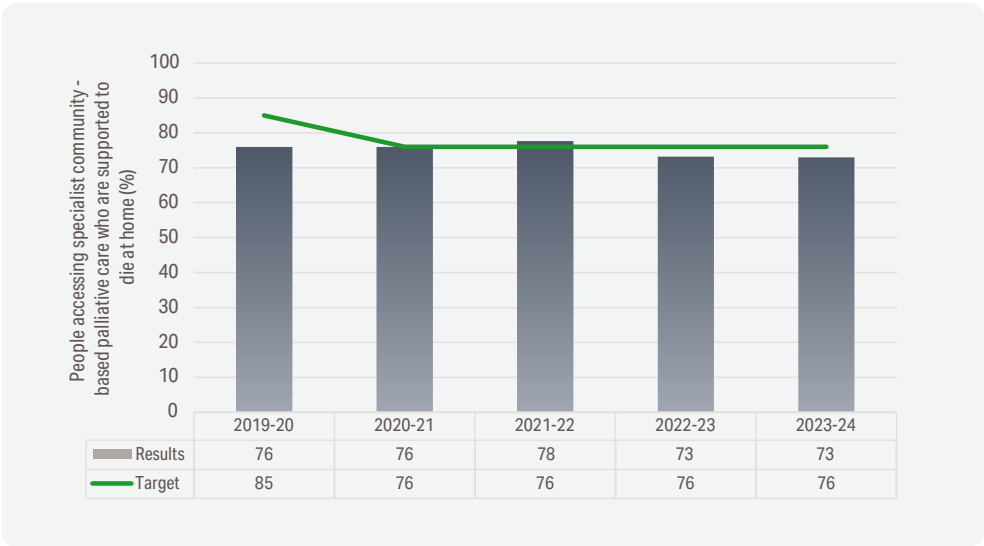
Improved or maintained performance is demonstrated by a result equal to or above the target.

Results

In 2023–24, 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 but comparable to the prior year.

9. Dying Well, Grattan Institute Report No. 2014-10, September 2014, 2. Available from: <http://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>

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, 2019–20 to 2023–24



Notes:

1. There is currently no national target for this indicator. The 2023–24 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

Effectiveness KPI

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 (females only) and bowel cancer.

These conditions contribute significantly to the fatal burden of disease within the community. The department 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 2022 target for each selected common cause of premature death is based on the 2021 National Person Years of Life Lost per 1,000 population.

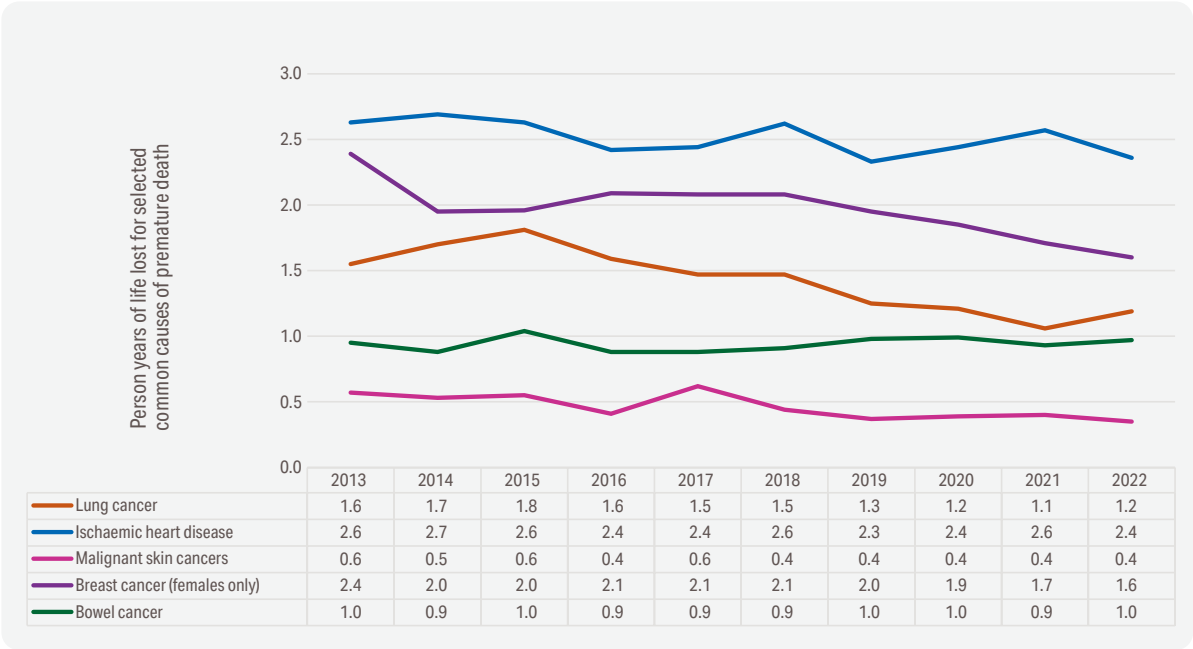
Common causes of premature death	Target (in years)
(a) Lung cancer	1.4
(b) Ischaemic heart disease	2.1
(c) Malignant skin cancers	0.3
(d) Breast cancer (females only)	1.7
(e) Bowel cancer	1.1

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

Results

In 2022, the result for potential years of life lost due to cancer of the lung, breast and bowel were below set targets, noting the continued downward trajectory of life lost from breast and lung cancer (see Figure 13). The potential years of life lost due to malignant skin cancers was 0.4, exceeding the target of 0.3. This result has remained steady since 2018. The potential years of life lost due to ischaemic heart disease was 2.4, exceeding the target of 2.1 but consistent with prior year fluctuations.

Figure 13: Person years of life lost for selected common causes of premature death, 2013 to 2022



Notes:

1. Age-standardised Person Years of Life Lost (PYLL) per 1,000 population.
2. Deaths for 2013 to 2020 are final, deaths for 2021 are revised, and deaths for 2022 are preliminary.
3. The following ICD 10 codes were used:
 - a. Lung cancer C33.0 to C34.9
 - b. Ischaemic heart disease I20.0 to I25.9
 - c. Malignant skin cancers C43.0 to C44.9
 - d. Breast cancer C50.0 to C50.9 (females only)
 - e. Bowel cancer C18.0 to C21.9 and C26.0.
4. Targets are based on national figures from the most recent revised National PYLL/1,000 population estimates, derived from data provided by the Australian Bureau of Statistics.
5. Minor methodological improvements and updates to death data mean that figures are not directly comparable with previous annual 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

Effectiveness KPI

Rationale

In accordance with the Essential Vaccines Schedule of the Federation Funding Agreement – Health (EVS), the WA health system aims to minimise the incidence of major vaccine preventable diseases in Australia by sustaining high levels of immunisation coverage across WA, 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 target¹⁰.

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

Results

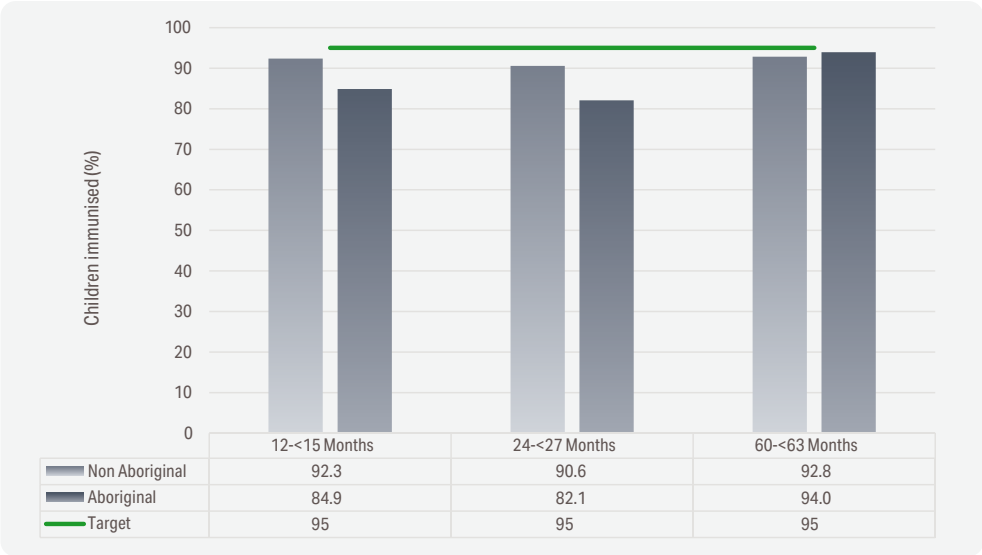
In 2023, 91.5 per cent of children in WA had received all recommended vaccines at 12 months, 2 years, and 5 years of age (see Table 16). This is below the immunisation coverage target of 95 per cent and consistent with prior year results.

In 2023, 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, 94.0 per cent of Aboriginal children across WA were fully immunised at 5 years, slightly below the target but exceeding the immunisation status of non-Aboriginal children (92.8 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, following the COVID-19 pandemic. In addition, vaccine hesitancy within the Aboriginal community is an ongoing issue, affecting immunisation rates across all vaccination programs.

Following the evaluation of the WA Immunisation Strategy 2016–2023 it was acknowledged a continued focus on reducing the incidence or maintaining elimination of vaccine preventable diseases remains a priority. This includes the need for continued support for established settings for immunisation delivery, including primary health services, while identifying settings that require tailored immunisation programs, including geographic locations with low vaccination coverage and outreach settings for high priority populations or specific identified needs.

Figure 14: Percentage of children fully immunised at 12 months, 2 years, and 5 years of age, 2023



10. The national aspirational immunisation coverage target has been set at 95%. Available from: <https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-11/essential-vaccine-schedule-to-2023.pdf>

Table 16: Percentage of children fully immunised, by selected age cohort, location and Aboriginality, 2019 to 2023

Children fully immunised		2019	2020	2021	2022	2023	Target
Total of all children (12 months; 2 years; 5 years) (%)		92.4	93.5	93.1	92.4	91.5	≥95.0
12 months (%)							
					Total	91.7	
State	Aboriginal	89.1	89.2	87.0	86.6	84.9	≥95.0
	Non-Aboriginal	94.3	94.8	94.5	93.8	92.3	
Metropolitan	Aboriginal	87.2	86.5	86.8	88.0	84.7	
	Non-Aboriginal	94.5	94.9	94.8	94.0	92.8	
Country	Aboriginal	90.9	92.2	87.3	85.1	85.1	
	Non-Aboriginal	93.3	94.6	92.9	93.1	90.3	
2 years (%)							
					Total	89.9	
State	Aboriginal	84.6	87.1	85.7	81.2	82.1	≥95.0
	Non-Aboriginal	90.2	92.2	92.3	91.3	90.6	
Metropolitan	Aboriginal	83.0	86.7	84.7	82.2	83.6	
	Non-Aboriginal	90.3	92.4	92.5	91.6	90.9	
Country	Aboriginal	86.2	87.5	86.8	80.1	80.4	
	Non-Aboriginal	89.6	91.0	90.9	89.8	88.8	
5 years (%)							
					Total	92.9	
State	Aboriginal	95.5	96.1	95.1	93.9	94.0	≥95.0
	Non-Aboriginal	93.4	94.0	93.6	93.2	92.8	
Metropolitan	Aboriginal	94.0	95.4	95.1	94.4	94.0	
	Non-Aboriginal	93.2	94.0	93.7	93.4	93.1	
Country	Aboriginal	96.9	96.7	95.1	93.3	93.9	
	Non-Aboriginal	94.1	94.1	93.1	92.1	91.3	

Notes:

1. Data is based on children aged 12 ≤ 15 months, 24 ≤ 27 months and 60 ≤ 63 months between 1 January 2023 and 31 December 2023.
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/topics/immunisation/immunisation-data/childhood-immunisation-coverage/current-coverage-data-tables-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 vaccinated for HPV

Outcome 2
Effectiveness KPI

Rationale

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

Target

The target for 2023 for the percentage of 15 year old Western Australian males and females who are vaccinated for HPV is 80 per cent or above.

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

Results

In 2023, 84.1 per cent of 15 year old females and 83.0 per cent of 15 year old males were vaccinated for HPV, exceeding the target of 80 per cent (see Figure 15).

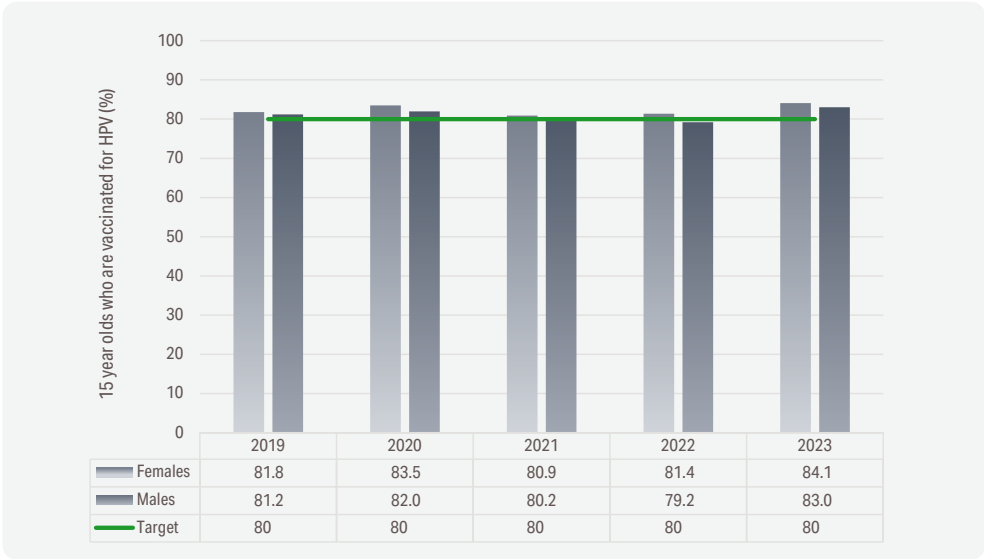
From 2023, the required dose of HPV has reduced to a single dose from a two-dose schedule

based on evidence that comparable protection can be obtained with one dose only¹¹. This is allowing the school-based immunisation program to undertake catch-up visits in place of scheduled visits for the second HPV dose. The notable increase in the percentage of youth vaccinated compared to 2022 is attributable to the change in dosage and the concerted efforts of the catch-up schedule (see Table 17).

However, the HPV vaccine coverage rate in Aboriginal males aged 15 years (74.3 per cent) remains below the target and low in comparison to their female counterparts (81.2 per cent) and to male non-Aboriginal youth (83.5 per cent) (see Table 17). Regardless of where Aboriginal males reside vaccine coverage remained low in 2023. Encouragingly, a 15 per cent increase was observed in 2023 compared to 2022.

To improve vaccine coverage of Aboriginal male youth continued support for immunisation delivery through Aboriginal Community Controlled Health Services and in-reach programs in schools is required. Additional tailored immunisation programs will also be investigated.

Figure 15: Percentage of 15 year old Western Australians who are vaccinated for HPV, by gender, 2019 to 2023



11. [HPV vaccine changes under the National Immunisation Program](#)

Table 17: Percentage of 15 year old Western Australians who are vaccinated for HPV, by gender, location and Aboriginal status, 2019 to 2023

Percentage of 15 year olds who are vaccinated for HPV		2019	2020	2021	2022	2023	Target
Females							
State	Aboriginal	63.5	65.6	65.6	69.2	81.2	≥80.0
	Non-Aboriginal	82.2	83.1	81.1	82.1	84.3	
Metropolitan	Aboriginal	63.6	66.7	65.4	68.8	81.7	
	Non-Aboriginal	82.4	83.3	81.1	82.4	84.3	
Country	Aboriginal	63.4	64.5	65.8	69.6	80.7	
	Non-Aboriginal	81.3	82.1	81.1	81.1	84.1	
Males							
State	Aboriginal	66.0	71.8	70.9	64.5	74.3	≥80.0
	Non-Aboriginal	82.8	84.3	81.6	80.1	83.5	
Metropolitan	Aboriginal	65.4	70.6	71.3	63.2	74.1	
	Non-Aboriginal	82.9	84.4	81.8	79.9	83.7	
Country	Aboriginal	66.5	73.0	70.5	65.6	74.5	
	Non-Aboriginal	82.4	83.9	80.4	80.9	82.7	

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. Immunisation 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 Essential Vaccines Schedule of the Federation Funding Agreement – Health.
3. As of 6 February 2023, the routine 2 dose HPV vaccine schedule provided to young people was changed to a single dose schedule using the same Gardasil®9 vaccine. Therefore, a recipient of a single dose of the HPV vaccine is now considered fully vaccinated. As a result of this change comparing 2023 vaccination rates with prior years is cautioned.
4. The target is based on HPV immunisation rates reported in the Australian Institute of Health and Welfare *Australia's health 2020: in brief*. 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

Effectiveness KPI

Rationale

To ensure Western Australians receive the care and medical transport services they need, when they need it, the department 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 (ambulance for this priority) 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 2023–24 target for priority 1 calls attended to within 15 minutes in the metropolitan area by the contracted service provider is 90 per cent or above.

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

Results

In 2023–24, 86.3 per cent of all priority 1 calls in the metropolitan area were attended to within 15 minutes by emergency ambulance services (see Figure 16), slightly below the target of 90 per cent.

In 2023–24, the department continued to focus on improving emergency access and tackle ambulance ramping and bed block. This has included establishing the functions of the State Health Operations Centre (SHOC) that aims to improve patient flow and ease pressure on the health system including the demand on emergency departments. Access to virtual emergency care and improved patient transport services have been successfully implemented with further expansion in progress. A new system has also been established to provide systemwide monitoring and situational awareness of emergency department (ED) and triple zero (000) patient demand that supports a coordinated response to alleviate overcrowding and reduce ambulance ramping by redistributing emergency arrivals across metropolitan EDs when required. This has been enabled through improved coordination and collaboration between metropolitan emergency departments and St John WA.

Figure 16: Percentage of Priority 1 calls attended to within 15 minutes in the metropolitan area by the contracted service provider, 2019–20 to 2023–24



Notes:

1. KPI results are based on dispatch priority 1 patients requiring emergency attention who reside in the Perth metropolitan area.
2. Priority 1 describes an emergency incident where life is believed to be at risk, based on assessment by State Operations Centre staff via a structured call taking process.
3. In January 2023, the department entered into a new contract with the ambulance service provider. As a result, reports previously used as the source of information for this KPI are no longer provided. This has led to a revised computation methodology for this KPI using new source data that is considered more valid and reliable than previously used. As a result, data from prior years is not directly comparable to 2023–24 results.

Data source: Contracted service provider's ambulance activity data extract.

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

Outcome 3
Effectiveness KPI

Rationale

The department, in supporting a system manager function, is responsible for the strategic direction, oversight, management and performance of the WA health system. This includes the delivery of government priorities and responding to the emerging and current needs of the WA 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 and its delivery of system manager functions.

Target

The 2023–24 target for the percentage of stakeholders who indicate the department 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.

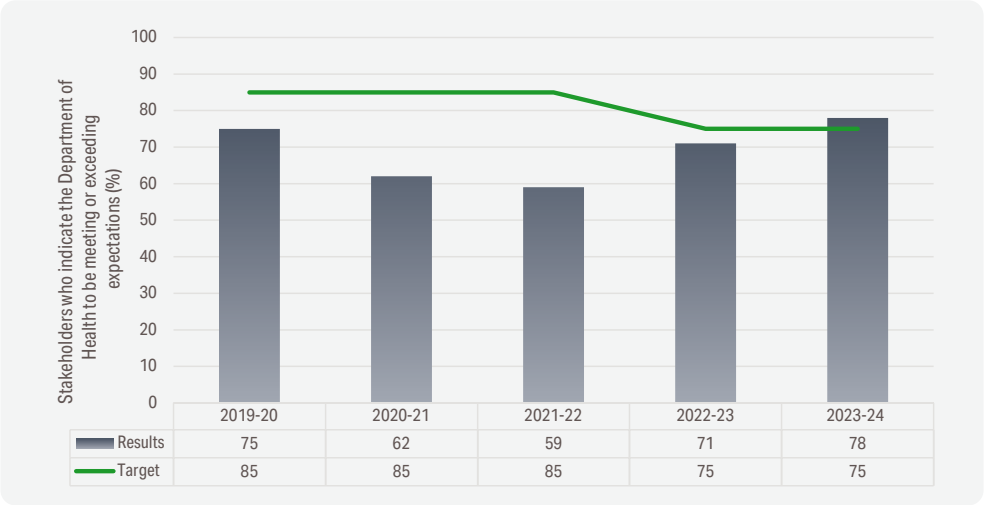
Results

In 2023–24, 78 per cent of respondents agreed the department had met the expectations of their organisation in the delivery of the functions of the system manager. This is slightly higher than the target of 75 per cent and the 2022–23 results (71 per cent).

All respondents identified the department as meeting expectations with respect to management of systemwide industrial relations (100 per cent). In addition, the majority of respondents identified the department as demonstrating strengths in managing performance in line with service agreement requirements (93.8 per cent), regulating the WA public health system (87.5 per cent), overseeing, monitoring and prompting improvements in the safety and quality of WA public health services (87.5 per cent) and issuing of binding policy frameworks to set standards and ensure a consistent approach in health service provision (87.5 per cent).

Compared to 2022–23, a significant increase in respondents stating the department as meeting expectations were found for key governance oversight related functions including binding policy frameworks (up 27 per cent), budget and resource allocation (up 25 per cent), and overseeing, monitoring and promoting safety and quality (up 27 per cent) and performance management (up 7 per cent) of WA public health services. Notably, from 2020–21 there has been a gradual incline in expectations being met with respect to these functions.

Figure 17: Proportion of stakeholders who indicate the department to be meeting or exceeding expectations of the delivery of system manager functions, 2019–20 to 2023–24



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 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. 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 from 2022–23 is based on the best result of the prior 3 years.

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 Programme 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 Programme services take place in either a residential or a community setting, including in a client's home.

The Transition Care Programme 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 2023–24 target unit cost per transition care day is \$334.

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

Results

In 2023–24, the average cost per transition care day was \$442, above the target of \$334 (see Table 18).

Progress has continued this year to revise contract arrangements with existing service providers and to onboard new contracted services, resulting in a greater geographic spread of service locations, a better mix of specialist services, and a greater range of modern, fit for purpose facilities.

The higher expenditure to target is primarily attributable to the establishment of services via new contract providers that are not yet fully operational, and to support increased service provision by some existing providers. In addition, the transition to cease service provision by some contractors has resulted in a slight reduction in activity but comparable to 2022–23.

Table 18: Average cost per transition care day provided by contracted non-government organisations/service providers, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$347	\$329	\$352	\$382	\$442
Target	–	\$318	\$318	\$334	\$334

Notes:

1. In 2023–24, a review of Transition Care Programme providers was conducted resulting in the cessation or revision of existing contract arrangements and the onboarding of new contracted services to enable a greater geographic spread of service locations, a better mix of specialist services, and a greater range of modern, fit for purpose facilities.
2. Assessment and approval by an Aged Care Assessment Team (ACAT) is necessary before a patient can enter the Transition Care Programme.
3. People may be eligible for the Transition Care Programme 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: Transition Care Programme database, Department of Health; Oracle 11i Financial System, Department of Health.

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

Rationale

Home-based hospital services have been implemented as a means of ensuring patients have timely access to effective health care. 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 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 2023–24 target unit cost per:

- a) home-based hospital day of care is \$322
- b) home-based hospital occasion of service is \$149.

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

Results

In 2023–24, the average cost per home-based hospital day of care was \$366, above the target of \$322. The higher cost is attributable to additional exceptional consumables expenditure and lower activity. Overall service delivery is comparable to prior year results.

Outcome 2

Aged and continuing care services

Table 19: Average cost per home-based hospital day of care, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$295	\$294	\$320	\$335	\$366
Target	–	\$293	\$301	\$308	\$322

The average cost per home-based hospital occasion of service in 2023–24 was \$158, slightly above the target and attributable to increased service demand for both complex and acute patient care in metropolitan and country areas.

Table 20: Average cost per home-based hospital occasion of service, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$137	\$138	\$140	\$141	\$158
Target	–	\$131	\$145	\$143	\$149

Note: Days of care are defined as the number of days where a patient has received one or more occasions of care, including 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 non-acute bed-based continuing support

Rationale

The goal of non-acute support is the prevention of deterioration in the functional and health status of individuals, such as adults with a complex disability.

Non-acute bed-based support is typically provided in specialist facilities where individuals with complex needs receive support to prepare and/or optimise their ability to enter long term supported accommodation or return to their own home.

Historically, non-acute bed-based support needed to be provided in a hospital, as no other options were available, while individuals awaited community based supports such as supported accommodation, respite, home modification or support in their home.

The department has entered into collaborative partnerships with several service providers to deliver non-acute bed-based programs within the community

Target

The 2023–24 target unit cost per day of non-acute bed-based continuing support is \$814.

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 \$888. The higher expenditure to target is attributable to expansion of From Hospital to Home disability transition support services in 2023–24, including provision of the program in regional WA.

Outcome 2

Aged and continuing care services

Table 21: Average cost per day of non-acute bed-based continuing support, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$759	\$808	\$783	\$862	\$888
Target	–	\$812	\$799	\$775	\$814

Note: The title and rationale of this KPI have been amended to align with contemporary models of care and reflect the implementation of new pilot programs which provide support services in interim accommodation to meet the needs of people with disability whilst longer-term community-based supports are arranged.

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 WA. Chronic conditions describe a broad range of health conditions including chronic and complex health conditions and disability. Chronic conditions often require ongoing treatment, health care and can lower a person’s quality of life and may affect their independence.

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

Target

The 2023–24 target unit cost to support patients who suffer specific chronic conditions and people who require continuing care is \$20.

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

Results

In 2023–24, the average cost to support patients who suffer specific chronic illness and other clients who required ongoing care was \$19.

Table 22: Average cost to support patients who suffer specific chronic illness and other clients who require continuing care, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$21	\$19	\$19	\$19	\$19
Target	–	\$25	\$25	\$19	\$20

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: Estimated resident population based on Australian Bureau of Statistics data, Epidemiology Directorate, Department of Health; Australian Bureau of Statistics 2022 Survey of Disability, Ageing and Carers (Cat. No. 4430.02022); Oracle 11i Financial System, Department of Health.



Average cost per client receiving contracted palliative 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 has entered into collaborative arrangements with service providers to provide palliative care services for those in need.

Target

The 2023–24 target unit cost per client receiving contracted palliative care services is \$9,131.

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

Results

In 2023–24, the average cost per client receiving contracted palliative care services was \$8,608 (see Table 23). The result is below the target value of \$9,131, attributable to the over estimation of expenditure when deriving the budget target.

Actual expenditure in 2023–24 was below prior year results but a 6 per cent increase was noted in activity this year to support increasing demand.

Outcome 2

Aged and continuing care services

Table 23: Average cost per client receiving contracted palliative care services, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$7,671	\$7,636	\$8,461	\$9,356	\$8,608
Target	–	\$8,030	\$8,487	\$8,942	\$9,131

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 preventive 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 preventive 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 2023–24 target unit cost to provide preventive interventions, health promotion and health protection activities is \$49 per person.

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

Results

In 2023–24, the average cost per person for providing preventive interventions, health promotion and health protection activities was \$102 (see Table 24) above the target.

The increase in cost per person is attributable to a focus on immunisation programs that equated to 28 per cent of overall expenditure in 2023–24. This included the roll out of the new program to immunise babies and at-risk children against respiratory syncytial virus (RSV). Expenditure on immunisation was above that of 2022–23.

There was also an increase in expenditure associated with funds to support health and medical research and innovation, above that estimated when deriving the target.

Table 24: Cost per person of providing preventive interventions, health promotion and health protection activities that reduce the incidence of disease or injury, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$66	\$151	\$237	\$90	\$102
Target	–	\$62	\$149	\$174	\$49

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 patient transport 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 them, the department 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 who may require medical treatment.

This includes emergency transport via ambulance and non-emergency transport which can be carried out in patient transport vehicles (which are not ambulances but can be stretcher fitted vehicles, wheelchair accessible vehicles or standard vehicles).

Transport of non-emergency patients includes non-emergency inter-hospital patient transports, non-emergency mental health patient transports and community patient transports.

The accrued costs include all costs borne by the department for the provision of ambulance and non-emergency patient transport programs, including costs associated with the provision of operations centres responsible for ambulance/vehicle dispatch, and funding model elements associated with the provision of interhospital patient transports, but does not include the trip related costs which are borne by health service providers for the provision of interhospital patient transport.

Target

The 2023–24 target unit cost per trip for road-based patient transport services is \$673.

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

Results

In 2023–24, the cost per trip for road-based ambulance and patient transport services was \$655, slightly below the target of \$673 (see Table 25).

Expenditure in 2023–24 reflects the supply of fully operational non-emergency planned patient transport services and full implementation of the new emergency ambulance services agreement, including the impact of new initiatives such as the Extended Care Paramedic pilot program.

Table 25: 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 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Cost per trip	\$469	\$514	\$534	\$680	\$655
Target	-	\$494	\$523	\$553	\$673

Notes:

1. The title and rationale of this KPI have been amended to reflect changes to the number and type of contracted patient transport services. Road based transport services include emergency and non-emergency patient transport services provided in metropolitan and country WA.
2. In January 2023, the department entered into a new contract with St John WA resulting in revised service delivery obligations. In addition, WA non-emergency planned transport services is now being provided by several contractors in addition to St John WA. As a result, 2023–24 findings are not directly comparable to prior years.
3. Non-emergency planned patient transport services consist of non-emergency inter-hospital patient transports, non-emergency mental health patient transports and community patient transports. This mode of transport includes stretcher fitted vehicles, wheelchair accessible vehicles or standard vehicles.

Data sources: Contracted service providers' activity data reports: 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 performs system wide regulatory functions including the regulation of food safety, vector control, waste water management, tobacco licensing, radiation safety and medicines and poisons in order to promote health in the community; prevent disease before it occurs; and manage risks to human health, whether natural or man-made.

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

Target

The 2023–24 target unit cost per head of population to provide public health regulatory services is \$7.

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

Results

In 2023–24, the cost of public health regulatory services per head of population was \$6 (see Table 26).

In 2023–24, the department established a dedicated e-cigarette and vaping compliance team to lead monitoring and compliance activities under the *Medicines and Poisons Act 2014* and *Tobacco Products Control Act 2006*.

Table 26: Average cost of public health regulatory services per head of population, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$8	\$8	\$8	\$6	\$6
Target	–	\$6	\$6	\$7	\$7

Notes:

- 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.
- In 2023–24, e-cigarette compliance was added to the regulatory functions of the department.

Data sources: Human Resource Data Warehouse, WA Health; Estimated resident population based on Australian Bureau of Statistics data, Epidemiology Directorate, Department of Health; Oracle 11i Financial System, 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, in supporting a system manager function, is responsible for the strategic direction, oversight, management and performance of the WA health system. This includes the delivery of government priorities and responding to the emerging and current needs of the WA 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 undertakes its role in supporting the system manager.

Target

The 2023–24 target unit cost to undertake system manager functions per full time equivalent worker is \$4,752.

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

Results

In 2023–24, the cost for the department to undertake system manager functions per health service provider full time equivalent was \$5,778 (see Table 27).

The variance to target is attributable to funding associated with major reform initiatives including significant work that has progressed this year to establish key functions that will operate within the State Health Operations Centre (SHOC) including virtual emergency care, improved patient transport services, and a new system to coordinate patient movements. The variance in expenditure to 2022–23 is primarily due to SHOC that was in the early stages of development last year.

Workforce attraction and retention initiatives were also a major focus particularly with implementation of the Graduate Transition Program and the Regional Graduate Incentive (HECS-HELP) to address critical workforce shortages.

Table 27: Average cost for the department to undertake system manager functions per health service provider full time equivalent, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Average cost	\$5,182	\$6,816	\$7,022	\$5,490	\$5,778
Target	-	\$5,559	\$5,337	\$4,632	\$4,752

Notes:

- 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 staff that provide a public health regulatory function.
- Full time equivalent (FTE) figures used in the calculation of this indicator are based on Actual (Paid) month to date FTE.

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



Financial disclosures and compliance

Financial disclosures

Summary of board and committee remuneration

The total annual remuneration in 2023–24 for all department boards and committees was \$388,595 (see Table 28).

There was a 15.9 per cent decrease in total remuneration compared to 2022–23¹² attributable to the cease in operations of the following boards and committees:

- Assisted Reproductive Technology and Surrogacy Legislation Ministerial Expert Panel
- Graylands Reconfiguration and Forensic Taskforce
- Sustainable Health Independent Oversight Committee.

The following boards and committees were paid the highest remuneration in 2023–24:

- Voluntary Assisted Dying Board (\$145,141)
- WA Human Research Ethics Committee (\$60,668)
- Western Australian Reproductive Technology Council (\$52,415)
- Perinatal and Infant Mortality Committee (\$49,816)
- Future Health Research and Innovation Fund Advisory Council (\$48,993).

There was no change to remuneration for the Voluntary Assisted Dying Board. The Western Australian Reproductive Technology Council and Perinatal and Infant Mortality Committee remuneration was comparable to last year.

Remuneration for the WA Human Research Ethics Committee increased by 40 per cent in line with revised sitting fees determined by the Department of the Premier and Cabinet. Remuneration for the Future Health Research and Innovation Fund Advisory Council increased threefold due to additional requirements for members to attend events such as conferences, forums and consultations.

12. Total remuneration in 2022–23 was \$461,943. Remuneration reported in the 2022–23 annual report (\$452,598) excluded delayed invoice payments to the Department of Health Human Research Ethics Committee (\$6,425) and Future Health Research and Innovation Fund Advisory Council (\$2,920).

Table 28: Summary of WA State Government boards and committees remunerated by the Department of Health, 2023–24

Board/Committee name	Total remuneration (\$)
Anaesthetic Mortality Committee	10,040
Fluoridation of Public Water Supplies Advisory Committee	165
Future Health Research and Innovation Fund Advisory Council	48,993
Human Tissue Advisory Body	0
Local Health Authorities Analytical Committee	1,106
Maternal Mortality Committee	0
Perinatal and Infant Mortality Committee	49,816
Pesticides Advisory Committee	0
Postgraduate Medical Council of Western Australia	560
Radiological Council	8,160
Stimulant Assessment Panel	0
Voluntary Assisted Dying Board	145,141
WA Human Research Ethics Committee	60,668
Western Australian Reproductive Technology Council	52,415
Western Australian Reproductive Technology Council Preimplantation Genetic Diagnosis Technical Advisory Committee	11,531
Total	388,595

Notes:

The Department of Health does not remunerate members of:

- 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.

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 hospital¹³ is treated 'free of charge'. This arrangement is consistent with the Medicare principles 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 2023–24, in accordance with section 175ZE of the *Electoral Act 1907*, the department incurred a total advertising expenditure of \$5,155,639 (see Table 29), an increase of almost 70 per cent compared to last year's total of \$3,042,784.

The majority of 2023–24 advertising expenditure was for media advertising services (69 per cent), market research (21 per cent) and advertising agencies (10 per cent). The highest proportion of procured advertising services related to workforce attraction, emergency department avoidance, sexual health and immunisation programs.

Table 29: Summary of advertising expenditure, 2023–24

Summary of advertising	Amount (\$)
Advertising agencies	491,531
Market research organisations	1,107,900
Polling organisations	0
Direct mail organisations	644
Media advertising organisations	3,555,564
Total advertising expenditure	5,155,639

13. Includes Joondalup Health Campus, Peel Health Campus and St John of God Midland Public Hospital.

The organisations from which advertising services were procured and the amounts paid to each organisation are detailed in Table 30.

Table 30: Advertising by class of expenditure, 2023–24

Recipient/organisations	Amount (\$)
Advertising agencies	
303 MullenLowe	249,944
Rhythm Creative Content	240,818
Kickin Up Dust Media	770
Total	491,531
Market research organisations	
Edith Cowan University	1,053,120
Metrix	54,780
Total	1,107,900
Direct Mail Organisations	
Mailchimp	644
Total	644
Media advertising organisations	
Australasian College of Emergency Medicine	666
Australian College of Nurse Practitioners	319
Carat Australia Media Services	2,210,863
Choice One	13,879
College of Emergency Nursing Australasia	500
Facebook	24,752
Health Information Management Association of Australia Ltd	462
Initiative Media Australia PTY LTD	1,303,376
Telstra Ltd Pty	747
Total	3,555,564
Total advertising expenditure	5,155,639

Major capital projects

One project was completed in 2023–24 (see Table 31) and a further 14 are being administered by the department (see Table 32).

Table 31: Major Asset Investment Program project completed during 2023–24

Project name	Total cost of project (\$'000)
COVID-19 Vaccination System and Equipment	23,134

Table 32: Major Asset Investment Program projects in progress during 2023–24

Project name	Expected year of completion	Estimated remaining cost to complete (\$ '000)	Estimated total cost of project 2023–24 (\$ '000)	Estimated total cost of project 2022–23 (\$ '000)	Variance from previous financial year (\$ '000)
Medical Equipment Replacement Program	Ongoing	81,511	633,953	592,535	41,418
Minor Building Works Program	Ongoing	21,965	178,267	175,596	2,671
Emergency Capital Work (a)	2024–25	2,337	8,683	9,914	-1,231
COVID-19 Vaccination System and Equipment	2023–24	73	23,134	24,531	-1,397
Statewide 24/7 Telestroke Service (a)	TBA	2,019	2,092	2,450	-358
Modulars – 4 x 30 Bed Ward Units	2024–25	4,000	146,425	152,000	-5,575
Electronic Medical Record Program (b)	2031–32	120,278	135,799	40,445	95,354
Statewide Cladding (c)	TBA	2,120	2,126	111	2,015

Project name	Expected year of completion	Estimated total cost of project 2023–24 (\$ '000)	Estimated total cost of project 2023–24 (\$ '000)	Estimated total cost of project 2022–23 (\$ '000)	Variance from previous financial year (\$ '000)
Australian Standard 4187 Reprocessing of Reusable Medical Devices (a)	TBA	–	2,275	4,268	-1,993
New Women and Babies Hospital Project (d)	2030–31	544,735	1,786,980	10,222	1,776,758
Graylands Reconfiguration and Forensics Project (e)	TBA	218,927	218,927	-	218,927
Cyber Security (f)	TBA	5,371	5,371	-	5,371
State Health Operations Centre (g)	2024–25	1,025	1,025	-	1,025
Outpatient Reform – Smart Referrals (h)	TBA	4,372	4,372	-	4,372

Notes:

1. The above information is based upon the:
 - i. 2022–23 published budget papers
 - ii. 2023–24 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 are reflected in the table.
4. A variance represents the difference between the estimated total cost of the project in the 2023–24 published budget papers in comparison to the total cost or estimated total cost of the project as reported in the 2022–23 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) Budgeted expense capital is excluded from the current year estimated total cost of the project to align to the published budget paper.
 - (b) Additional funding of \$103 million was approved as part of the 2022–23 Mid-year Review and 2023–24 Budget, offset by a Budgeted Expense Capital of \$7.7 million for the Electronic Medical Records Program.
 - (c) \$2.1 million was approved as part of the 2022–23 Mid-year Review to address the issue of aluminium composite panels installed in public buildings owned by the WA health system. Separate funding is allocated for local cladding projects administered by health service providers.
 - (d) \$1.8 billion was provisioned and held in a Treasury administered special purpose account (SPA) following the 2020–21 Mid-year Review for the New Women and Babies Hospital Project.
 - (e) \$218.9 million was originally approved as part of the 2023–24 budget for the Graylands Reconfiguration and Forensic Taskforce project to inform the planning and investment decisions regarding the Graylands Hospital site and \$32.2 million was subsequently reallocated to the Bentley Secure Extended Care Unit project.
 - (f) \$5.4 million was approved as part of the 2023–24 budget through the Digital Capability Fund to upgrade applications and servers.
 - (g) \$1.0 million was approved as part of the 2023–24 budget to enable Horizon 1 to commence before completing the full business case. Horizon 1 includes the initial establishment of the Patient Transport Service and system-wide monitoring capability.
 - (h) \$4.3 million was approved as part of the 2023–24 budget to deliver an established and endorsed whole-of-health system Outpatient Reform Program.

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.

Staff who have a justified work need and meet relevant criteria are provided purchasing cards. 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 8 instances of purchasing cards being used for personal purposes in 2023–24 (see Table 34). The full amount of \$621.78 was refunded before the end of the reporting period.

Table 33: Personal use expenditure by purchasing card holders, 2023–24

Credit card personal use expenditure	Amount (\$)
Aggregate amount of personal use expenditure settled within 5 working days	65.22
Aggregate amount of personal use expenditure settled after 5 working days	556.56
Aggregate amount of personal use expenditure outstanding at the end of 2023–24	0.00
Aggregate amount of personal use expenditure for 2023–24	621.78

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 2024–25 will be published on the department's [website](#).

Audit opinion



Auditor General

INDEPENDENT AUDITOR'S REPORT

2024

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 as at 30 June 2024, 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 as at 30 June 2024 and administered income and expenses by service for the year then ended
- notes comprising a summary of material 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 2024 and the financial position as 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.

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 they determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Director General is responsible for:

- assessing the entity's ability to continue as a going concern
- disclosing, as applicable, matters related to going concern
- using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the Department.

Auditor's responsibilities for the audit of the financial statements

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

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions

of users taken on the basis of the financial statements. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

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

Report on the audit of controls

Basis for Qualified Opinion

I identified significant weaknesses in network security controls and 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.

Qualified Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Department of Health. The controls exercised by the Department of Health 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

controls within the system were suitably designed to achieve the overall controls objectives identified as at 30 June 2024, and the controls were implemented as designed as at 30 June 2024.

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 2024 reported in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions (legislative requirements). 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 report of the Department of Health for the year ended 30 June 2024 is in accordance with the legislative requirements, and the key performance indicators are relevant and appropriate to assist users to assess the Department's performance and fairly represent indicated performance for the year ended 30 June 2024.

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 controls 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 report 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 ASQM 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 2024, but not the financial statements, key performance indicators and my auditor's report.

My opinions on the financial statements, controls and key performance indicators do 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 2024 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
19 September 2024

Certification of financial statements

Department of Health

Certification of key performance indicators
For the financial year ended 30 June 2024

The accompanying financial statements of the Department of Health have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ended 30 June 2024 and the financial position as at 30 June 2024.

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

19 September 2024



Dr Shirley Bowen
DIRECTOR GENERAL
DEPARTMENT OF HEALTH
ACCOUNTABLE AUTHORITY

19 September 2024

Financial statements - Contents

Financial Statements

Statement of comprehensive income	124
Statement of financial position	126
Statement of changes in equity	128
Statement of cash flows	129

Administered schedules

Administered income and expenses by services	131
Administered assets and liabilities	134

Notes to the financial statements

1 Basis of preparation	135
2 Department outputs	136
2.1 Department objectives	137
2.2 Schedule of income and expenses by service	139
2.3 Schedule of assets and liabilities by service	142
3 Use of our funding	144
3.1(a) Employee benefits expenses	144
3.1(b) Employee related provisions	145
3.2 Grants and subsidies	147
3.3 Contracts for services	148
3.4 Supplies and services	149
3.5 Other expenses	150

4 Our funding sources	151
4.1 Income from State Government	152
4.2 User charges and fees	155
4.3 Commonwealth grants and contributions	156
4.4 Other grants and contributions	157
4.5 Other income	157
4.6 Gains/(losses) on disposal	157
5 Key assets	158
5.1 Infrastructure, property, plant and equipment	158
5.2 Intangible assets	162
5.3 Right-of-use assets	165
6 Other assets and liabilities	168
6.1 Inventories	168
6.2 Receivables	169
6.3 Amounts receivable for services (Holding Account)	170
6.4 Other assets	171
6.5 Payables	171
6.6 Contract liabilities	172
7 Financing	173
7.1 Cash and cash equivalents	173
7.2 Lease liabilities	176
7.3 Finance costs	177
7.4 Commitments	177

8 Risks and contingencies	178
8.1 Financial risk management	178
8.2 Contingent assets and liabilities	182
8.3 Fair value measurements	184
9 Other disclosures	186
9.1 Events occurring after the end of the reporting period	186
9.2 Future impact of Australian Accounting Standards not yet operative	187
9.3 Key management personnel	190
9.4 Related party transactions	191
9.5 Related bodies	192
9.6 Affiliated bodies	192
9.7 Services provided free of charge	192
9.8 Indian Ocean Territories	193
9.9 Special purpose accounts	194
9.10 Remuneration of auditors	197
9.11 Equity	197
9.12 Supplementary financial information	198
10 Explanatory statements	199
10.1 Explanatory statement for controlled operations	199
10.2 Explanatory statement for administered items	207

Statement of comprehensive income

For the year ended on 30 June 2024

	Notes	2024 \$'000	2023 \$'000
COST OF SERVICES			
Expenses			
Employee benefits expenses	3.1(a)	192,361	175,805
Contracts for services	3.3	704,826	647,570
Supplies and services	3.4	88,751	88,243
Grants and subsidies	3.2	9,357,410	8,709,507
Depreciation and amortisation expenses	5.1, 5.2, 5.3	2,216	2,435
Loss on disposal of non-current assets	4.6	49	-
Finance costs	7.3	95	62
Other expenses	3.5	54,404	52,579
Total cost of services		10,400,112	9,676,201
Income			
User charges and fees	4.2	23,146	16,445
Commonwealth grants and contributions	4.3	2,957,662	2,698,931
Other grants and contributions	4.4	605	363
Other income	4.5	9,303	5,579
Total income		2,990,716	2,721,318
NET COST OF SERVICES		7,409,396	6,954,883

Statement of comprehensive income (continued)

For the year ended on 30 June 2024

	Notes	2024 \$'000	2023 \$'000
Income from State Government			
Service appropriation	4.1	7,269,484	6,873,860
Income from other public sector entities	4.1	63,060	60,852
Resources received	4.1	627	949
Royalties for Regions Fund	4.1	18,241	6,802
Total income from State Government		7,351,412	6,942,463
SURPLUS/(DEFICIT) FOR THE PERIOD		(57,984)	(12,420)
OTHER COMPREHENSIVE INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve	9.11	(1,163)	1,245
Total other comprehensive income		(1,163)	1,245
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		(59,147)	(11,175)

The Statement of comprehensive income should be read in conjunction with the accompanying notes.

Statement of financial position

For the year ended on 30 June 2024

	Notes	2024 \$'000	2023 \$'000
ASSETS			
Current assets			
Cash and cash equivalents	7.1	47,445	68,912
Restricted cash and cash equivalents	7.1	108,396	115,049
Inventories	6.1	43,022	37,275
Receivables	6.2	103,171	72,402
Other current assets	6.4	8,570	7,929
Total current assets		310,604	301,567
Non-current assets			
Restricted cash and cash equivalents	7.1	-	4,481
Receivables	6.2	4,481	-
Amounts receivable for services	6.3	97,163	96,009
Infrastructure, property, plant and equipment	5.1	41,436	26,457
Intangible assets	5.2	594	2,325
Right-of-use assets	5.3	2,316	2,836
Other non-current assets	6.4	335	18
Total non-current assets		146,325	132,126
TOTAL ASSETS		456,929	433,693
LIABILITIES			
Current liabilities			
Payables	6.5	104,936	68,651
Contract liabilities	6.6	1,657	114
Lease liabilities	7.2	588	621
Employee related provisions	3.1(b)	33,247	32,208
Total current liabilities		140,428	101,594

Statement of financial position (continued)

For the year ended on 30 June 2024

	Notes	2024 \$'000	2023 \$'000
Non-current liabilities			
Lease liabilities	7.2	1,719	2,133
Employee related provisions	3.1(b)	14,263	11,149
Total non-current liabilities		15,982	13,282
TOTAL LIABILITIES		156,410	114,876
NET ASSETS		300,519	318,817
EQUITY			
Contributed equity	9.11	99,485	58,636
Reserves	9.11	281,432	282,595
Accumulated surplus/(deficit)		(80,398)	(22,414)
TOTAL EQUITY		300,519	318,817

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 2024

	Notes	Contributed equity \$'000	Reserves \$'000	Accumulated surplus/(deficit) \$'000	Total equity \$'000
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
Other contributions by owners		-	-	-	-
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
Balance at 1 July 2023		58,636	282,595	(22,414)	318,817
Surplus/(deficit)		-	-	(57,984)	(57,984)
Other comprehensive income		-	(1,163)	-	(1,163)
Total comprehensive income for the period		-	(1,163)	(57,984)	(59,147)
Transactions with owners in their capacity as owners:	9.11				
Capital appropriation		36,832	-	-	36,832
Other contributions by owners		4,017	-	-	4,017
Distribution to owners		-	-	-	-
Total contributed equity		40,849	-	-	40,849
Balance at 30 June 2024		99,485	281,432	(80,398)	300,519

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 2024

	Notes	2024 \$'000	2023 \$'000
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		6,838,722	6,442,126
Capital appropriation		40,849	48,292
Funds from other public sector entities		63,060	60,852
Royalties for Regions Fund		18,241	6,802
Net cash provided by State Government		6,960,872	6,558,072
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(188,208)	(172,898)
Supplies and services		(755,107)	(792,231)
Grants and subsidies		(8,947,273)	(8,289,553)
Finance costs		(95)	(62)
GST payments on purchases		(537,347)	(524,089)
Receipts			
User charges and fees		23,146	16,445
Commonwealth grants and contributions		2,885,687	2,658,656
GST receipts on sales		26,174	24,789
GST receipts from taxation authority		507,563	506,797
Other receipts		9,908	5,942
Net cash used in operating activities	7.1.3	(6,975,552)	(6,566,204)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current assets		(17,125)	(54,789)
Net cash used in investing activities		(17,125)	(54,789)

Statement of cash flows (continued)

For the year ended on 30 June 2024

	Notes	2024 \$'000	2023 \$'000
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal element of lease payments		(796)	(764)
Payment to accrued salaries account		-	-
Net cash used in financing activities		(796)	(764)
Net increase/(decrease) in cash and cash equivalents		(32,601)	(63,685)
Cash and cash equivalents at the beginning of the period		188,442	252,127
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	7.1.1	155,841	188,442

The Statement of cash flows should be read in conjunction with the accompanying notes.

Administered schedules

For the year ended on 30 June 2024

Administered income and expenses by services

	Public Hospital Admitted Services		Public Hospital Emergency Services		Public Hospital Non-Admitted Services		Mental Health Services	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses								
Funding transferred to:								
Health service providers	226,583	210,214	49,375	48,625	50,097	48,140	50,682	46,559
State Pool Account and State Managed Fund Account administered for Mental Health Commission:								
Transfer of activity based funding to health service providers	-	-	-	-	-	-	479,736	455,625
Transfer of block funding to health service providers	-	-	-	-	-	-	508,701	493,449
Service concession arrangement depreciation expense (a)	-	-	-	-	-	-	-	-
Total administered expenses	226,583	210,214	49,375	48,625	50,097	48,140	1,039,119	995,633
Income								
Administered for WA health system:								
Capital appropriation	130,124	105,241	22,320	19,769	28,069	24,180	27,616	23,204
Administered appropriation	25,819	44,346	4,340	8,024	5,618	10,287	6,690	10,649
Royalties for Regions Fund	68,057	43,756	12,708	18,220	14,906	10,123	17,736	9,491
State Pool Account and State Managed Fund Account administered for Mental Health Commission:								
Commonwealth activity based funding	-	-	-	-	-	-	153,583	171,037
Commonwealth block funding	-	-	-	-	-	-	174,357	166,996
State activity based funding	-	-	-	-	-	-	326,153	284,588
State block funding	-	-	-	-	-	-	334,344	326,453
Service concession arrangement revenue (a)	-	-	-	-	-	-	-	-
Total administered income	224,000	193,343	39,368	46,013	48,593	44,590	1,040,479	992,418

Administered schedules (continued)

For the year ended on 30 June 2024

Administered income and expenses by services (continued)

	Aged and Continuing Care Services		Public and Community Health Services		Pathology Services		Community Dental Health Services	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses								
Funding transferred to:								
Health service providers	11,499	10,439	35,958	35,437	6,913	17,400	-	-
State Pool Account and State Managed Fund Account administered for Mental Health Commission:								
Transfer of activity based funding to health service providers	-	-	-	-	-	-	-	-
Transfer of block funding to health service providers	-	-	-	-	-	-	-	-
Service concession arrangement depreciation expense (a)	-	-	-	-	-	-	-	-
Total administered expenses	11,499	10,439	35,958	35,437	6,913	17,400	-	-
Income								
Administered for WA health system:								
Capital appropriation	2,871	2,684	9,106	9,684	2,726	11,413	-	-
Administered appropriation	595	1,179	2,515	4,909	-	-	-	-
Royalties for Regions Fund	2,511	6,256	8,370	20,374	-	-	-	-
State Pool Account and State Managed Fund Account administered for Mental Health Commission:								
Commonwealth activity based funding	-	-	-	-	-	-	-	-
Commonwealth block funding	-	-	-	-	-	-	-	-
State activity based funding	-	-	-	-	-	-	-	-
State block funding	-	-	-	-	-	-	-	-
Service concession arrangement revenue (a)	-	-	-	-	-	-	-	-
Total administered income	5,977	10,119	19,991	34,967	2,726	11,413	-	-

Administered schedules (continued)

For the year ended on 30 June 2024

Administered income and expenses by services (continued)

	Small Rural Hospital Services		Health System Management - Policy and Corporate Services		Health Support Services		Total	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses								
Funding transferred to:								
Health service providers	19,083	20,813	9,502	(1,670)	79,626	87,016	539,318	522,973
State Pool Account and State Managed Fund Account administered for Mental Health Commission:								
Transfer of activity based funding to health service providers	-	-	-	-	-	-	479,736	455,625
Transfer of block funding to health service providers	-	-	-	-	-	-	508,701	493,449
Service concession arrangement depreciation expense (a)	-	-	3,469	3,216	-	-	3,469	3,216
Total administered expenses	19,083	20,813	12,971	1,546	79,626	87,016	1,531,224	1,475,263
Income								
Administered for WA health system:								
Capital appropriation	1,900	3,030	24,169	(7,000)	21,173	38,528	270,074	230,733
Administered appropriation	215	1,190	19,348	11,328	62,005	50,716	127,145	142,628
Royalties for Regions Fund	2,698	16,470	-	-	-	-	126,986	124,690
State Pool Account and State Managed Fund Account administered for Mental Health Commission:								
Commonwealth activity based funding	-	-	-	-	-	-	153,583	171,037
Commonwealth block funding	-	-	-	-	-	-	174,357	166,996
State activity based funding	-	-	-	-	-	-	326,153	284,588
State block funding	-	-	-	-	-	-	334,344	326,453
Service concession arrangement revenue (a)	-	-	5,474	5,454	-	-	5,474	5,454
Total administered income	4,813	20,690	48,991	9,782	83,178	89,244	1,518,116	1,452,579

(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 schedules (continued)

For the year ended on 30 June 2024

Administered assets and liabilities

	2024	2023
	\$'000	\$'000
Current assets		
Cash and cash equivalents	162,472	177,585
Total administered current assets	162,472	177,585
Non-current assets		
Service concession assets	145,835	138,744
Amounts receivable for services	6,440	6,440
Total administered non-current assets	152,276	145,184
TOTAL ADMINISTERED ASSETS	314,747	322,770
Current liabilities		
Payables	950	950
Service concession liabilities (Grant of the Right to Operate Model)	5,474	5,474
Total administered current liabilities	6,424	6,424
Non-current liabilities		
Service concession liabilities (Grant of the Right to Operate Model)	67,878	73,352
Total administered non-current liabilities	67,878	73,352
TOTAL ADMINISTERED LIABILITIES	74,302	79,776

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.

Notes to the financial statements

For the year ended on 30 June 2024

1 Basis of preparation

The Department of Health (department) is a Government not-for-profit entity and is controlled by the State of Western Australia, which is the ultimate parent.

A description of the nature of its operations and its principal activities have been included in the About us section of this annual report, 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 19 September 2024.

Statement of compliance

The financial statements constitute general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, the Framework, Statement of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board (AASB) as applied by Treasurer's Instructions. Several of these are modified by Treasurer's Instructions to vary application, disclosure, format and wording.

The *Financial Management Act 2006* and Treasurer's Instructions are legislative provisions governing the preparation of financial statements and take precedence over Australian Accounting Standards, the Framework, Statement of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board. 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 is comprised 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 the Quadriplegic Centre. This chief executive governed health service provider prepares separate financial statements which are 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).

1 **Basis of preparation (continued)**

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.

Accounting for Goods and Services Tax

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 Australian Accounting Standards 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

Notes to the financial statements

For the year ended on 30 June 2024

2.1 Department objectives

Mission

The mission of the department is to lead and steward a WA health system that delivers safe, quality, financially sustainable and accountable health care for all Western Australians.

The department is predominantly funded by State 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 4 '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 4 '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 4 '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.

Notes to the financial statements

For the year ended on 30 June 2024

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 statewide planning, budgeting and regulation processes. Health system policy and corporate services includes corporate services inclusive of statutory financial reporting requirements, overseeing, monitoring and promoting improvements in the safety and quality of health services and 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 systemwide projects and programs and the management of the supply chain and whole of health contracts.

Notes to the financial statements

For the year ended on 30 June 2024

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	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
COST OF SERVICES								
Expenses								
Employee benefits expenses	-	-	-	-	-	-	-	-
Contracts for services	-	-	-	-	-	-	-	-
Supplies and services	-	-	-	-	-	-	-	-
Grants and subsidies	5,107,685	4,716,325	1,101,836	1,013,785	1,040,185	994,067	53,349	30,212
Depreciation and amortisation expenses	-	-	-	-	-	-	-	-
Loss on disposal of non-current assets	-	-	-	-	-	-	-	-
Finance costs	-	-	-	-	-	-	-	-
Other expenses	-	-	-	-	-	-	-	-
Total cost of services	5,107,685	4,716,325	1,101,836	1,013,785	1,040,185	994,067	53,349	30,212
Income								
User charges and fees	-	-	-	-	-	-	-	-
Commonwealth grants and contributions	1,756,524	1,555,552	350,073	313,097	386,775	363,392	122	(181)
Other grants and contributions	-	-	-	-	-	-	-	-
Other income	-	-	-	-	-	-	-	-
Total income other than income from State Government	1,756,524	1,555,552	350,073	313,097	386,775	363,392	122	(181)
NET COST OF SERVICES	3,351,161	3,160,773	751,763	700,688	653,410	630,675	53,227	30,393
Income from State Government								
Service appropriation	3,349,332	3,160,515	750,983	700,044	652,953	630,334	52,744	30,393
Income from other public sector entities	-	-	-	-	-	-	-	-
Resources received	-	-	-	-	-	-	-	-
Royalties for Regions Fund	1,829	258	780	644	457	341	483	-
Total income from State Government	3,351,161	3,160,773	751,763	700,688	653,410	630,675	53,227	30,393
SURPLUS/(DEFICIT) FOR THE PERIOD	-	-	-	-	-	-	-	-

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

Notes to the financial statements

For the year ended on 30 June 2024

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	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
COST OF SERVICES								
Expenses								
Employee benefits expenses	1,575	977	25,590	31,860	-	-	-	300
Contracts for services	205,188	185,678	410,520	380,814	-	-	14,516	12,802
Supplies and services	513	10	82,147	85,389	-	-	-	3
Grants and subsidies	198,089	185,285	868,339	826,510	180,935	155,015	101,547	97,844
Depreciation and amortisation expenses	-	-	866	1,205	-	-	-	-
Loss on disposal of non-current assets	-	-	49	-	-	-	-	-
Finance costs	-	-	50	50	-	-	-	-
Other expenses	147	153	8,756	12,275	-	-	-	24
Total cost of services	405,512	372,103	1,396,317	1,338,103	180,935	155,015	116,063	110,973
Income								
User charges and fees	-	-	17,571	1,015	-	-	-	3
Commonwealth grants and contributions	83,840	72,470	117,865	194,320	10,162	9,974	9,683	2,149
Other grants and contributions	-	120	-	-	-	-	-	-
Other income	140	-	9,114	5,579	-	-	-	-
Total income other than income from State Government	83,980	72,590	144,550	200,914	10,162	9,974	9,683	2,152
NET COST OF SERVICES	321,532	299,513	1,251,767	1,137,189	170,773	145,041	106,380	108,821
Income from State Government								
Service appropriation	353,075	355,428	861,095	864,355	170,773	145,041	96,991	98,127
Income from other public sector entities	1	-	51,812	60,398	-	-	-	-
Resources received	-	-	84	-	-	-	-	-
Royalties for Regions Fund	479	20	13,259	3,476	-	-	-	-
Total income from State Government	353,555	355,448	926,250	928,229	170,773	145,041	96,991	98,127
SURPLUS/(DEFICIT) FOR THE PERIOD	32,023	55,935	(325,517)	(208,960)	-	-	(9,389)	(10,694)

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

Notes to the financial statements

For the year ended on 30 June 2024

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	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
COST OF SERVICES								
Expenses								
Employee benefits expenses	-	-	165,196	142,668	-	-	192,361	175,805
Contracts for services	-	-	74,602	68,276	-	-	704,826	647,570
Supplies and services	-	-	6,091	2,841	-	-	88,751	88,243
Grants and subsidies	326,779	287,514	33,309	32,327	345,357	370,623	9,357,410	8,709,507
Depreciation and amortisation expenses	-	-	1,350	1,230	-	-	2,216	2,435
Loss on disposal of non-current assets	-	-	-	-	-	-	49	-
Finance costs	-	-	45	12	-	-	95	62
Other expenses	-	-	45,501	40,127	-	-	54,404	52,579
Total cost of services	326,779	287,514	326,094	287,481	345,357	370,623	10,400,112	9,676,201
Income								
User charges and fees	-	-	5,575	15,427	-	-	23,146	16,445
Commonwealth grants and contributions	125,087	120,611	117,531	52,157	-	15,390	2,957,662	2,698,931
Other grants and contributions	-	-	605	243	-	-	605	363
Other income	-	-	49	-	-	-	9,303	5,579
Total income other than income from State Government	125,087	120,611	123,760	67,827	-	15,390	2,990,716	2,721,318
NET COST OF SERVICES	201,692	166,903	202,334	219,654	345,357	355,233	7,409,396	6,954,883
Income from State Government								
Service appropriation	200,738	164,840	435,443	369,550	345,357	355,233	7,269,484	6,873,860
Income from other public sector entities	-	-	11,247	454	-	-	63,060	60,852
Resources received	-	-	543	949	-	-	627	949
Royalties for Regions Fund	954	2,063	-	-	-	-	18,241	6,802
Total income from State Government	201,692	166,903	447,233	370,953	345,357	355,233	7,351,412	6,942,463
SURPLUS/(DEFICIT) FOR THE PERIOD	-	-	244,899	151,299	-	-	(57,984)	(12,420)

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

Notes to the financial statements

For the year ended on 30 June 2024

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	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'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	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Assets								
Current assets	64	36	33,259	40,276	-	-	-	-
Non-current assets	-	-	3,092	3,531	-	-	-	-
TOTAL ASSETS	64	36	36,351	43,807	-	-	-	-
Liabilities								
Current liabilities	24,802	7,552	15,772	9,713	-	-	3,334	1,616
Non-current liabilities	-	-	917	1,294	-	-	-	-
TOTAL LIABILITIES	24,802	7,552	16,689	11,007	-	-	3,334	1,616
NET ASSETS	(24,738)	(7,516)	19,662	32,800	-	-	(3,334)	(1,616)

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

Notes to the financial statements

For the year ended on 30 June 2024

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	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Assets								
Current assets	-	-	277,281	261,255	-	-	310,604	301,567
Non-current assets	-	-	143,233	128,595	-	-	146,325	132,126
TOTAL ASSETS	-	-	420,514	389,850	-	-	456,929	433,693
Liabilities								
Current liabilities	-	-	96,520	82,713	-	-	140,428	101,594
Non-current liabilities	-	-	15,065	11,988	-	-	15,982	13,282
TOTAL LIABILITIES	-	-	111,585	94,701	-	-	156,410	114,876
NET ASSETS	-	-	308,929	295,149	-	-	300,519	318,817

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

Notes to the financial statements

For the year ended on 30 June 2024

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

	2024 \$'000	2023 \$'000
Employee benefits	173,314	159,617
Superannuation - defined contributions plans	18,548	16,188
Termination benefits	499	-
Total employee benefits expenses	192,361	175,805
Add: AASB 16 Non-monetary benefits (not included in employee benefits expense)	167	138
Less: Employee contributions (per the Statement of comprehensive income)	(43)	(47)
Net employee benefits	192,485	175,896

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 comprised of employer contributions paid to the Gold State Super (concurrent contributions), the West State Super, other Government Employees Superannuation Board (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.

Notes to the financial statements

For the year ended on 30 June 2024

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

	2024 \$'000	2023 \$'000
Current employee benefits provisions		
Annual leave	19,003	17,063
Long service leave	14,099	14,989
Deferred salary scheme	145	156
Total current employee related provisions	33,247	32,208
Non-current employee benefits provisions		
Long service leave	14,263	11,149
Total non-current employee related provisions	14,263	11,149
Total employee related provisions	47,510	43,357

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 right at the end of the reporting period to defer settlement for at least 12 months after the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

	2024 \$'000	2023 \$'000
Within 12 months of the end of the reporting period	13,073	11,825
More than 12 months after the end of the reporting period	5,930	5,238
	19,003	17,063

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.

Notes to the financial statements

For the year ended on 30 June 2024

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 the right at the end of the reporting period 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 the 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:

	2024 \$'000	2023 \$'000
Within 12 months of the end of the reporting period	3,470	3,663
More than 12 months after the end of the reporting period	24,892	22,475
	28,362	26,138

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 provisions of registered industrial agreements, casual employees who have been employed for more than 7 or 10 years, whichever applies, and meet continuous service requirements are entitled to long service leave. A provision is recognised 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.

Deferred salary scheme liabilities are classified as current where there is no right at the end of the reporting period to defer settlement for at least 12 months after the reporting period. Actual settlement of the liabilities is expected to occur as follows:

	2024 \$'000	2023 \$'000
Within 12 months of the end of the reporting period	145	-
More than 12 months after the end of the reporting period	-	156
	145	156

Notes to the financial statements

For the year ended on 30 June 2024

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 reporting period.

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

	2024 \$'000	2023 \$'000
Recurrent		
Funding for the delivery of health services by statutory authorities within the WA health system (a):		
Child and Adolescent Health Service (b)	815,894	740,536
East Metropolitan Health Service (b)	1,619,291	1,510,977
North Metropolitan Health Service (b)	2,138,530	1,977,133
South Metropolitan Health Service (b)	1,938,221	1,746,051
WA Country Health Service (b)	2,149,711	2,102,877
Health Support Services (b)	345,419	370,623
PathWest Laboratory Medicine WA (b)	181,327	169,569
Queen Elizabeth II Medical Centre Trust (b)	799	749
Quadriplegic Centre (b)	5,389	6,851
Funding to other State Government agencies on COVID-19 Response (c)	-	11,553
Research and development grants	76,763	31,050
Podiatry subsidy scheme	33	24
Other grants and subsidies	86,033	41,514
Total grants and subsidies	9,357,410	8,709,507

Notes to the financial statements

For the year ended on 30 June 2024

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, the following statutory authorities are established: 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) The department, as the lead agency for the National Partnership on COVID-19 Response Agreement had an obligation to transfer funds to other State Government agencies that were requested to assist in the COVID-19 Response. The National Partnership on COVID-19 Response Agreement concluded in 2022–23 and the department did not incur any payments in 2023–24 (\$11.5 million in 2022–23).

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

	2024 \$'000	2023 \$'000
Health care services provided by external organisations (a)	646,231	569,559
Shared services provided by Health Support Services (b)	19,529	28,623
Other contracts for services	39,066	49,388
Total contracts for services	704,826	647,570

- (a) In December 2022, the department entered into a contemporary contract with St John Ambulance WA and incurred service expenses of \$271.4 million in 2023–24 (\$240.1 million in 2022–23).
- (b) Shared services provided by Health Support Services include IT, supply chain, finance and human resources. The decrease in shared services costs provided by Health Support Services relate to decreased IT costs.

Contracts for services mainly consist of payments to external organisations for the purchase of health care services, including Aboriginal health, blood and organs, chronic diseases, communicable diseases, environmental health, health promotion, home and community care, mental health, oral health, palliative care, patient transport, aged care, and pathology services.

Notes to the financial statements

For the year ended on 30 June 2024

3.4 Supplies and services

	2024	2023
	\$'000	\$'000
Medical supplies (a)	84,614	69,214
Communications	1,298	1,593
Hotel quarantine related expenses (b)	143	16,088
Other consumables	2,696	1,348
Total supplies and services	88,751	88,243

- (a) Medical supplies included \$75.1 million of vaccine costs for 2023–24 (\$40.1 million in 2022–23) which contained increases due to the purchase of adult Shingles and Respiratory Syncytial Virus infant vaccines, offset by no pathology services provided to the community for the COVID-19 Response in 2023–24 (\$15.1 million in 2022–23).
- (b) There were combined \$0.1 million hotel and security costs for the COVID-19 Response in 2023–24 (\$15.2 million and \$0.9 million respectively in 2022–23). On 1 June 2022, the State Government announced that returning unvaccinated Australians and permanent residents would no longer be quarantined for 7 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.

Notes to the financial statements

For the year ended on 30 June 2024

3.5 Other expenses

	2024 \$'000	2023 \$'000
Act of grace payments (a)	-	11
Advertising	4,647	2,465
Computer related expenses	5,909	3,988
Ex-gratia payments (b)	5,670	4,587
Expected credit losses expense (c)	(22)	(8,961)
Freight and cartage	1,998	2,533
Insurance	400	316
Legal expenses	1,997	2,443
Other employee related expenses	3,194	5,366
Promotional expenses	14	54
Rental (d)	16,713	16,882
Repairs and maintenance (e)	1,753	1,545
Scholarships	3,327	1,370
Stock write down	2,962	5,277
Special functions	729	412
Subscriptions	2,084	2,068
Write-off of debt and waivers (f)	103	9,146
Worker's compensation insurance	317	(84)
Other	2,609	3,161
Total other expenses	54,404	52,579

- (a) **Act of grace payments:** There were no act of grace payments in 2023–24 (\$11,000 in 2022–23).
- (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 from July 2015. The total amount of ex-gratia payments was \$5.7 million for 2023–24 (\$0.9 million for East Metropolitan Health Service, \$1.7 million for North Metropolitan Health Service, \$2.5 million for South Metropolitan Health Service, \$0.6 million for WA Country Health Service).
- (c) **Expected credit losses expense** is recognised for movement in the allowance for impairment of trade receivables. Please refer to note 6.2.1 Movement in the allowance for impairment of trade receivables.

3.5 Other expenses (continued)

- (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, except where they relate to the replacement of a significant component of an asset. In that case, the costs are capitalised and depreciated.
- (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. There was a total of \$0.1 million write-offs and waivers for hotel quarantined persons in 2023–24 (\$0.4million and \$8.7 million respectively in 2022–23).

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

Notes to the financial statements

For the year ended on 30 June 2024

4.1 Income from State Government

	2024 \$'000	2023 \$'000
Appropriation received during the period:		
Service appropriation	7,069,664	6,302,042
COVID-19 appropriation	-	393,908
Amount authorised by other statutes:		
<i>Salaries and Allowances Act 1975</i>	1,272	1,185
<i>Lotteries Commission Act 1990</i>	198,548	176,725
Total appropriation	7,269,484	6,873,860
Income received from other public sector entities during the period:		
Department of Treasury - WA Future Health Research and Innovation Account	51,400	49,000
Department of Education - school health services for students attending public schools	10,955	10,434
Department of Water and Environmental Regulation - partnership in the development of the Health Sector Adaptation Plan	175	175
WA Police - provision of data services	159	149
WA health system statutory authorities - various services provided by the department	339	1,041
Other	32	53
Total income from other public sector entities	63,060	60,852

Notes to the financial statements

For the year ended on 30 June 2024

4.1 Income from State Government (continued)

	2024 \$'000	2023 \$'000
Resources received from other public sector entities during the period:		
Department of Education - accommodation	-	1
Landgate - valuation services and land information	118	164
State Solicitor's Office - legal service	442	727
Department of Primary Industries & Regional Development - digital map downloads	-	29
Department of Finance - office accommodation management	67	28
Total resources received	627	949
Royalties for Regions Fund		
Regional Community Services Account:		
Regional Workers Incentives	5,564	6,420
Find Cancer Early Program	411	382
Paid Paramedics for the Regions	12,266	-
Total Royalties for Regions Fund	18,241	6,802
Total income from State Government	7,351,412	6,942,463

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 receives the funds or the funds are receivable.

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 Community Services Account is a sub-fund within the over-arching Royalties for Regions Fund. The recurrent fund is committed to projects and programs in WA regional areas and is recognised as income when the department receives the funds or the funds are receivable.

Notes to the financial statements

For the year ended on 30 June 2024

4.1 Income from State Government (continued)

Summary of consolidated account appropriations

For the year ended 30 June 2024

	2024 Budget \$'000	2024 Section 25 transfers \$'000	2024 Additional funding* \$'000	2024 Revised budget \$'000	2024 Actual \$'000	2024 Variance \$'000
Delivery of services						
Item 51 Net amount appropriated to deliver services	6,472,202	49,942	547,520	7,069,664	7,069,664	-
Amount Authorised by Other Statutes						
- <i>Salaries and Allowances Act 1975</i>	1,188	-	84	1,272	1,272	-
- <i>Lotteries Commission Act 1990</i>	149,285	-	29,792	179,077	198,548	19,471
Total appropriations provided to deliver services	6,622,675	49,942	577,396	7,250,013	7,269,484	19,471
Capital						
Item 129 Capital appropriation	339,985	11,489	(81,400)	270,074	270,074	-
Administered transactions						
Item 32 Provision for Wages Policy	36,288	(37,942)	1,654	-	-	-
Item 36 Administered grants, subsidies and other transfer payments	14,599	-	14,159	28,758	14,599	(14,159)
Item 116 Administered capital appropriation	62,494	-	(34,768)	27,726	-	(27,726)
Total administered transactions	113,381	(37,942)	(18,955)	56,484	14,599	(41,885)
Total consolidated account appropriations	7,076,041	23,489	477,041	7,576,571	7,554,157	(22,414)

* Additional funding includes supplementary funding and new funding authorised under section 27 of the *Financial Management Act 2006* and amendments to standing appropriations.

4.2 User charges and fees

	2024	2023
	\$'000	\$'000
Licence and registration fees	4,424	4,029
Cross border charges	17,167	9,233
Other user charges and fees	1,555	3,183
Total user charges and fees	23,146	16,445

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 \$22,962,747
 - over-time for \$183,253.

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 2023–24 Budget Statements, the department retained \$295.1 million in 2023–24 (\$241.1 million in 2022–23) from the following:

- proceeds from fees and charges
- sale of goods
- Commonwealth specific purpose grants
- other departmental revenue.

Notes to the financial statements

For the year ended on 30 June 2024

4.3 Commonwealth grants and contributions

	2024 \$'000	2023 \$'000
Recurrent grants - cash		
National Health Reform Agreement (a):		
Statutory authorities within WA health system	2,683,935	2,358,918
Public health division within the department	56,303	55,428
Specific purpose grants:		
COVID-19 Response (b)	252	116,899
Department of Veterans' Affairs	41,698	46,995
Aged Care Programs	48,988	39,710
Community Health and Hospitals Program	9,500	9,500
Disability Support for Older Australians	4,667	5,653
Public Health Outcome Funding Agreement - Vaccines	1,717	1,890
Public Dental Services for Adults	9,686	1,588
Other programs	28,941	22,075
Recurrent grants - non-cash		
Essential vaccines received free of charge	71,975	40,275
Total Commonwealth grants and contributions	2,957,662	2,698,931

(a) 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 funding arrangement established under the NHRA 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 NHRA, the Commonwealth Government also provides public health funding to the department.

(b) As part of the NHRA, the Commonwealth contributed \$0.2 million in 2023–24 (\$116.9 million in 2022–23) to the department in response to COVID-19.

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.

Notes to the financial statements

For the year ended on 30 June 2024

4.4 Other grants and contributions

	2024	2023
	\$'000	\$'000
Research grants	403	132
Other	202	231
Total other grants and contributions	605	363

4.5 Other income

	2024	2023
	\$'000	\$'000
General public contributions and donations	2,000	4,000
Interest income	4,269	1,579
Return of unspent funding	3,034	-
Total other income	9,303	5,579

4.6 Gains/(losses) on disposal

	2024	2023
	\$'000	\$'000
Net proceeds from disposal of non-current assets		
Infrastructure, property, plant and equipment	1	-
Non-current assets classified as assets held for sale	-	-
Carrying amount of non-current assets disposed		
Infrastructure, property, plant and equipment	(50)	-
Non-current assets classified as assets held for sale	-	-
Net gains/(losses) on disposal of non-current assets	(49)	-

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.

Notes to the financial statements

For the year ended on 30 June 2024

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 2024	Land \$'000	Buildings \$'000	Site infrastructure \$'000	Leasehold improvements \$'000	Computer equipment \$'000	Furniture and fittings and equipment \$'000	Other plant and equipment \$'000	Work in progress \$'000	Artworks \$'000	Total \$'000
1 July 2023										
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	-	-	-	-	-	-	-	-	-	-
Carrying amount at start of period	20,717	2,271	136	1,611	48	21	1,549	23	81	26,457
Additions	-	-	-	544	15	-	435	16,452	-	17,446
Cost adjustment	-	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(49)	-	-	(49)
Expensed	-	-	-	-	-	-	-	(23)	-	(23)
Transfers from/(to) other reporting entities	-	(64)	-	-	-	(4)	-	-	-	(68)
Revaluation increments/(decrements)	(1,574)	411	-	-	-	-	-	-	-	(1,163)
Impairment losses	-	-	-	-	-	-	-	-	-	-
Impairment losses reversed	-	-	-	-	-	-	-	-	-	-
Depreciation	-	(92)	(16)	(636)	(21)	(6)	(393)	-	-	(1,164)
Carrying amount at 30 June 2024	19,143	2,526	120	1,519	42	11	1,542	16,452	81	41,436
Gross carrying amount	19,143	2,526	184	3,838	255	75	4,098	16,452	81	46,652
Accumulated depreciation	-	-	(64)	(2,319)	(213)	(60)	(2,556)	-	-	(5,212)
Accumulated impairment loss	-	-	-	-	-	-	-	-	-	-

Notes to the financial statements

For the year ended on 30 June 2024

5.1 Infrastructure, property, plant and equipment (continued)

Year ended 30 June 2023	Land \$'000	Buildings \$'000	Site infrastructure \$'000	Leasehold improvements \$'000	Computer equipment \$'000	Furniture and fittings and equipment \$'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 year	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	-	-	-	-	-	-	(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	-	-	-	-	-	-	-	-	-	-

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.

Notes to the financial statements

For the year ended on 30 June 2024

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 2023 by Landgate. The valuations were performed during the year ended 30 June 2024 and recognised at 30 June 2024. In undertaking the revaluation, fair value was determined by reference to market values for land: \$3,220,000 (2023: \$3,328,000) and buildings \$280,000 (2023: \$82,500). 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	2024 \$'000	2023 \$'000
Depreciation			
Buildings	5.1	92	82
Site infrastructure	5.1	16	16
Leasehold improvement	5.1	636	633
Computer equipment	5.1	21	21
Furniture and fittings	5.1	6	8
Other plant and equipment	5.1	393	683
Total depreciation for the period		1,164	1,443

As at 30 June 2024 there were no indications of impairment to property, plant and equipment or site infrastructure.

All surplus assets at 30 June 2024 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	3 to 10 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.

Notes to the financial statements

For the year ended on 30 June 2024

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 2024

	Computer software \$'000	Works in progress \$'000	Total \$'000
1 July 2023			
Gross carrying amount	1,455	1,549	3,004
Accumulated amortisation	(679)	-	(679)
Carrying amount at start of period	776	1,549	2,325
Additions	-	109	109
Capitalised	-	-	-
Disposals	-	-	-
Expensed	-	(1,549)	(1,549)
Amortisation expense	(291)	-	(291)
Carrying amount at 30 June 2024	485	109	594
Gross carrying amount	1,455	109	1,564
Accumulated amortisation	(970)	-	(970)

Notes to the financial statements

For the year ended on 30 June 2024

5.2 Intangible assets (continued)

	Computer software \$'000	Works in progress \$'000	Total \$'000
Year ended 30 June 2023			
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)

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 Intangible Assets (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

	2024	2023
	\$'000	\$'000
Computer software	291	291
Total amortisation for the period	291	291

As at 30 June 2024 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:

Asset	Useful life
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.

Notes to the financial statements

For the year ended on 30 June 2024

5.3 Right-of-use assets

Year ended 30 June 2024

1 July 2023

	Buildings \$'000	Vehicles \$'000	Total \$'000
Gross carrying amount	3,588	657	4,245
Accumulated depreciation	(992)	(417)	(1,409)
Carrying amount at start of period	2,596	240	2,836

Additions	73	369	442
Disposals	(195)	(6)	(201)
Transfers	-	-	-
Depreciation	(618)	(143)	(761)

Carrying amount at 30 June 2024	1,856	460	2,316
--	--------------	------------	--------------

Gross carrying amount	3,008	752	3,760
Accumulated depreciation	(1,152)	(292)	(1,444)

Year ended 30 June 2023

1 July 2022

	Buildings \$'000	Vehicles \$'000	Total \$'000
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	3,588	657	4,245
Accumulated depreciation	(992)	(417)	(1,409)

Notes to the financial statements

For the year ended on 30 June 2024

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 comprising of:

- 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 leases for vehicles, office accommodations and warehouse space.

The department has also entered into Memorandum of Understanding Agreements 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 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.

Notes to the financial statements

For the year ended on 30 June 2024

5.3 Right-of-use assets (continued)

The following amounts relating to leases have been recognised in the Statement of comprehensive income:

	2024	2023
	\$'000	\$'000
Depreciation expense of right-of-use assets	761	701
Lease interest expense	95	62
Expenses relating to variable lease payments not included in lease liabilities	127	94
Short-term leases	776	779
Low-value leases	31	27
Operating leases	15,778	15,969
Total amount recognised in the statement of comprehensive income	17,568	17,632

The total cash outflow for right-of-use leases in 2024 was \$796,000 (2023: \$764,000). As at 30 June 2024, there were no indications of impairment to right-of-use assets.

Notes to the financial statements

For the year ended on 30 June 2024

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

	2024 \$'000	2023 \$'000
Current		
Drug supplies	25,561	15,299
Medical equipment (a)	17,461	21,976
Total inventories	43,022	37,275

(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 \$3.0 million in 2023–24 (\$5.3 million in 2022–23) have been made comprising:

- drug supplies which were adjusted to reflect expired stock of \$2.4 million in 2023–24 (\$4.6 million in 2022–23)
- medical equipment which was adjusted to the lower of cost and net realisable value and resulted in a write-down of \$0.6 million in 2023–24 (\$0.7 million in 2022–23).

Please refer to note 3.5 Other expenses for stock write-downs.

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.

Notes to the financial statements

For the year ended on 30 June 2024

6.2 Receivables

	2024 \$'000	2023 \$'000
Current		
Trade receivables (a)	1,429	1,465
Allowance for impairment of trade receivables (b)	(740)	(761)
Accrued revenue	53,677	28,635
GST receivable (c)	48,805	43,063
	103,171	72,402
Non-current		
Accrued salaries account (d)	4,481	-
Total current receivables	4,481	-

- (a) 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.
- (b) 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.

- (c) Accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the ATO 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 WA health system entity. Upon the receipt of tax invoices, GST receivables for the GST group are recorded in the accounts of the department. Additionally, the department recognises GST receivables on its own accrued expenses.

- (d) Accrued salaries account contains amounts paid annually into the Treasurer's special purpose account. It is restricted for meeting the additional cash outflow for employee salary payments in reporting periods with 27 pay days instead of the normal 26. No interest is received on this account.

The account has been reclassified from 'Cash and cash equivalents' to 'Receivables' as it is considered that funds in the account are not cash but a right to receive the cash in future. Comparative amounts are not restated.

Notes to the financial statements

For the year ended on 30 June 2024

6.2.1 Movement in the allowance for impairment of trade receivables

	2024 \$'000	2023 \$'000
Reconciliation of changes in the allowance for impairment of trade receivables		
Opening balance	761	9,722
Expected credit losses expense	(21)	(261)
Amounts written off during the period	-	(8,700)
Allowance for impairment at end of period	740	761

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)

	2024 \$'000	2023 \$'000
Current	-	-
Non-current	97,163	96,009
Total amounts receivable for services at end of period	97,163	96,009

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).

Notes to the financial statements

For the year ended on 30 June 2024

6.4 Other assets

	2024 \$'000	2023 \$'000
Current		
Prepayments (a)	8,570	7,929
Total current assets	8,570	7,929
Non-current		
Prepayments (a)	335	18
Total non-current assets	335	18
Total other assets at end of period	8,905	7,947

(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. \$4.9 million is included in prepayments to the National Blood Authority under the National Blood Agreement in 2023–24 (\$4.2 million in 2022–23).

6.5 Payables

	2024 \$'000	2023 \$'000
Current		
Trade payables	21,038	14,207
Accrued salaries	6,694	4,863
Accrued expenses	77,204	49,581
Total payables at end of period	104,936	68,651

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.

Notes to the financial statements

For the year ended on 30 June 2024

6.6 Contract liabilities

	2024	2023
	\$'000	\$'000
Current	1,657	114
Non-current	-	-
Total contract liabilities at end of period	1,657	114
	2024	2023
	\$'000	\$'000
Reconciliation of changes in contract liabilities		
Opening balance	114	74
Additions	1,657	114
Revenue recognised in the reporting period	(114)	(74)
Total contract liabilities at end of period	1,657	114

Typically, a contract payment is received upfront for 12 months of continuing support services. The department’s contract liabilities include licence and registration fees that had not been granted at the reporting date. The department received pass-through funding from the Commonwealth for Multi-Purpose Services of which an amount of \$1.4 million is yet to be transferred to Health Service Providers.

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**

	2024 \$'000	2023 \$'000
Cash and cash equivalents	47,445	68,912
Restricted cash and cash equivalents	108,396	119,530
Total cash and cash equivalents at end of period	155,841	188,442

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 3 months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

Notes to the financial statements

For the year ended on 30 June 2024

7.1.2 Restricted cash and cash equivalents

	2024 \$'000	2023 \$'000
Restricted cash and cash equivalents		
Current		
Capital works	13,900	7,133
Commonwealth specific purpose grants (a)	37,496	38,453
Donation - HBF Detect Snapshot	964	964
Grants - WA Detect Schools COVID-19 Project	-	2
Telethon - WA Child Research Fund Account (c)	10,945	11,681
The Challenge Prize	2,000	2,000
WA Future Health Research and Innovation Account (b)	42,859	54,575
Other	232	241
Total current	108,396	115,049
Non-current		
Accrued salaries suspense account (d)	-	4,481
Total non-current	-	4,481
Total restricted cash and cash equivalents	108,396	119,530

- (a) Funds held for specific purposes include Essential Vaccines Schedule (\$5.2 million in 2023–24) (\$6.0 million in 2022–23), Health Innovation Fund (\$2.5 million in 2023–24) (\$2.1 million in 2022–23), Primary Care Pilot (\$6.9 million in 2023–24) (\$5.8 million in 2022–23) and other initiatives and programs (\$22.9 million in 2023–24) (\$24.6 million in 2022–23).
- (b) Funds received from the State Government 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 WA. Refer to note 9.9 Special purpose accounts.
- (d) Funds held in the account for the purpose of meeting the 27th pay. The account has been reclassified to Receivables in the current financial year.

Notes to the financial statements

For the year ended on 30 June 2024

7.1.3 Reconciliation of net cost of services to net cash flows used in operating activities

	Notes	2024 \$'000	2023 \$'000
Net cost of services		(7,409,396)	(6,954,883)
Non-cash items:			
Depreciation and amortisation expense	5.1.1, 5.2.1, 5.3	2,216	2,435
Expected credit losses expense	6.2.1	(22)	(8,961)
Resources received free of charge	4.1	627	949
Net (gain)/loss from disposal of property, plant and equipment	4.6	49	-
Finance costs	7.3	95	62
Transfer of non-cash funding to statutory authorities within WA health system	4.1	411,291	422,273
Write down of inventory	3.5	2,962	5,277
Write-off of debt and waiver	3.5	103	9,146
Adjustments for other non-cash items		18,098	2,868
(Increase)/decrease in assets:			
Inventories	6.1	(5,747)	7,747
Receivables	6.2, 6.3	(36,404)	24,997
Other assets	6.4	(958)	(571)
Increase/(decrease) in liabilities:			
Payables	6.5	36,285	(80,927)
Contract liabilities	6.6	1,543	40
Lease liabilities	7.2	(447)	437
Employee related provisions	3.1(b)	4,153	2,907
Net cash used in operating activities		(6,975,552)	(6,566,204)

Notes to the financial statements

For the year ended on 30 June 2024

7.2 Lease liabilities

	2024	2023
	\$'000	\$'000
Current	588	621
Non-current	1,719	2,133
Total lease liabilities at end of period	2,307	2,754

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 (WATC).

Lease payments included by the department as part of the present value calculation of lease liability include:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date
- amounts expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options (where these are reasonably certain to be exercised)
- payments for penalties for terminating a lease, where the lease term reflects the department exercising an option to terminate the lease.

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by the department if the lease is reasonably certain to be extended (or not terminated).

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales are recognised by the department in profit or loss in the period in which the condition that triggers those payments occur.

This section should be read in conjunction with note 5.3 Right-of-use assets.

Subsequent measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities, reducing the carrying amount to reflect the lease payments made, and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

Notes to the financial statements

For the year ended on 30 June 2024

7.3 Finance costs

	2024 \$'000	2023 \$'000
Lease interest expense	95	62
Finance costs expensed	95	62

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

	2024 \$'000	2023 \$'000
Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements are payable as follows:		
Within 1 year	2,170	11
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	2,170	11

7.4.2 Private sector contracts for the provision of health services

	2024 \$'000	2023 \$'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	593,484	484,304
Later than 1 year and not later than 5 years	888,295	1,195,422
Later than 5 years	10,393	2,022
	1,492,172	1,681,748

7.4.3 Other expenditure commitments

	2024 \$'000	2023 \$'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	40,364	42,039
Later than 1 year and not later than 5 years	76,841	58,438
Later than 5 years	-	-
	117,205	100,477

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, 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.

Notes to the financial statements

For the year ended on 30 June 2024

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.

(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:

	2024 \$'000	2023 \$'000
Financial assets		
Cash and cash equivalents	47,445	68,912
Restricted cash and cash equivalents	108,396	119,530
Financial assets at amortised cost (a)	156,010	125,348
Total financial assets	311,851	313,790
Financial liabilities		
Financial liabilities at amortised cost (b)	107,243	71,405
Total financial liabilities	107,243	71,405

(a) The amount of financial assets at amortised cost excludes GST recoverable from the ATO (statutory receivable).

(b) The amount of financial liabilities at amortised cost excludes GST payable to the ATO (statutory payable).

Notes to the financial statements

For the year ended on 30 June 2024

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	<30 days \$'000	Days past due 31-60 days \$'000	61-90 days \$'000	>91 days \$'000
30 June 2024						
Expected credit loss rate		1.03%	0.69%	0.00%	0.00%	84.58%
Estimated total gross carrying amount at default	1,429	388	144	18	10	869
Expected credit losses	(740)	(4)	(1)	-	-	(735)
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)

Notes to the financial statements

For the year ended on 30 June 2024

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

	Weighted average effective interest rate %	Interest rate exposure					Maturity dates				
		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
2024											
Financial Assets											
Cash and cash equivalents	-	47,445	-	-	47,445	47,445	47,445	-	-	-	-
Restricted cash and cash equivalents	-	108,396	-	-	108,396	108,396	108,396	-	-	-	-
Receivables (a)	-	58,847	-	-	58,847	58,847	26,571	4,492	23,232	4,524	28
Amounts receivable for services	-	97,163	-	-	97,163	97,163	-	-	-	-	97,163
		311,851	-	-	311,851	311,851	182,412	4,492	23,232	4,524	97,191
Financial Liabilities											
Payables	-	104,936	-	-	104,936	104,936	83,696	2,573	5,098	13,569	-
Lease liabilities (b)	5.95	2,307	2,307	-	-	2,462	15	142	481	1,698	126
		107,243	2,307	-	104,936	107,398	83,711	2,715	5,579	15,267	126

(a) The amount of receivables excludes the GST receivable from the ATO (statutory receivable).

(b) The amount of lease liabilities includes \$1.8 million from leased buildings and \$0.5 million from leased vehicles.

Notes to the financial statements

For the year ended on 30 June 2024

8.1 Financial risk management (continued)

Liquidity risk and Interest rate exposure (continued)

Interest rate exposure and maturity analysis of financial assets and financial liabilities

	Weighted average effective interest rate %	Interest rate exposure					Maturity dates				
		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	-	-	2,910	8	130	523	2,035	214
		71,405	2,754	-	68,651	71,561	65,713	1,972	8,894	(5,232)	214

(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.

(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:

	2024 \$'000	2023 \$'000
Cross border receipts for residents from other Australian jurisdictions treated in WA hospitals	17,443	9,562

8.2.2 **Contingent liabilities**

The following contingent liabilities are excluded from the liabilities included in the financial statements:

	2024 \$'000	2023 \$'000
Cross border charges for WA residents treated in hospitals in other Australian jurisdictions	21,868	13,946

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.

Notes to the financial statements

For the year ended on 30 June 2024

8.3 Fair value measurements

Assets measured at fair value:

	Notes	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
2024					
Land	5.1	-	3,220	15,923	19,143
Buildings	5.1	-	280	2,246	2,526
Site infrastructure	5.1	-	-	120	120
		-	3,500	18,289	21,789
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

There were three land transfers from Level 2 to Level 3 during the current period.

Valuation techniques used to derive Level 2 fair values

Level 2 fair values of 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.

Notes to the financial statements

For the year ended on 30 June 2024

8.3 Fair value measurements (continued)

Fair value measurements using significant unobservable inputs (Level 3)

	Land \$'000	Buildings \$'000	Site infrastructure \$'000	Total \$'000
2024				
Fair value at start of period	4,810	2,188	136	7,134
Additions	-	-	-	-
Revaluation increments/(decrements) recognised in Other comprehensive income	(1,615)	214	-	(1,401)
Reclassification of asset class	12,728	-	-	12,728
Disposals	-	(66)	-	(66)
Depreciation expense	-	(90)	(16)	(106)
Fair value at end of period	15,923	2,246	120	18,289
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

Valuation processes

There were no changes in valuation techniques during the period.

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 are selected by Landgate and represent 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.

Notes to the financial statements

For the year ended on 30 June 2024

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 which 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.

Notes to the financial statements

For the year ended on 30 June 2024

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 2024

<i>AASB 2020-1</i>	<i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current</i> This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. There is no financial impact.	1 Jan 2024
<i>AASB 2022-5</i>	<i>Amendments to Australian Accounting Standards – Lease Liability in a Sale and Leaseback</i> 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. There is no financial impact.	1 Jan 2024
<i>AASB 2022-6</i>	<i>Amendments to Australian Accounting Standards – Non-current Liabilities with Covenants</i> 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. The Standard also amends an example in Practice Statement 2 regarding assessing whether information about covenants is material for disclosure. There is no financial impact.	1 Jan 2024

Notes to the financial statements

For the year ended on 30 June 2024

9.2 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

This Standard amends AASB 13 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. Specifically, it provides guidance on how the cost approach is to be applied to measure the asset's fair value, including guidance on the nature of costs to include in the replacement cost of a reference asset.

As such, for non-financial assets measured by the cost approach, professional and management fees are to be included in the replacement cost of a reference asset (that are currently excluded by the valuer). This is likely to increase the fair value of those assets (and a corresponding increase in other comprehensive income accumulated in revaluation surplus).

1 Jan 2024

AASB 2023-1 Amendments to Australian Accounting Standards – Supplier Finance Arrangements

This Standard amends: AASB 107 and AASB 7 as a consequence of the issuance of International Financial Reporting Standard Supplier Finance Arrangements (Amendments to IAS 7 and IFRS 7) by the International Accounting Standards Board in May 2023.

There is no financial impact.

1 Jan 2024

Operative for reporting periods on/after 1 Jan 2025

AASB 2014-10 Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture

This Standard amends AASB 10 and AASB 128 to address an inconsistency between the 2 standards.

The department has not yet assessed the impact of the Standard.

1 Jan 2025

AASB 2021-7c Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections

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.

The Standard also includes editorial corrections.

The department has not yet assessed the impact of the Standard.

1 Jan 2025

Notes to the financial statements

For the year ended on 30 June 2024

9.2 Future impact of Australian Accounting Standards not yet operative (continued)

Operative for
reporting periods
beginning on/after

AASB 2023-5 Amendments to Australia Accounting Standards – Lack of Exchangeability

This Standard amends AASB 121 and AASB 1 to require entities to apply a consistent approach to determining whether a currency is exchangeable into another currency and the spot exchange rate to use when it is not exchangeable.

The Standard also amends AASB 121 to extend the exemption from complying with the disclosure requirements for entities that apply AASB 1060 to ensure Tier 2 entities are not required to comply with the new disclosure requirements in AASB 121 when preparing their Tier 2 financial statements.

The department has not yet assessed the impact of the Standard.

1 Jan 2025

Operative for reporting periods beginning on/after 1 Jan 2026

AASB 2022-9 Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector

This Standard amends AASB 17 and AASB 1050 to include modifications with respect to the application of AASB 17 by public sector entities.

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

The department has not yet assessed the impact of the Standard.

1 Jul 2026

Notes to the financial statements

For the year ended on 30 June 2024

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 expenditure 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

	2024	2023
Compensation band (\$)		
600,001 - 650,000	-	1
500,001 - 550,000	2	1
400,001 - 450,000	1	-
350,001 - 400,000	1	3
300,001 - 350,000	1	-
250,001 - 300,000	-	1
200,001 - 250,000	2	1
100,001 - 150,000	-	1
50,001 - 100,000	1	-
	8	8
	2024	2023
	\$'000	\$'000
Short-term employee benefits	2,433	2,848
Post-employment benefits	233	260
Other long-term benefits	27	(250)
Total compensation of senior officers	2,693	2,858

Total compensation includes the superannuation expense incurred by the department in respect of senior officers.

Notes to the financial statements

For the year ended on 30 June 2024

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
- 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 system (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)
- 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).

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.

Notes to the financial statements

For the year ended on 30 June 2024

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 affiliated bodies is outlined below:

	2024 \$'000	2023 \$'000
Research and development	-	-
Public health	-	12,701
	-	12,701

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:

	2024 \$'000	2023 \$'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
South Metropolitan Health Service	-	3,472
North Metropolitan Health Service	68	1,114
WA Country Health Service	11	789
Quadriplegic Centre	-	-
Department of Education	538	538
WA Police	-	187
Others	6	6
Total services provided free of charge	623	8,495

9.8 Indian Ocean Territories

	2024	2023
	\$'000	\$'000
Balance at start of period	(146)	38
Receipts		
Commonwealth grant	5,246	3,829
Payment		
Purchase of WA Health services	(4,928)	(4,013)
Balance at end of period	172	(146)

Notes to the financial statements

For the year ended on 30 June 2024

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.

	2024 \$'000	2023 \$'000
Controlled by the department		
Balance at start of period	-	-
Receipts		
Commonwealth activity based funding for health service providers	2,405,586	2,087,121
Commonwealth activity based funding for Department of Health	29,204	27,050
Commonwealth block funding for health service providers	249,144	244,747
Commonwealth public health funding for Department of Health	56,303	55,428
Commonwealth contribution under the National Partnership Agreement of COVID-19 Response	252	116,899
Commonwealth contribution under the National Partnership Agreement of COVID-19 Response (Final Adjustment)	43,171	-
State activity based funding from Department of Health	3,651,859	3,661,010
State contribution under the National Partnership Agreement of COVID-19 Response	-	99,957
Interest earned on State Pool Account	-	-
Cross border deposits from interstate	17,274	16,632
Payments		
Commonwealth activity based funding to health service providers	(2,405,586)	(2,087,121)
Commonwealth activity based funding to Department of Health	(29,204)	(27,050)
Commonwealth block funding to State Managed Fund (Health) Account	(249,144)	(244,747)
Commonwealth public health funding to Department of Health	(56,303)	(55,428)
Commonwealth contribution under the National Partnership Agreement of COVID-19 Response	(252)	(116,899)
Commonwealth contribution under the National Partnership Agreement of COVID-19 Response (Final Adjustment)	(43,171)	-
State activity based funding to health service providers	(3,651,859)	(3,661,010)
State contribution under the National Partnership Agreement of COVID-19 Response	-	(99,957)
Interest transferred to Treasury Consolidated Account	-	-
Cross border payment to interstate	(17,274)	(16,632)
Balance at end of period	-	-

Notes to the financial statements

For the year ended on 30 June 2024

9.9 Special purpose accounts (continued)

	2024 \$'000	2023 \$'000
Administered by the department		
Balance at start of period	-	-
Receipts		
Commonwealth activity based funding for Mental Health Commission	153,583	171,037
Commonwealth block funding for Mental Health Commission	174,357	166,996
State activity based funding from Mental Health Commission	326,153	284,588
Payments		
Mental Health Commission Commonwealth activity based funding to health service providers	(153,583)	(171,037)
Mental Health Commission Commonwealth activity based funding to non-government organisation (NGO)	-	-
Commonwealth block funding to Mental health Commission to health service providers	(174,357)	(166,996)
Commonwealth block funding to Mental Health Commission to non-government organisation	-	-
Mental Health Commission State activity based funding to health service providers	(326,153)	(284,588)
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.

	2024 \$'000	2023 \$'000
Controlled by the department		
Balance at start of period	-	-
Receipts		
Commonwealth block funding from State Pool Account	249,144	244,747
State block funding from Department of Health	479,525	419,983
Royalties for Regions Fund from Department of Health	-	-
Payments		
Commonwealth block funding to health service providers	(249,144)	(244,747)
State block funding to health service providers	(479,525)	(419,983)
Balance at end of period	-	-

Notes to the financial statements

For the year ended on 30 June 2024

9.9 Special purpose accounts (continued)

	2024 \$'000	2023 \$'000
Administered by the department		
Balance at start of period	-	-
Receipts		
Mental Health Commission - Commonwealth block funding	174,357	166,996
Mental Health Commission - State block funding	334,344	326,453
Payments		
Mental Health Commission - Commonwealth block funding to health service providers	(162,684)	(156,257)
Mental Health Commission - Commonwealth block funding to non-government organisations	(11,673)	(10,739)
Mental Health Commission - State block funding to health service providers	(334,344)	(326,453)
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.

	2024 \$'000	2023 \$'000
Controlled by the department		
Balance at start of period	54,575	24,464
Receipts	54,792	49,959
Payments	(66,508)	(19,848)
Balance at end of period	42,859	54,575

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.

	2024 \$'000	2023 \$'000
Controlled by the department		
Balance at start of period	11,680	11,355
Receipts	2,450	4,245
Payments	(3,185)	(3,920)
Balance at end of period	10,945	11,680

Notes to the financial statements

For the year ended on 30 June 2024

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:

	2024 \$'000	2023 \$'000
Auditing the accounts, controls, financial statements and key performance indicators	499	434
	499	434

9.11 Equity

Contributed equity

Balance at start of period

Contribution by owners

Capital appropriation

Capital funding transferred from the Mental Health Commission

Distributions to owners

Transfer of net assets to other agencies

Total contributed equity at end of period

	2024 \$'000	2023 \$'000
Balance at start of period	58,636	142,415
Capital appropriation	36,832	48,292
Capital funding transferred from the Mental Health Commission	4,017	-
Distributions to owners	-	(132,071)
Total contributed equity at end of period	99,485	58,636

Reserves

Balance at the start of period

Changes in asset revaluation surplus

Land

Buildings

Total asset revaluation surplus at end of period

	2024 \$'000	2023 \$'000
Balance at the start of period	282,595	281,350
Changes in asset revaluation surplus	(1,574)	910
Land	411	335
Total asset revaluation surplus at end of period	281,432	282,595

Notes to the financial statements

For the year ended on 30 June 2024

9.11 Equity (continued)

	2024 \$'000	2023 \$'000
Accumulated surplus/(deficit)		
Balance at start of period	(22,414)	(9,994)
Result for the period	(57,984)	(12,420)
Total accumulated surplus/(deficit) at end of period	(80,398)	(22,414)
Total equity at end of period	300,519	318,817

9.12 Supplementary financial information

Write-offs

During the financial year, the department has written off debts and inventory under the authority of:

	2024 \$'000	2023 \$'000
The accountable authority	103	-
The Minister	-	-
The Treasurer	-	8,700
	103	8,700

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

	2024 \$'000	2023 \$'000
Waiver of debts by Chief Health Officer under <i>Public Health Act 2016</i> (a)	-	446
	-	446

(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 variations 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 2024, and between the actual results for 2024 and 2023 are shown below. Narratives are provided for key major variances which are more than 10 per cent of comparative and which are also more than one per cent of the following (as appropriate):

1. Estimate and actual results for the current year:
 - Total cost of services of the annual estimate for the Statement of comprehensive income and Statement of cash flows (i.e. 1% of \$9,609,042,000)
 - Total assets of the annual estimate for the Statement of financial position (i.e. 1% of \$393,606,000).
2. Actual results for the current year and the previous year:
 - Total cost of services of the previous year for the Statement of comprehensive income and Statement of cash flows (i.e. 1% of \$9,676,201,000)
 - Total assets of the previous year for the Statement of financial position (i.e. 1% of \$433,693,000).

Notes to the financial statements

For the year ended on 30 June 2024

10.1.1 Statement of comprehensive income variances

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between actual and estimate \$'000	Variance between actual results for 2024 and 2023 \$'000
COST OF SERVICES						
Expenses						
Employee benefits expenses		246,783	192,361	175,805	(54,422)	16,556
Contracts for services		668,980	704,826	647,570	35,846	57,256
Supplies and services		140,305	88,751	88,243	(51,554)	508
Grants and subsidies	1	8,482,712	9,357,410	8,709,507	874,698	647,903
Depreciation and amortisation expenses		1,978	2,216	2,435	238	(219)
Loss on disposal of non-current assets		15	49	-	34	49
Finance costs		-	95	62	95	33
Other expenses		68,269	54,404	52,579	(13,865)	1,825
Total cost of services		9,609,042	10,400,112	9,676,201	791,070	723,911
Income						
User charges and fees		7,937	23,146	16,445	15,209	6,701
Commonwealth grants and contributions		2,815,117	2,957,662	2,698,931	142,545	258,731
Other grants and contributions		9,701	605	363	(9,096)	242
Other income		12,951	9,303	5,579	(3,648)	3,724
Total revenue		2,845,706	2,990,716	2,721,318	145,010	269,398
Gains						
Gain on disposal of non-current assets		-	-	-	-	-
Total gains		-	-	-	-	-
Total income other than income from State Government		2,845,706	2,990,716	2,721,318	145,010	269,398
NET COST OF SERVICES		6,763,336	7,409,396	6,954,883	646,060	454,513

Notes to the financial statements

For the year ended on 30 June 2024

10.1.1 Statement of comprehensive income variances (continued)

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between actual and estimate \$'000	Variance between actual results for 2024 and 2023 \$'000
INCOME FROM STATE GOVERNMENT						
Service appropriation		6,673,562	7,269,484	6,873,860	595,922	395,624
Income from other public sector entities		51,425	63,060	60,852	11,635	2,208
Liabilities assumed		-	-	-	-	-
Resources received		949	627	949	(322)	(322)
Royalties for Regions Fund		8,042	18,241	6,802	10,199	11,439
Total income from State Government		6,733,978	7,351,412	6,942,463	617,434	408,949
Surplus/(deficit) for the period		(29,358)	(57,984)	(12,420)	(28,626)	(45,564)
Other comprehensive income						
Items not reclassified subsequently to profit or loss						
Changes in asset revaluation reserve		-	(1,163)	1,245	(1,163)	(2,408)
Total other comprehensive income		-	(1,163)	1,245	(1,163)	(2,408)
Total comprehensive income for the period		(29,358)	(59,147)	(11,175)	(29,789)	(47,972)

These estimates are published in accordance with TI 953 Annual Estimates.

Notes to the financial statements

For the year ended on 30 June 2024

10.1.2 Statement of financial position variances

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between actual and estimate \$'000	Variance between actual results for 2024 and 2023 \$'000
ASSETS						
Current assets						
Cash and cash equivalents		39,422	47,445	68,912	8,023	(21,467)
Restricted cash and cash equivalents		103,772	108,396	115,049	4,624	(6,653)
Inventories	2, A	37,275	43,022	37,275	5,747	5,747
Receivables		53,583	103,171	72,402	49,588	30,769
Other current assets		7,941	8,570	7,929	629	641
Total Current Assets		241,993	310,604	301,567	68,611	9,037
Non-current assets						
Restricted cash and cash equivalents		4,481	-	4,481	(4,481)	(4,481)
Receivables		-	4,481	-	4,481	4,481
Amounts receivable for services		97,987	97,163	96,009	(824)	1,154
Infrastructure, property, plant and equipment	B	45,528	41,436	26,457	(4,092)	14,979
Intangible assets		1,087	594	2,325	(493)	(1,731)
Right-of-use assets		2,530	2,316	2,836	(214)	(520)
Other non-current assets		-	335	18	335	317
Total non-current assets		151,613	146,325	132,126	(5,288)	14,199
TOTAL ASSETS		393,606	456,929	433,693	63,323	23,236
LIABILITIES						
Current liabilities						
Payables		56,672	104,936	68,651	48,264	36,285
Contract liabilities		114	1,657	114	1,543	1,543
Lease liabilities		505	588	621	83	(33)
Employee related provisions		32,208	33,247	32,208	1,039	1,039
Total current liabilities		89,499	140,428	101,594	50,929	38,834

Notes to the financial statements

For the year ended on 30 June 2024

10.1.2 Statement of financial position variances (continued)

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between actual and estimate \$'000	Variance between actual results for 2024 and 2023 \$'000
Non-current liabilities						
Lease liabilities		1,472	1,719	2,133	247	(414)
Employee related provisions		11,149	14,263	11,149	3,114	3,114
Total non-current liabilities		12,621	15,982	13,282	3,361	2,700
TOTAL LIABILITIES		102,120	156,410	114,876	54,290	41,534
NET ASSETS		291,486	300,519	318,817	9,033	(18,298)
EQUITY						
Contributed equity		76,472	99,485	58,636	23,013	40,849
Reserves		282,595	281,432	282,595	(1,163)	(1,163)
Accumulated surplus/(deficit)		(67,581)	(80,398)	(22,414)	(12,817)	(57,984)
TOTAL EQUITY		291,486	300,519	318,817	9,033	(18,298)

These estimates are published in accordance with TI 953 Annual Estimates.

Notes to the financial statements

For the year ended on 30 June 2024

10.1.3 Statement of cash flows variances

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between estimate and actual \$'000	Variance between actual results for 2024 and 2023 \$'000
CASH FLOWS FROM STATE GOVERNMENT						
Service appropriation		6,262,272	6,838,722	6,442,126	576,450	396,596
Capital appropriation		17,833	40,849	48,292	23,016	(7,443)
Funds from other public sector entities		51,425	63,060	60,852	11,635	2,208
Royalties for Regions Fund		8,991	18,241	6,802	9,250	11,439
Net cash provided by State Government		6,340,521	6,960,872	6,558,072	620,351	402,800

Utilised as follows:

CASH FLOWS FROM OPERATING ACTIVITIES

Payments

Employee benefits		(246,783)	(188,208)	(172,898)	58,575	(15,310)
Supplies and services		(810,882)	(755,107)	(792,231)	55,775	37,124
Grants and subsidies	3	(8,071,422)	(8,947,273)	(8,289,553)	(875,851)	(657,720)
Finance costs		(15)	(95)	(62)	(80)	(33)
GST payments on purchases		(514,234)	(537,347)	(524,089)	(23,113)	(13,258)

Receipts

User charges and fees		7,937	23,146	16,445	15,209	6,701
Commonwealth grants and contributions		2,764,183	2,885,687	2,658,656	121,504	227,031
GST receipts on sales		19,435	26,174	24,789	6,739	1,385
GST receipts from taxation authority		475,364	507,563	506,797	32,199	766
Other receipts		22,652	9,908	5,942	(12,744)	3,966
Net cash used in operating activities		(6,353,765)	(6,975,552)	(6,566,204)	(621,787)	(409,348)

CASH FLOWS FROM INVESTING ACTIVITIES

Payments

Purchase of non-current assets		(17,834)	(17,125)	(54,789)	709	37,664
--------------------------------	--	----------	----------	----------	-----	--------

Notes to the financial statements

For the year ended on 30 June 2024

10.1.3 Statement of cash flows variances (continued)

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between estimate and actual \$'000	Variance between actual results for 2024 and 2023 \$'000
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Principal element of lease payments		(764)	(796)	(764)	(32)	(32)
Net cash used in financing activities		(764)	(796)	(764)	(32)	(32)
Net increase/(decrease) in cash and cash equivalents		(31,842)	(32,601)	(63,685)	(759)	31,084
Cash and cash equivalents at the beginning of the year		179,517	188,442	252,127	8,925	(63,685)
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD		147,675	155,841	188,442	8,166	(32,601)

These estimates are published in accordance with TI 953 Annual Estimates.

Notes to the financial statements

For the year ended on 30 June 2024

10.1.4 Explanatory statement for controlled operations

Major estimate and actual (2024) variance narratives

		2024 Estimate \$'000	2024 Actual \$'000	Variance \$'000
1	Grants and subsidies expense Grants and subsidies expense increased by \$874.7 million (+10.3%) mainly due to increased funding provided to Health Service Providers and grants for the Future Health Research and Innovation Fund.	8,482,712	9,357,410	874,698
2	Inventories Inventories increased by \$5.7 million (+15.4%) mainly due to increased supplies of vaccines.	37,275	43,022	5,747
3	Grants and subsidies payments Grants and subsidies payments increased by \$875.8 million (+10.9%) mainly due to increased funding provided to Health Service Providers and grants for the Future Health Research and Innovation Fund.	(8,071,422)	(8,947,273)	(875,851)

Major actual (2024) and comparative (2023) variance narratives

		2024 Actual \$'000	2023 Actual \$'000	Variance \$'000
A	Inventories Inventories increased by \$5.7 million (+15.4%) mainly due to increased supplies of vaccines.	43,022	37,275	5,747
B	Infrastructure, property, plant and equipment Infrastructure, property, plant and equipment increased by \$15.0 million (+56.6%) mainly due to the capital works for the New Women and Babies Hospital project.	41,436	26,457	14,979

Notes to the financial statements

For the year ended on 30 June 2024

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 2024, and between the actual results for 2024 and 2023 are shown below.

Narratives are provided for major variances which are more than 10 per cent of the comparative and which are more than one per cent of the total administered income in the comparative (i.e. 1% of \$1,596,015,000 for the current year and 1% of \$1,452,579,000 for the previous year in the table below).

10.2.1 Administered income and expenses

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between actual and estimate \$'000	Variance between actual results for 2024 and 2023 \$'000
COST OF SERVICES						
Expenses						
Funding transferred to:						
Health service providers		542,194	539,318	522,973	(2,876)	16,345
State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC):						
Transfer of activity based funding to health service providers		492,060	479,736	455,625	(12,324)	24,111
Transfer of block funding to health service providers		521,603	508,701	493,449	(12,902)	15,252
Service concession arrangement depreciation expense		2,083	3,469	3,216	1,386	253
Total administered expenses		1,557,940	1,531,224	1,475,263	(26,716)	55,961

Notes to the financial statements

For the year ended on 30 June 2024

10.2.1 Administered income and expenses (continued)

	Variance Notes	Estimate 2024 \$'000	Actual 2024 \$'000	Actual 2023 \$'000	Variance between actual and estimate \$'000	Variance between actual results for 2024 and 2023 \$'000
Income						
Administered for WA health system:						
Capital appropriation	1, A	339,985	270,074	230,733	(69,911)	39,341
Administered appropriation	B	113,381	127,145	142,628	13,764	(15,483)
Royalties for Regions Fund		125,116	126,986	124,690	1,870	2,296
State Pool Account and State Managed Fund Account administered for Mental Health Commission (MHC):						
Commonwealth activity based funding	C	169,226	153,583	171,037	(15,643)	(17,454)
Commonwealth block funding	2	156,256	174,357	166,996	18,101	7,361
State activity based funding	D	322,834	326,153	284,588	3,319	41,565
State block funding		365,347	334,344	326,453	(31,003)	7,891
Service concession arrangement revenue		3,870	5,474	5,454	1,604	20
Total administered income		1,596,015	1,518,116	1,452,579	(77,899)	65,537

Notes to the financial statements

For the year ended on 30 June 2024

10.2.2 Explanatory statement for administered items

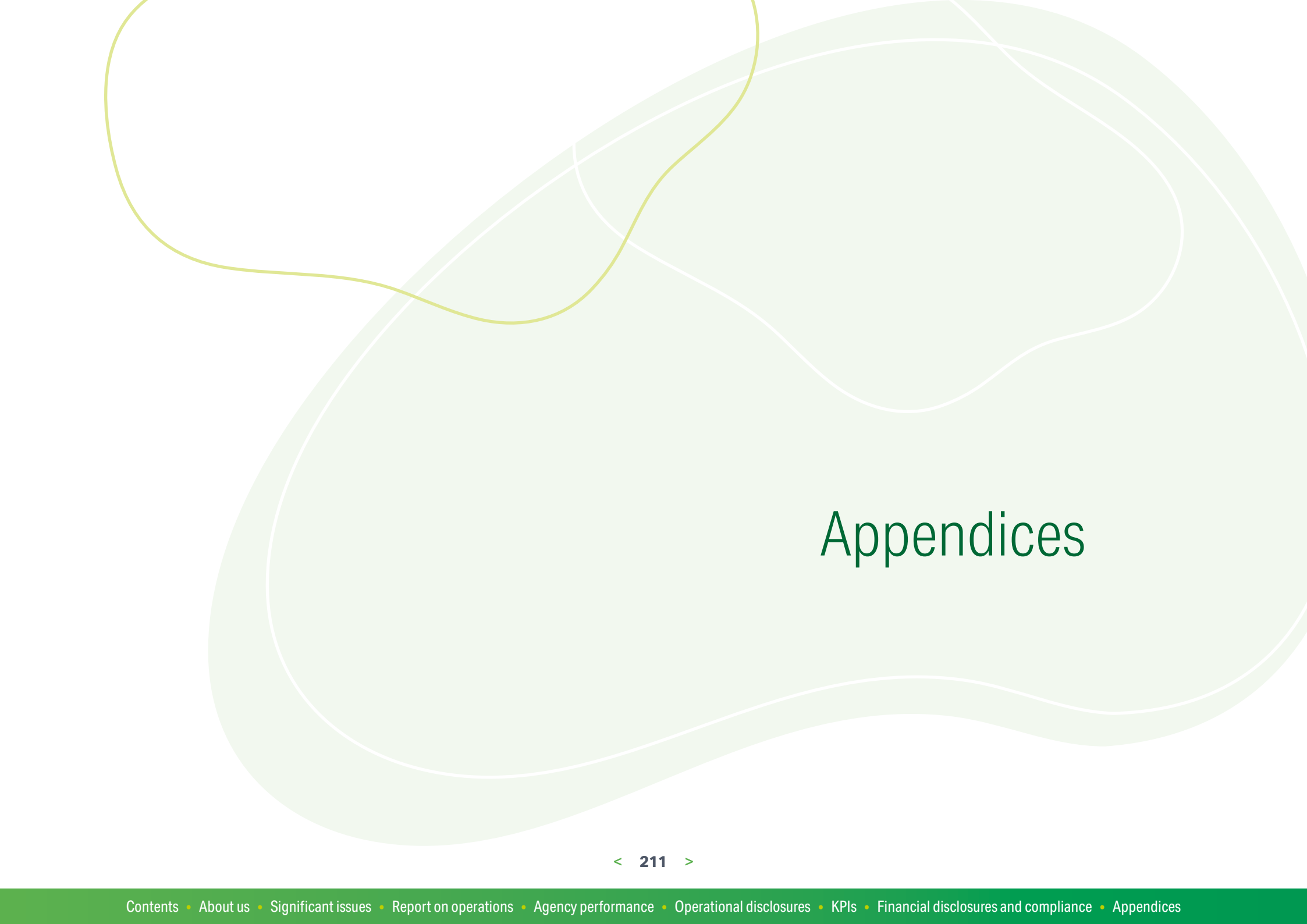
Major estimate and actual (2024) variance narratives

		2024 Estimate \$'000	2024 Actual \$'000	Variance \$'000
1	Capital appropriation income Capital appropriation income decreased by \$69.9 million (-20.6%) due to the re-cashflow of capital funding to future years following delays in some projects.	339,985	270,074	(69,911)
2	Mental Health Commission block funding income received from Commonwealth Mental Health Commission block funding income received from Commonwealth increased by \$18.1 million (+11.6%) due to increased activity for non-admitted mental health.	156,256	174,357	18,101

Major actual (2024) and comparative (2023) variance narratives

		2024 Actual \$'000	2023 Actual \$'000	Variance \$'000
A	Capital appropriation income Capital appropriation income increased by \$39.3 million (+17.1%) due to re-cashflow of capital funding to current years following advancing in some projects.	270,074	230,733	39,341
B	Administered appropriation income Administered appropriation income decreased by \$15.5 million (-10.9%) due to reduced funding received for the Digital Capability Fund.	127,145	142,628	(15,483)
C	Mental Health Commission activity based funding income received from Commonwealth Mental Health Commission activity based funding income received from Commonwealth decreased by \$17.5 million (-10.2%) due to decreased activity for in-scope mental health.	153,583	171,037	(17,454)
D	Mental Health Commission activity based funding income received from State Government Mental Health Commission activity based funding income received from State Government increased by \$41.6 million (+14.6%) due to increased activity for admitted mental health.	326,153	284,588	41,565

This page has been left blank intentionally



Appendices

Appendix 1: Future Health Research and Innovation Fund grants awarded in 2023–24

FHRI Fund program or initiative	Grants awarded	
	(n)	(\$)
Clinician Research Fellowships 2025–27	1	\$2,850,000
Co-Funding Partnerships Program	1	\$2,500,000
Co-Funding Partnerships Program – Cancer Council WA	1	\$2,520,000
Co-Funding Partnerships Program – RPH Research Foundation	1	\$1,800,000
Collaborative Centres	3	\$3,430,158
FHRI Distinguished Fellows program	2	\$5,481,477
FHRI Fund Enabling Scheme	11	\$9,812,382
Innovation Challenge 2021: Child and Youth Mental Health (Stage 2)	3	\$4,442,474
Innovation Challenge 2023: Generative Artificial intelligence Applications (Stage 1)	19	\$937,312
Innovation Challenge 2023: Sustainable Health Priorities	10	\$4,058,872
Innovation Fellowships 2022–23	10	\$1,347,849
Innovation Seed Fund 2022–23	9	\$4,312,665
Innovation Seed Fund 2023–24	11	\$4,925,235
Major Research Application Support (Round 2)	1	\$1,000,000
Major Research Application Support (Round 4)	3	\$2,243,814
National Collaborative Research Infrastructure Strategy 2023–24 – Therapeutics Innovation Australia: The RNA Foundry	1	\$2,083,512
Research Infrastructure Support program 2024	19	\$25,000,000
WA Cohort Studies – Operational Support program 2023–24	7	\$2,000,000
WA Cohort Studies – Operational Support program extension (2024–25)	6	\$2,000,000
WA Cohort Studies – Research Support program	4	\$2,715,530
WA Near-miss Awards 2023–24: Emerging Leaders	25	\$4,727,533
WA Near-miss Awards 2023–24: Ideas Grants	22	\$2,200,000
Total	170	\$92,388,813

Appendix 2: Board and committee remuneration, 2023–24

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)
Anaesthetic Mortality Committee						
Chair	Dr Michael Soares*	4 years	9 months	Sessional	\$0	\$0
Member	Dr Celine Baber*	3 years	12 months	Sessional	\$0	\$0
Member	Dr Silke Brinkmann*	3 years	12 months	Sessional	\$0	\$0
Member	Dr Anne Carlton	3 years	7 months	Not eligible	Not applicable	\$0
Member	Dr Anna Clare	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Diana Fakes	3 years	7 months	Not eligible	Not applicable	\$0
Member	Associate Prof. Dieter Gebauer	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Stephen Rodrigues	3 years	9 months	Not eligible	Not applicable	\$0
Member	Dr Richard Taylor	3 years	7 months	Not eligible	Not applicable	\$0
Member	Associate Prof. Andrew Toner	3 years	7 months	Not eligible	Not applicable	\$0
Investigator	Dr Christine Grobler	3 years	12 months	Sessional	\$528	\$3,347
Investigator	Dr John Martyr	3 years	12 months	Sessional	\$528	\$6,693
*While eligible for remuneration, members decided to volunteer their time to the Committee.					Total	\$10,040
Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)
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	\$165	\$165
*Approval to withhold the names of the committee members has been granted by the Minister for Health					Total	\$165

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)
Future Health Research and Innovation (FHRI) Fund Advisory Council						
Chair (outgoing)	John Van Der Wielen^	6 years	9 months	Annual	\$37,353 per annum	\$26,701
Chair (incoming)	Rebecca Tomkinson	2 years	3 months	Annual	\$37,353 per annum	\$9,210
Member	Dr Glenn Begley	3 years	4 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$0
Member	Kane Blackman	5 years	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$3,193
Member	Associate Prof. Dale Fisher	5 years	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$1,077
Member	Jennifer Lawrence	2 years	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$2,258
Member	Moira Mckinnon	2 years	10 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$1,611
Member	Prof. Christina Mitchell AO	5 years	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$2,685
Member	Lesley Nelson	2 years	12 months	Sessional	\$825 for meetings over 4 hours, \$537 for meetings of 4 hours or less	\$2,258
Member	Fiona Wood	2 years	5 months	Not eligible	Not applicable	\$0
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
#From 24 July 2023, sessional remuneration includes \$110 per hour for ad hoc events to a maximum of 4 hours.						
^The Chair received additional remuneration of \$2,920 due to delayed payment for meeting participation in 2022–23. Until 24 July 2023, the Chair was paid sessional sitting fees of \$1,270 for meetings over 4 hours and \$825 for meetings of 4 hours or less.					Total	\$48,993

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)
Human Tissue Advisory Body						
Chair and ex-officio member	Dr Simon Towler	5 years	10 months	Not eligible	Not applicable	\$0
Medical Advisor for the Department of Health	Dr Karen McKenna	4 years	10 months	Not eligible	Not applicable	\$0
Medical Advisor for the Department of Health	Dr Christine Pascott	5 years	10 months	Not eligible	Not applicable	\$0
					Total	\$0
Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)
Local Health Authorities Analytical Committee						
Chair	Ryan Quinn	3 years	12 months	Not eligible	Not applicable	\$0
Member	Cr Kate Barlow	3 years	12 months	Sessional	\$231 for meetings over 4 hours, \$158 for meetings of 4 hours or less	\$158
Member	Andrew Campbell	3 years	12 months	Not eligible	Not applicable	\$0
Member	Emily Dunn	3 years	12 months	Not eligible	Not applicable	\$0
Member	Lauren McLeod	3 years	12 months	Not eligible	Not applicable	\$0
Member	Cr Paige McNeil	3 years	12 months	Sessional	\$231 for meetings over 4 hours, \$158 for meetings of 4 hours or less	\$474
Member	Cr Elizabeth Re	3 years	12 months	Sessional	\$231 for meetings over 4 hours, \$158 for meetings of 4 hours or less	\$474
Member	Sara Saberi	3 years	12 months	Not eligible	Not applicable	\$0
Member	Sarah Upton	3 years	12 months	Not eligible	Not applicable	\$0
					Total	\$1,106

Position	Name	Term of appointment	Period of membership 2023–24	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	12 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	Sessional	\$0	\$0
Member	Dr Graeme Johnson	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Fiona Langdon*	3 years	12 months	Sessional	\$0	\$0
Member	Dr Lewis MacKinnon	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Dale Pugh*	3 years	12 months	Sessional	\$0	\$0
Member	Dr Nooshin Rasool	3 years	12 months	Not eligible	Not applicable	\$0
Investigator	Dr Julia Barton	3 years	12 months	Sessional	\$546	\$0
*While eligible for remuneration, members decided to volunteer their time to the Committee.					Total	\$0

Position	Name	Term of appointment	Period of membership 2023–24	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 Abeysuriya	3 years	12 months	Not eligible	Not applicable	\$0
Member	Zoe Islip*	3 years	12 months	Sessional	\$0	\$0
Member	Dr Gayatri Jape	3 years	12 months	Not eligible	Not applicable	\$0
Member	Prof. Helen Leonard*	3 years	12 months	Sessional	\$0	\$0
Member	Dr Lauren Megaw	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	Dr Kavipriya Soma*	3 years	2 months	Sessional	\$0	\$0
Member	Dr Rebecca Thomas	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

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)
Perinatal and Infant Mortality Committee						
Investigator	Dr Joanne Colvin	3 years	2 months	Sessional	\$546	\$0
Investigator	Dr Noel French	3 years	7 months	Sessional	\$546	\$11,096
Investigator	Dr Christine Marsack	3 years	12 months	Sessional	\$546	\$12,086
Investigator	Dr Corrado Minutillo	3 years	12 months	Sessional	\$546	\$20,625
Investigator	Dr Keren Witcombe	3 years	12 months	Sessional	\$546	\$6,009
*While eligible for remuneration, members decided to volunteer their time to the Committee.					Total	\$49,816

Position	Name	Term of appointment	Period of membership 2023–24	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	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

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
Pharmacy Registration Board of Western Australia						
Presiding member	Giovanna Cecchele	3 years	12 months	Sessional		
Deputy presiding member (outgoing)	Dean Schulze	3 years	10 months	Sessional		
Deputy presiding member (incoming)	Linda Diane Keane	3 years	2 months	Sessional		
Member	Philippa Brennan	3 years	12 months	Sessional		
Member	Linda Diane Keane	3 years	10 months	Sessional		
Member	Gavin McKay	3 years	2 months	Sessional		
Deputy member	Gavin McKay	3 years	4 months	Sessional		
*Board members are not remunerated by the department					Total	\$0
Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)
Postgraduate Medical Council of Western Australia						
Chair	Dr Gregory Sweetman	4 years	12 months	Ineligible	\$0	\$0
Deputy Chair	Dr Brittney Wicksteed	4 years	8 months	Ineligible	\$0	\$0
Member	Dr Zarrin Allam	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Tim Bates	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Colleen Bradford	4 years	12 months	Ineligible	\$0	\$0
Member	Ms Nicoletta Ciffolilli	4 years	12 months	Sessional	\$280	\$560
Member	Dr George Eskander	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Amanda Foster	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Monica Gope	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Athula Karunanayaka	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Graeme Maguire	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Clare Matthews	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Brendan McQuillan	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Simon Towler	4 years	12 months	Ineligible	\$0	\$0
Member	Dr Jenny Wood	4 years	8 months	Ineligible	\$0	\$0
					Total	\$560

Position	Name	Term of appointment	Period of membership 2023–24	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	10 months	Not eligible	Not applicable	\$0
Member	Associate Prof. Sharon Maresse	3 years	12 months	Sessional	\$160	\$1,280
Member	Prof. Nigel Marks	3 years	2 months	Sessional	\$160	\$160
Member	Dr Melinda Morris	3 years	12 months	Sessional	\$160	\$800
Member	John Pereira	3 years	12 months	Sessional	\$160	\$960
Member	Cameron Storm	3 years	12 months	Sessional	\$160	\$1,440
Member	Dr Elizabeth Louise Thomas	3 years	12 months	Not eligible	Not applicable	\$0
Member (Non-voting)	Dr John Burrage	3 years	12 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	\$800
Deputy Member	Megan McGibbons	3 years	12 months	Not eligible	Not applicable	\$0
Deputy Member	Dr Curtis Ng	3 years	12 months	Sessional	\$160	\$320
Deputy Member	Prof. Paul Parizel	3 years	6 months	Not eligible	Not applicable	\$0
Deputy Member	Dr Russel Troedson	3 years	6 months	Not eligible	Not applicable	\$0
Deputy Member	Dr Vidisha Vaidya	3 years	12 months	Sessional	\$160	\$1,280
					Total	\$8,160

Position	Name	Term of appointment	Period of membership 2023–24	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	\$0
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	\$0
Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
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	3 years	12 months	Annual	\$24,946	\$24,946
					Total	\$145,141

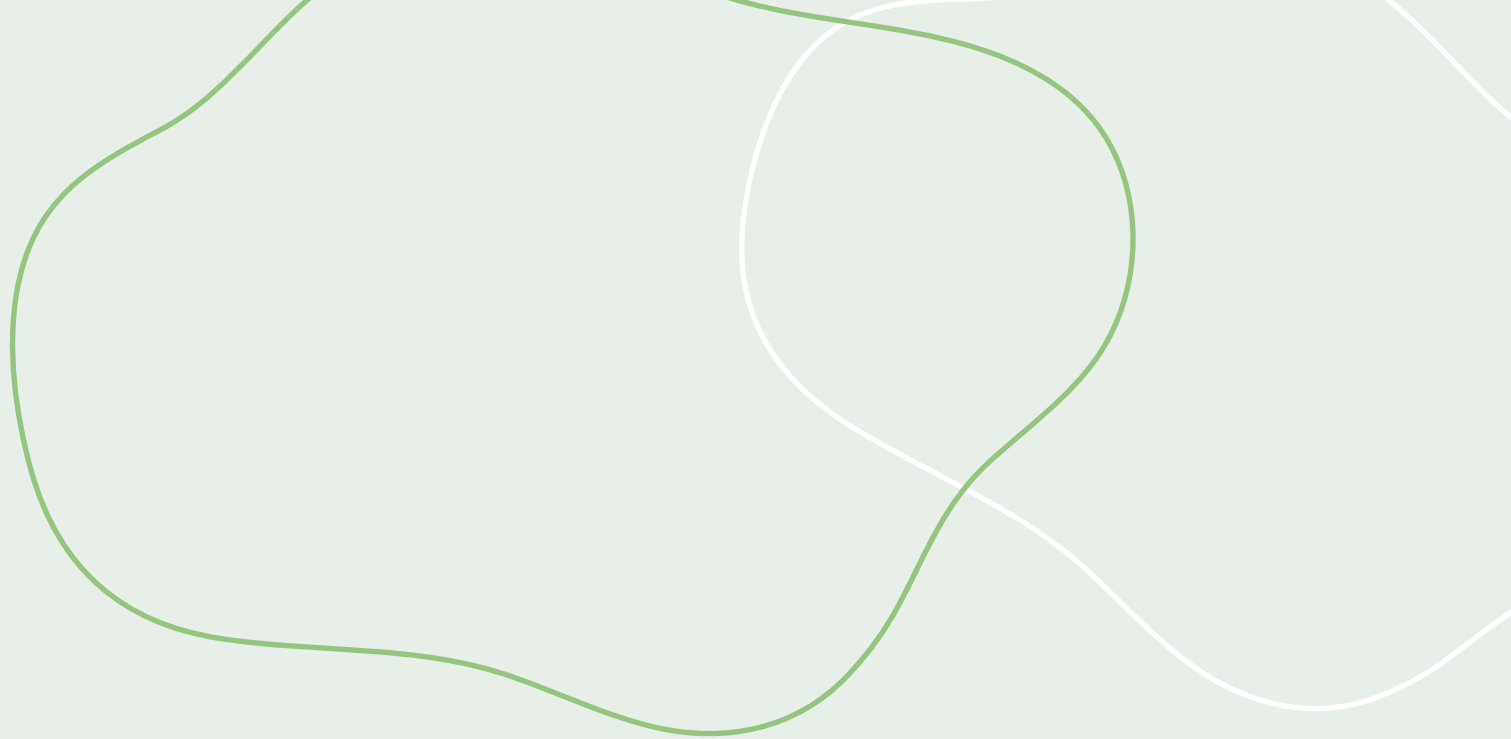
Position	Name	Term of appointment	Period of membership 2023-24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
Western Australian Board of the Medical Board of Australia						
Chair	Prof. Mark Edwards	3 years	12 months	Sessional		
Member	Dr Richelle Douglas	3 years	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		
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					Total	\$0
Position	Name	Term of appointment	Period of membership 2023-24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
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	Ann Dawson	3 years	9 months	Sessional		
Member	Heather Gillett	3 years	12 months	Sessional		
Member	Linda Hadfield	3 years	3 months	Sessional		
Member	Dr Yvonne Hauck	3 years	12 months	Sessional		
Member	Nathan Haynes	3 years	12 months	Sessional		
Member	Beverley Jowle	3 years	9 months	Sessional		
Member	John (Kim) Laurence	3 years	12 months	Sessional		
Member	Margaret Lundy	3 years	3 months	Sessional		
Member	Jill O'Connor	3 years	3 months	Sessional		
Member	Kathryn Pedler	3 years	7 months	Sessional		
*Board members are not remunerated by the department					Total	\$0

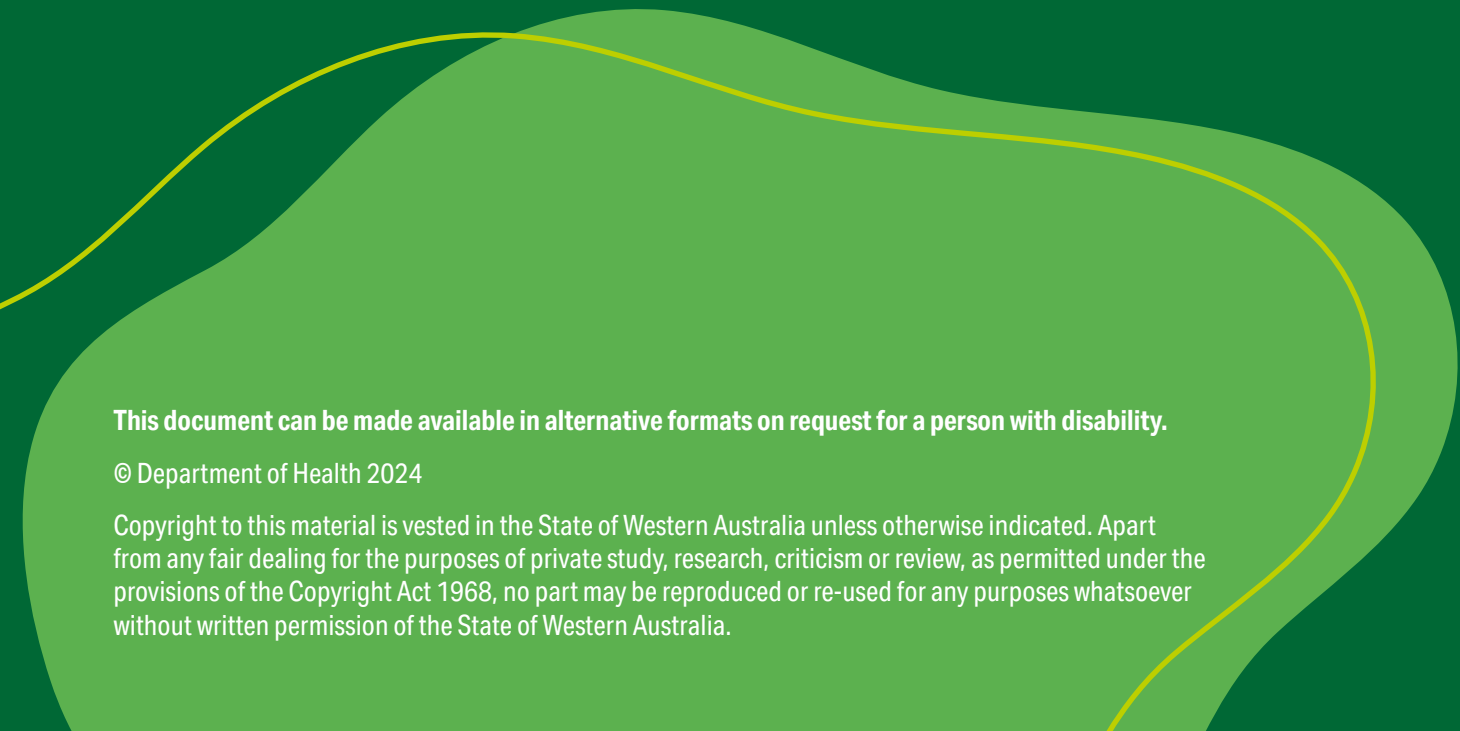
Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
WA Human Research Ethics Committee						
Chair	Adjunct Associate Prof. Peter Bentley*	1 year	6 months	Annual	\$26,147	\$11,312
Chair	Dr Jane Deacon	3 years	6 months	Annual	\$26,147	\$13,074
Member	Prof. Richard Brightwell*	2 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$4,084
Member	Dr Catherine Cole	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$2,448
Member	Natalie Fleetwood*	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,986
Member	Associate Prof. Georgia Halkett	1 year	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,768
Member	Suzanne Hillier	1 year	6 months	Not eligible	Not applicable	\$0
Member	Kathryn Kirk*	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$2,316
Member	Rev. Graham Maybury	3 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$3,200
Member	John McMath*	3 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$3,754
Member	Sonia McKeiver	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,768
Member	Ali Radomiljac	3 years	6 months	Not eligible	Not applicable	\$0
Member	Associate Prof. Alison Reid	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,544
Member	Stephania Tomlin	3 years	6 months	Not eligible	Not applicable	\$0
Member	Bret Watson	3 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$4,526
Member	Dr Janet Woollard	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$2,890

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
Deputy Member	Paul Beeson	3 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$772
Deputy Member	Dr Prashant Bharadwaj	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,122
Deputy Member	Catherine Carbonaro	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,122
Deputy Member	Prof. Satvinder Dhaliwal	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$0
Deputy Member	Dr Garth Eichhorn*	3 years	9 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,326
Deputy Member	Associate Prof. Georgia Halkett	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$1,214
Deputy Member	Wil Liam Lim	3 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$0
Deputy Member	A/Prof Lewis MacKinnon	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$0
Deputy Member	Associate Prof. Daniel McAullay	2 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$0
Deputy Member	Clinical Associate Prof. Ann McDonald	1 year	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$0
Deputy Member	Sonia McKeiver	3 years	6 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$0
Deputy Member	Ali Radomiljac	3 years	6 months	Not eligible	Not applicable	\$0
Deputy Member	Dr Erika Techera	3 years	12 months	Sessional	\$680 for meetings over 4 hours, \$442 for meetings up to 4 hours	\$442
Deputy Member	Stephania Tomlin	3 years	6 months	Not eligible	Not applicable	\$0
*Members received additional remuneration totalling \$6,425 due to delayed payment for one meeting held in 2022–23. #Base salary/sitting fee rates were increased by the Public Sector Commissioner as of 2 October 2023. Prior to this date the Chair received annual remuneration of \$19,100 and members were remunerated \$500 for meetings over 4 hours and \$330 for meetings up to 4 hours.					Total	\$60,668

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
Western Australian Reproductive Technology Council						
Chair	Prof. Stephan Millet	3 years	12 months	Annual	\$22,225	\$22,225
Member	Michelle Arnold	3 years	12 months	Sessional	\$251	\$2,510
Member	Dr Andrew Harman	3 years	12 months	Sessional	\$376	\$376
Member	Dr Tamara Hunter*	3 years	12 months	Sessional	\$376	\$6,313
Member	Dr Robyn Leake (Junckerstorff)	3 years	12 months	Sessional	\$376	\$1,880
Member	Sebastian Leathersich	3 years	12 months	Not eligible	Not applicable	\$0
Member	Hamish Milne*	3 years	12 months	Sessional	\$376	\$4,821
Member	Associate Prof. Stella Tarrant	3 years	12 months	Sessional	\$376	\$6,084
Deputy Member	Dr Michael Allen	3 years	12 months	Sessional	\$376	\$0
Deputy Member	Felicite Black	3 years	12 months	Sessional	\$376	\$1,880
Deputy Member	Prof. Alison Garton*	2 years	12 months	Sessional	\$376	\$6,326
Deputy Member	Dr Melissa O'Neill	3 years	12 months	Sessional	\$376	\$0
Deputy Member	Dianne Scarle	3 years	12 months	Not eligible	Not applicable	\$0
*Remuneration includes payments totalling \$8,180 for participation in working groups to progress Council business.					Total	52,415

Position	Name	Term of appointment	Period of membership 2023–24	Type of remuneration	Base salary/ sitting fees (\$)	Gross/actual remuneration (\$)*
Western Australian Reproductive Technology Council Preimplantation Genetic Diagnosis Technical Advisory Committee						
Chair	Dr Tamara Hunter	3 years	12 months	Sessional	\$476	\$3,806
Member	Dr Hamish Milne	3 years	12 months	Sessional	\$309	\$2,472
Member	Dr Katherine Sanders	3 years	12 months	Sessional	\$309	\$3,399
Member	Dr Sharron Townsend	3 years	12 months	Not eligible	Not applicable	\$0
Member	Dr Melanie Walls	3 years	7 months	Sessional	\$309	\$1,854
					Total	\$11,531





This document can be made available in alternative formats on request for a person with disability.

© Department of Health 2024

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.