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

WA COUNTRY HEALTH SERVICE

Annual Report

2024-2025

Acknowledgement of Country

WA Country Health Service acknowledges the traditional custodians throughout Western Australia (WA) and their continuing connection to the land, waters, and community.

We pay our respects to all members of Aboriginal communities and their cultures, and to Elders both past and present.

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 referenced in the national context and the term Indigenous may be referenced in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Aboriginal people should be aware that this publication may contain images or names of deceased persons in photographs or printed material.

"Ugarla nganhu buujungga nyinamarda" (long time ago we lived in the bush) by artist Leeann Kelly-Pedersen

Artist Leeann Kelly-Pedersen.

The artwork (pictured left) being used throughout this report is by Nhanda and Wajarri artist and WA Country Health Service staff member Leeann Kelly-Pedersen. For Leeann, a love of art came at an early age.

"In primary school, art was my favourite subject. Then when I got older, I did an art course with printing, textiles, jewellery making, charcoal, pottery, but mostly I paint on canvas."

As part of the branding refresh, WA Country Health Service has developed a brand mark which prominently features Leeann's artwork *Ugarla nganhu buujungga nyinamarda.*

Click here to explore the meaning behind Leeann's artwork

Front cover image (L-R): Maitland Humphries (South West Aboriginal Medical Service), WA Country Health Service South West staff, Kylie Pettit, Michelle Munns, Tahnee Nesbitt, Jenny Jaeche, and Mariah Yarran (South West Aboriginal Medical Service).

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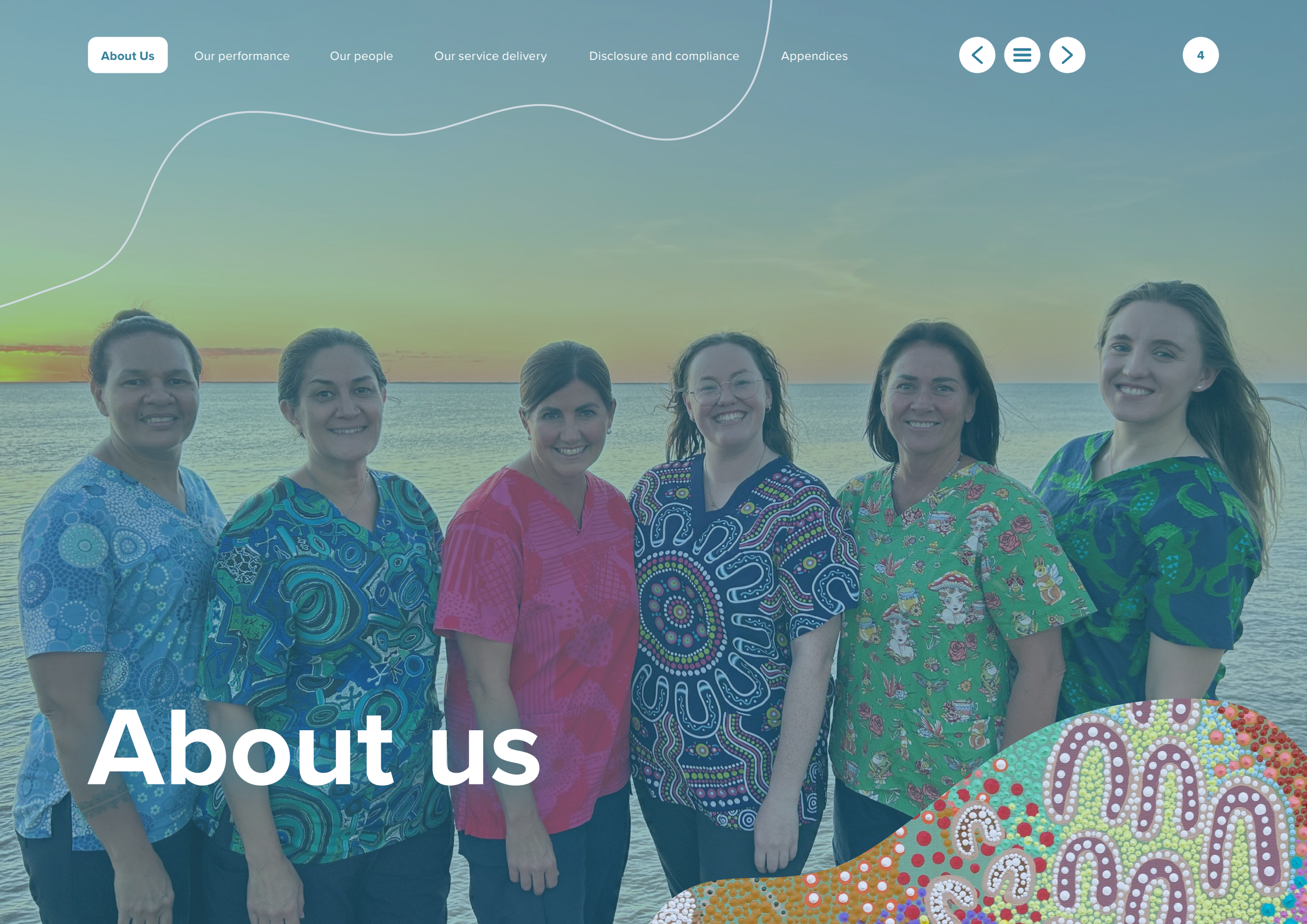


About us

Purpose of this report

This Annual Report outlines the operations and performance of WA Country Health Service for the 2024-25 financial year. It has been prepared in accordance with Parliamentary reporting obligations and relevant legislative requirements.

About us

This section provides an overview of the WA Country Health Service, featuring messages from our Board Chair and Chief Executive. It includes an Executive Summary, outlines our legislative and regulatory framework, details our governance structures, and presents our strategic direction.

Our performance

Our performance for the 2024-25 reporting period is outlined here, using the Outcome-Based Management Framework with summaries of key performance indicator results and a financial summary.

Our people

We feature our staff awards and recognition, showcasing the achievements and contributions of our workforce. The employment profiles and key disclosures, including compliance with industrial relations and public sector standards are also provided. Additionally, we outline our commitment to staff wellbeing, diversity, and inclusion.

Our service delivery

Our dedication to delivering high quality care to patients and communities and supporting a sustainable and environmentally responsible future is outlined in this section.

Our compliance

The Auditor General's opinion, certifications of financial statements and key performance indicators, governance disclosures, and compliance with government policy and other legal requirements.

Appendices

Additional information and data to support the Annual Report content.

Statement of compliance
FOR YEAR ENDED 30 JUNE 2025

Hon Meredith Hammat MLA
Minister for Health; Mental Health

In accordance with Section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the WA Country Health Service for the reporting period ended 30 June 2025.

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

Dr Neale Fong
Board Chair

23 September 2025

Ms Wendy Newman
Deputy Board Chair

23 September 2025

- *About Us section cover: Derby Midwifery Team (L-R): Christina Niehsner, Kiri Huxford, Emma Medling, Bridget Dunn, Katherine Latham, Rebecca Vogwellmi.*

Message from the Board Chair

On behalf of the Board and Executive, I am proud to once again present the WA Country Health Service 2024-25 Annual Report.

Over the past nine years, it has been my privilege as Board Chair to support one of the largest health services in the world, which provides exceptional care as close to home as possible for country communities.

It is fair to say the world has undergone significant change during my time on the Board, and it is also fair to say that as a country health service, we successfully met the challenges with courage and conviction. At the same time, we also took advantage of the opportunities presented, including the rapid evolution of technology and our ability to maintain, build and develop effective partnerships.

This year, our ability to adapt and harness technology was again demonstrated, as we supported our dedicated country-based teams to continue development of telehealth services that provide patient-specialised care closer to home including antenatal, child health, independent living for aged care residents, TeleChemotherapy, and a new specialist hand services trial.

Our strategic and trusted partnerships have positively impacted health outcomes for country patients on a community, state, national and international level.

For example, our new State Health Operations Centre combines country patient transfers with real-time coordination, ensuring access to the most appropriate care facilities in the State, our Clinical Trial program brings together the best and brightest in new and emerging interventions across Australia, and we continue our close relationships with our District Health Advisory Councils and broader communities to understand how we care for people at the front line of health service provision.

As in previous years, the Board travelled thousands of kilometres across the State visiting our health services in the Kimberley, Midwest, Wheatbelt and Goldfields to see first-hand the work of our staff and talk to the communities we care for.

Every visit gave us more connection to our staff and communities, a greater appreciation of their achievements and daily challenges, and identified new ways we can build on the great service delivered.

The Board continued to work strategically with the Executive team led by Chief Executive Jeff Moffet to deepen our understanding and evolve our capability to meet future needs, including a focus on strengthening and supporting our relationships with partner organisations, patients, families and key stakeholders. This future focus has been captured in the new WA Country Health Service Strategic Plan 2025-2030 which will be launched in September 2025, and the Board appreciated the honest and constructive insights provided from everyone we consulted.

We also said farewell and thank you to our former Minister for Health the Hon Amber-Jade Sanderson, and welcomed the Hon Meredith Hammat as the new Minister for Health; Mental Health, along with the newly established Health Coordination Sub-committee.

We are looking forward to working with the Health Coordination Sub-committee to provide a collaborative framework for policy development and decision making, to support the Government's vision for WA to be the healthiest state in the nation.

The Board itself changed this year, with the addition of new members Dr Lorraine Anderson and Mr Jarrad Gardner who bring with them a wealth of professional experience and community knowledge.

I also acknowledge the contribution of Board Members Mr Alan Ferris and Mrs Shaneane Weldon, whose tenures finished on 1 November and 4 December 2024 respectively.

On behalf of the Board, I recognise their tireless efforts to improve the healthcare of our country communities and thank them for their expertise and guidance during their time with us. Alan was an inaugural member of the WA Country Health Service Board and his contribution over the past eight years was outstanding.

I also acknowledge Deputy Chair Ms Wendy Newman for her commitment and support over the past nine years, as well as Mr Paul Fitzpatrick, Mr Colin Holt, Mrs Jodi Johnston, Dr Peter Campbell and Dr Catherine Stoddart for their continued contributions.

The health and wellbeing of country communities is a responsibility the Board takes very seriously, with each year presenting new challenges and opportunities, and the past 12 months has been no different.

This Annual Report is a chronicle of our journey over the past 12 months, telling the story of how we provided care for communities over 2.55 million square kilometres through 476,178 emergency department presentations, 27,607 elective surgeries, 806,924 outpatient appointments and welcomed 4,314 babies.

These stories speak for themselves, and it is with sincere gratitude and respect that I acknowledge the remarkable efforts and thank our passionate and dedicated staff who have worked tirelessly across 2024-25 to support and advance healthcare outcomes for the people in their communities.

Dr Neale Fong
Board Chair

(L-R): WA Country Health Service Chief Executive Jeff Moffet, Rural Health West Chief Executive Officer Catherine Elliot, WA Country Health Service Board Chair Dr Neale Fong, Deputy Board Chair Wendy Newman and Rural Health West Board Member Karen Bradley.

Message from the Chief Executive

The 2024-25 Annual Report provides an overview of our service delivery, highlights, and challenges, and is where we reflect on our progress towards meeting our Vision to be a global leader in rural and remote care, supporting healthier communities.

Our success is measured by our person-centred care delivery, where our exceptional staff support our patients, families, and health service partners.

Over the past 12 months we have achieved significant milestones across all facets of our operational delivery – from upgrades and redevelopment of physical assets, through to the evolution and uptake of new technologies and place-based medical professionals. These advancements are bringing specialised care closer to home for communities who live in some of the most remote places on Earth.

The complexities we face as an organisation remain similar to most rural and remote government service providers, where the costs to deliver services, associated infrastructure, and staffing are greater than those in more populated areas. Along with the rest of Australia, we also experienced more hospital presentations through demographically driven population growth and ageing population ratios, and seasonal community health illnesses.

The safety and security of our staff and patients continues to be our priority above all else. It is our front line teams who meet these challenges daily within this operating environment.

I am very proud of how we have responded to these challenges and implemented strategies to support demand through innovation, collaboration, and strong, respectful partnerships.

An initiative to meet our staff challenges this year was the launch of the WA Rural Physician Training Pathway, designed to support the next generation of country physicians through hands-on training. We also welcomed more medical interns, newly qualified nurses and midwives, and pharmacy interns than ever before, and in partnership with the Australian Medical Association (AMA) and our other health service providers, we are working towards providing the best working conditions possible.

To further strengthen staff and patient safety across country WA hospitals, we evolved our Security Hub. Since its launch in March 2023, the 24/7 CCTV Operations room has provided real-time virtual monitoring to some of the State's most remote health facilities, helping deter antisocial behaviour and support de-escalation. Following its initial rollout at seven sites – Kununurra, Hedland, Karratha, Meekatharra, Collie, Bridgetown, and Halls Creek – the service has since expanded to Fitzroy Crossing Hospital. Staff have reported greater peace of mind and faster incident response, thanks to the system's constant monitoring.

Working together in partnership with other service providers we have overcome vast geographical distances through initiatives such as the new State Health Operations Centre. This is the first time key health emergency services have come together under one roof, to deliver real-time coordination of health and emergency services in a fit-for-purpose facility in the heart of Perth.

The Country Patient Health Support (Country PatHS) service was recognised with a WA Health Excellence Award in the Aboriginal Health category, demonstrating that a coordinated and person-centred approach can make a real difference to country people's access and experience of care when travelling to the metropolitan area.

To meet the patient caseload demands of today and the future, we also progressed key infrastructure projects like the Geraldton Regional Hospital redevelopment, three renal dialysis units in Karratha, Fitzroy Crossing and Halls Creek, the new Laverton Hospital build and the $471.5 million Bunbury Regional Hospital redevelopment – set to be the biggest ever undertaken in country WA.

Despite the scale of our challenges, our people continue to be recognised for excellence in healthcare delivery across 2.55 million square kilometres.

We congratulate:

- Jacquelyn McCoy - Kununurra Mental Health Worker named Aboriginal Student of the Year at the Central Regional TAFE Awards.
- Sharon Lockyer - joint winner of the Aboriginal Health Professional of the Year at the Rural Health Excellence Awards, recognised for her tireless advocacy for cultural security.
- Joanna Stewart and Eleanor Jones, two of our registered midwives who took part in the Paid Student Midwifery Model Pilot Program that supports our nurses to upskill while working. Joanna and Eleanor are now delivering outstanding care (and babies) in Albany and Esperance respectively.
- Clinical Midwife Educator Sian Skillcorn took home the WA Nursing and Midwifery Excellence Award for Excellence in Midwifery, and also contributes language support to her community with her mastery of the Portuguese language.
- Associate Professor Mathew Coleman and Dr Matthew Davidson were both recognised in the 2025 Royal Australian and New Zealand College of Psychiatrists Awards for their contributions to rural and remote psychiatry.

These achievements are made possible by the unwavering support of our leadership. We extend our sincere thanks to our Board and especially our long-standing Chair Dr Neale Fong and Deputy Chair Ms Wendy Newman who have continued to provide us with strategic and practical guidance, support and passion throughout this year.

Joanna Stewart (left) and Eleanor Jones (right).

(L-R): Minister for Health Amber-Jade Sanderson, patient Ella Reindler with son, WA Country Health Service Chief Executive Jeff Moffet and Royal Flying Doctor Service WA Chief Executive Officer Judith Barker.

We thank our former Minister for Health, the Hon Amber-Jade Sanderson, and welcome our new Minister the Hon Meredith Hammat and Ministerial Health Coordination Sub-committee.

However, at the end of each and every day it is our 13,580 plus people who, through their professionalism, dedication, and passion, are the foundation of WA Country Health Service.

The achievements and service delivery detailed in this year's Annual Report are testament to you all, and I sincerely acknowledge all your efforts to take care of our communities and each other – it is so very appreciated.

As we move forward in 2025-26, I am truly excited to build on what we have already achieved together and look forward over the longer term to continue our life-saving work, guided by our new Strategic Plan 2025-2030.

Thank you again for another incredible year in country healthcare.

Jeffrey Moffet
Chief Executive

Executive summary

WA Country Health Service is committed to ensuring country people receive world-class care, regardless of location, background, or socio-economic status. Service redesign, data-driven decision-making, and clinical research are driving more equitable, tailored, and timely care. These efforts inform policy and funding decisions, and support continuous improvement.

We are one of Australia's largest and most geographically diverse healthcare providers, delivering high quality, innovative, and patient-centred care across 2.55 million square kilometres of country WA. Our extensive network spans hundreds of towns and communities, supported by hospitals, regional facilities, and virtual care services.

As a critical safety-net provider, we fill service gaps where traditional health and social care options are limited or unavailable. We deliver a broad spectrum of services—including emergency, inpatient, outpatient, aged care, disability, and primary health—often at higher volumes than other public health services in WA. This places significant demand on our finite resources.

Guided by a unified strategic plan, our resilient workforce continues to meet complex challenges through collaboration with government, industry, and community partners.

We embed quality, innovation, and evidence-based practices into every aspect of service delivery, ensuring sustainable, community-driven health solutions.

Maintaining safety and quality remains a core priority, alongside meeting increasing regulatory and statutory obligations. Advocacy for appropriate funding and recognition of service delivery costs is essential to support our long-term viability and innovation.

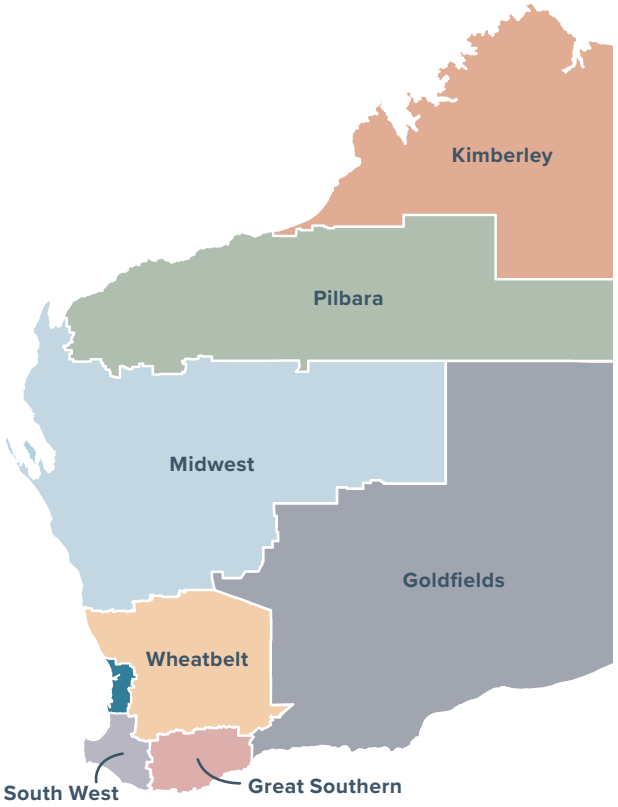
Global healthcare workforce shortages have impacted us and, in response, we are investing in localised workforce development through diverse career pathways, regional lifestyle incentives, and alternative workforce models. Strategic partnerships with communities, non-government organisations, universities, and TAFEs are central to building local capacity. Elsewhere, we're proactively supporting staff safety through initiatives such as our 24/7 Virtual Security Hub.

In the 2024-25 reporting period, we attended 476,178 emergency department presentations, conducted 806,924 outpatient appointments and helped to deliver 4,314 brand new Western Australians.

Behind each one of those occasions of care are the people who call country WA home.

That's people like Midwest man Steven Yappo, whose recovery from a heart attack in 2024 was aided by access to virtual care technology – from the comfort of his own home – thanks to our Heart Health Support Service.

To learn more, see next page *Patient care using virtual care technology – Heart Health Support Service.*



Click here to view the full WACHS service map

Patient care using virtual care technology – Heart Health Support Service

This one-on-one telehealth-enabled service connects those in recovery from a cardiac event, like a heart attack, with specialist rehabilitation nurses.

Steven said his nurse helps him stay on track, avoid unnecessary hospital visits and makes him feel reassured throughout his recovery and rehabilitation.

“A call from my nurse means I know they will help me stay on the right path,” he said.

Following implementation in the Wheatbelt and South West, the Heart Health Support Service expanded its innovative model to residents in Esperance and Norseman in the latter part of 2024.

Cardiac Rehabilitation Clinical Nurse Specialist Nicole Skavik said it was exciting to see the progress made and reflect on patient stories shared along the way.

“The Heart Health Support Service was developed to provide support to our patients living in the country,” she said.

“It’s great to see how far the service has come now, knowing we’ve supported 570 patients to date.

Life saving and strategic partnerships

In July 2024, our ongoing efforts to strengthen partnerships with key service providers reached new heights, with the announcement of a new 10-year contract with the Royal Flying Doctor Service WA worth more than $800 million.

The contract places the patient journey front and centre and ensures a modern, streamlined approach to service delivery incorporating the most up-to-date clinical and aviation standards.

In October 2024, our award-winning Command Centre teamed up with service providers in the new State Health Operations Centre (SHOC) in a fit-for-purpose facility in the heart of Perth.

With teams from the Department of Health, Royal Flying Doctor Service, St John WA, and the Department of Fire and Emergency Services, co-ordination and management of patient hospital movements across the health system are now under one roof, allowing front line clinicians to focus on the delivery of patient care. For an example of this collaborative care in action, read about a patient’s remarkable recovery - WA Country Health Service - Exceptional joined-up patient care credited for holidaymaker’s ‘miraculous’ recovery.

Delivering healthcare to more than **567,000 people**

Employing more than **13,580 staff**

170+ facilities where population health teams are based

Expanding services

In January, a $22 million mental health crisis care initiative expanded to Albany and surrounding communities, with the Acute Care and Response Team (ACRT) providing rapid response and support to young people up to 18 years of age experiencing a mental health crisis, as well as their families and carers.

Great Southern children and adolescents have access to specialist mental health support through a dedicated outreach service, delivered by teams located at the Albany Child and Adolescent Mental Health Service (CAMHS).

In February, we celebrated the opening of a new **$2.3 million four-chair dialysis unit in Karratha**, allowing West Pilbara residents to access dialysis treatment closer to home. The **$8.6 million expansion of the Fitzroy Crossing Renal Centre** commenced footings, slab pours, retaining walls and blockwork in June 2025.

The $9.86 million Dongara Health Centre redevelopment was opened in August 2024, and the $188 million Geraldton Health Campus redevelopment reached Stage Two in June 2025.

New medical pathways

As part of our ongoing efforts to 'grow our own', in February and March 2025 we launched two new medical training pathways – the WA Intensive Care Training Pathway and the WA Rural Physician Training Pathway.

The Intensive Care Training Pathway provides a structured and supportive approach to intensive care medicine training and is designed to integrate training across tertiary, metropolitan and country health services.

With placements across 14 hospitals, including Albany, Bunbury, Geraldton and Northam, it offers invaluable exposure to diverse clinical environments and the opportunity to develop skills in intensive care settings.

One of our trainees, **Dr Frank Winfield, told us about how his journey with the WA Intensive Care Training Pathway** was providing an opportunity to develop a rewarding career that offers both professional challenges and personal fulfillment.

Trainees who chose to participate in the **WA Rural Physician Training Pathway** program are set to gain hands-on experience over the next three years, working in country hospital settings while also incorporating 12 months of in-reach rotations in partnered metropolitan training settings.

In the following pages, you'll find more of the stories that shaped a year in country healthcare of dedicated doctors, nurses, allied health professionals and support staff, and the communities they serve.

Bunbury Regional Hospital Sub Acute Rehabilitation Unit.

Meet one of our team

Suzanne Spitz, Director Allied Health

Having worked with WA Country Health Service for 33 years, Suzanne Spitz has been a part of the development of the organisation since its inception in the early 2000s.

Click here to view the full story of Suzanne Spitz

2024–2025: Highlights

LEGEND:

- Awards and Recognition
- Innovation and Technology
- Mental Health and Community
- Inclusion and Strategy
- Infrastructure and Development
- Workforce and Training
- Maternal and Child Health

JULY

- Security hub expands to eighth country site
- Royal Flying Doctor Service contract boosts aeromedical services

AUGUST

- Dongara Health Centre officially opens
- Telehealth Lactation Service marks three years

SEPTEMBER

- New volunteers strengthen South West communities
- Bunbury Hospital supports expectant parents

OCTOBER

- State Health Operation Centre opens in Perth CBD
- Allied health professional wins award
- WA Health Excellence Awards – two winners
- Heart Health Support Service expands to Goldfields

NOVEMBER

- Contractor appointed for Tom Price and Paraburdoo hospital redevelopments
- WA Country Health Service honoured as emergency volunteer employer
- Manjimup nurse wins safety award
- WA Country Health Service staff attend Pride Parade

DECEMBER

- WA Country Health Service launches Disability Access and Inclusion Plan
- WA Country Health Service Strategic Plan 2025–30 consultation commences

JANUARY

- Record year for medical interns – 33 commenced their rotations
- More than 200 new nurses and midwives join country WA
- Virtual hand therapy training program launched
- The Acute Care and Response Team expands mental health crisis services to Albany and nearby areas

FEBRUARY

- Laverton Hospital main works tender awarded
- Dialysis unit opens in Karratha
- New rural Physician Training Pathway program officially launched

MARCH

- Staff housing completed in Halls Creek
- Rural Health Excellence Awards spotlight recognises clinicians
- New maternal and specialist centre opens in Australind
- Art competition promoting health, safety and wellbeing in young people opens

APRIL

- First Aboriginal aged care assessor in country WA completes training
- Telethon grant boosts infant mental health services

MAY

- Innovative supervision partnership model enhancing treatment for Kimberley lymphoedema patients
- Nursing and Midwifery Excellence Awards honour country champions

JUNE

- Country psychiatrists win top awards at Royal Australian and New Zealand College of Psychiatrists awards
- Jacquelyn McCoy named Aboriginal Student of the Year
- Contractor appointed for Mullewa Hospital redevelopment works
- WA Country Health Service participated in inaugural Carers Advisory Best Practice round table

Who we are

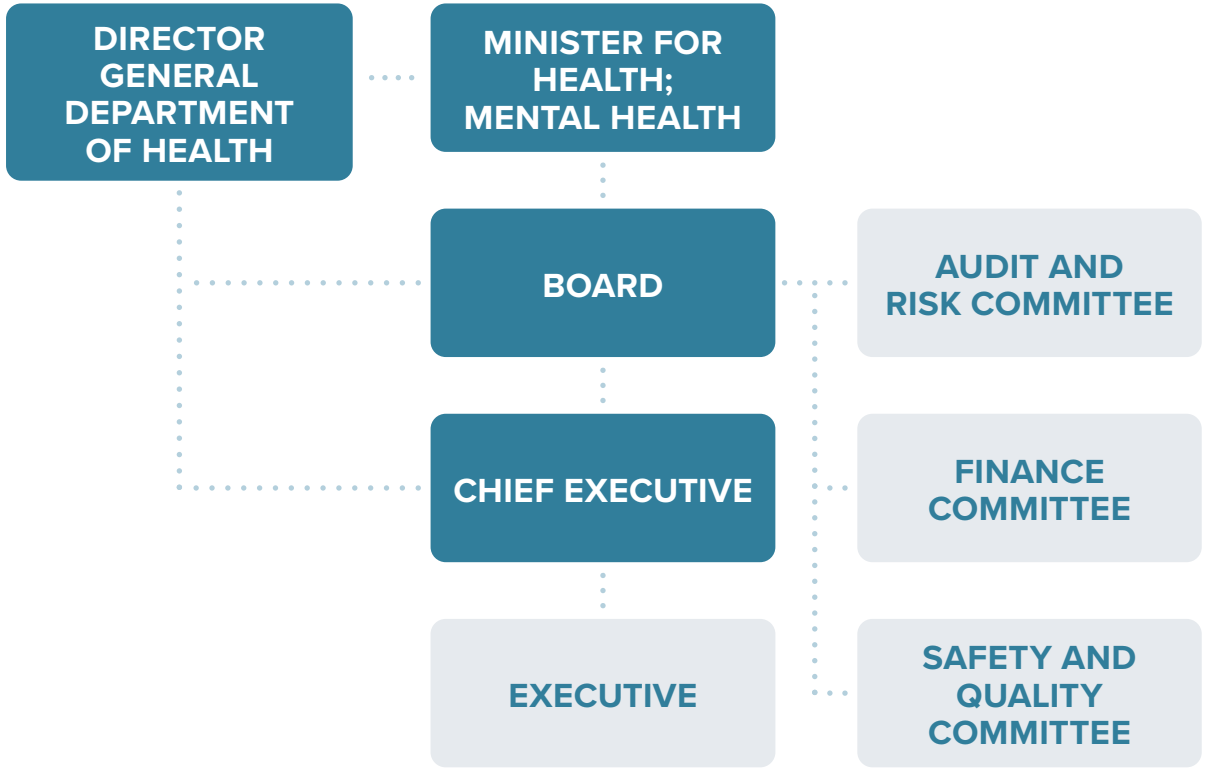
WA Country Health Service is part of WA's public health system, delivering healthcare across an expansive area of 2.55 million square kilometres and to a population of more than 567,000.

The Department of Health, led by the Director General, as the System Manager, provides strategic leadership and oversight across the health system, ensuring the delivery of safe, high quality, and timely healthcare throughout the State.

WA's health system is made up of several Health Service Providers (HSPs) including WA Country Health Service, Health Support Services, Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, PathWest, and the Quadriplegic Centre. Each HSP operates under the governance of a Board appointed by the Minister for Health, comprising members with expertise in healthcare, finance, law, and community engagement. These Boards are responsible for ensuring the delivery of safe, high quality, efficient, and economical health services to their local areas and communities.

As the State Government's healthcare provider for country WA, we work in close partnership with Department of Health, metropolitan HSPs, and the WA Mental Health Commission to ensure country patients receive coordinated and comprehensive care — regardless of where they access services. We also collaborate with a wide range of government and non-government agencies to deliver health programs and services throughout country WA.

WA Country Health Service Organisational structure



Responsible Minister

WA Country Health Service is responsible to the following Minister:

Hon Meredith Hammat MLA
Minister for Health; Mental Health

Accountable authority

WA Country Health Service is a State Government Board-governed statutory authority under the *Health Services Act 2016*.

The legislation, which came into effect on 1 July 2016, replaced the *Hospitals and Health Services Act 1927* and involved the establishment of Boards that are legally responsible and accountable for delivering safe, high quality, efficient, and economical health services to their local communities.

The Board is directly accountable to the public and the Minister for Health; Mental Health working with the Director General of Department of Health.

Board Chair Dr Neale Fong is the Reporting Officer for WA Country Health Service in 2024-25.

Enabling legislation

We are established as a Board-governed HSP by the *Health Services (Health Service Provider) Order 2016,* made by the Minister for Health under section 32 of the *Health Services Act 2016*.

Communication between WA Country Health Service and the Minister for Health; Mental Health, Parliamentary representatives, Ministers and WA Health is governed by a Communication Agreement, with clear lines of accountability and responsibility.

Strategic Plan 2019–24

The WA Country Health Service Strategic Plan 2019–2024 sets the direction for five years, laying the foundation to continue advancing country healthcare over the next 15 years. The new WA Country Health Service Strategic Plan 2025-30 will be launched in late 2025.

Our Vision

To be a global leader in rural and remote care supporting healthier country communities.

Our Mission

To deliver and advance high quality care for country WA communities.

Our Values

- Community
- Integrity
- Compassion
- Equity
- Quality
- Curiosity

Caring for our patients

Providing safe, patient-centred care, ensuring the needs of our patients are at the core of everything we do.

Addressing disadvantage and inequity

Delivering focussed and accessible services for those who need it most.

Building healthy, thriving communities

Supporting country people to be as healthy as they can be and continuing to play our part in the economic and social viability of country communities.

Enabling our staff

Supporting our staff to deliver great care, empowering them to learn, grow, innovate and lead.

Collaborating with our partners

Partnering to deliver more integrated services that improve patient outcomes and experience, giving consumers more choice and control.

Leading innovation and technology

Embracing innovation and technology to create a safer, more connected and equitable health system.

Delivering value and sustainability

Ensuring that the services we provide are sustainable and we are transparent about our performance.

Board overview

Our Board Chair and Members are listed below, to learn more about their experience and background go to the **link below.**

Dr Neale Fong
Chair

Ms Wendy Newman
Deputy Board Chair

Mr Paul Fitzpatrick

Hon Colin Holt

Dr Peter Campbell

Dr Catherine Stoddart

Mrs Jodi Johnston

Dr Lorraine Anderson

Mr Jarrad Gardner

Learn more about our Board by clicking here

Board overview (cont'd)

We operate as a State Government statutory authority under the *Health Services Act 2016*.

The legislation establishes our Board as the accountable governing body, responsible for setting strategic direction and overseeing service delivery and performance.

Board visit to the Wheatbelt, February 2025.

Under Section 34 of the Act, the Board is responsible for strategic leadership and performance outcomes. It works in close partnership with the Chief Executive, who leads operational management, to ensure efficient service delivery.

In 2024-25, the Board and Executive continued to drive key priorities that support service delivery, service development, risk management and innovation, in an environment of financial and workforce pressures across more than 100 different sites within a 2.5 million-square-kilometre catchment. These include:

- Collaborating with the System Manager to support and improve system-wide management and performance.
- Advocating for WA Country Health Service within the WA Health Sustainability Taskforce to promote sustainable and country-focused solutions.
- Working with the Government's Expenditure Review Committee through the Country Health Sustainability Taskforce to address longstanding sustainability issues, such as enduring workforce and financial pressures in regional healthcare.
- Supporting the co-location of the WA Country Health Service Command Centre with the State Health Operations Centre (SHOC) in October 2024, and continuing close collaboration to strengthen system-wide oversight of emergency department demand and system pressures.
- Oversight of and strategic guidance and input into the development of the WA Country Health Service Strategic Plan 2025-2030.
- Oversight of and providing input into structural reform to improve community access to coordinated local onsite and virtual services along with increased workforce support and local employment pathways.

Board committees

The Board is supported by structured committees that play a critical role in governance and oversight. These committees monitor key aspects of WA Country Health Service performance, provide informed recommendations, and support decision-making to ensure the health service remains responsive to emerging challenges and opportunities.

Audit and Risk Committee

Chair: Mr Paul Fitzpatrick

Members: Mrs Jodi Johnston
Ms Wendy Newman

Key focus areas of the Audit and Risk Committee includes:

- Providing assurance to the Board that an effective and efficient risk management function is in place.
- Providing oversight and governance of the implementation of the WA Health Risk, Compliance and Audit Policy Framework.
- Providing oversight of WA Country Health Service high value contracts and procurement processes and assurance to the Board that procedures are in place to manage fraud-related risks.
- Alerting the Board of emerging organisational risks.
- Revising controls associated with cyber security threats and incident management.

Finance Committee

Chair: Ms Wendy Newman

Members: Hon Colin Holt
Mr Jarrad Gardner

Key focus areas of the Finance Committee includes:

- Providing oversight and assurance on the implementation of, and adherence to, the Financial Management Policy Framework.
- Providing oversight of the 2024-25 budget ensuring alignment with WA Country Health Service strategic priorities and budget process, to meet the needs of country communities and ensure service continuity.
- Providing oversight of priorities identified in the WA Country Health Service Country Taskforce Review and contribution to the ongoing work of the Health Financial Sustainability Review.
- Monitoring WA Country Health Service financial performance, service agreements and capital infrastructure program.
- Providing advice to the Board in relation to budget efficiency strategies to inform communications with the System Manager.

Safety and Quality Committee

Chair: Dr Peter Campbell

Members: Dr Catherine Stoddart
Dr Lorraine Anderson

Key focus areas of the Safety and Quality Committee includes:

- Providing assurance to the Board of the safety and quality of care provided to country communities through review and examination of key safety and quality performance.
- Advising the Board on matters relating to avoiding preventable patient harm through review of severity assessment code (SAC 1) clinical investigation reports.
- Providing assurance to the Board that the Clinical Governance, Safety and Quality Policy Framework is implemented and adhered to, and clinical systems, processes and outcomes are effective.
- Conducting deep dives into clinical services of particular interest including Family and Domestic Violence and Child Safeguarding, Short Notice Assessment and Maternity and Newborn Services.

Regional engagement

The Board's regional engagement program is a well-established and highly valued initiative that strengthens local connections and informs strategic decision-making.

These visits are critical in enabling the Board to see firsthand how priority initiatives are progressing and ensuring Board priorities are aligned to regional need. This year, themes discussed included the need for ongoing care close to home, continued focus on innovative workforce attraction and retention strategies (including accommodation and safety) and ongoing improvement and coordination of patient pathways.

As part of its ongoing commitment to regional engagement, the Board travelled to the following five regions and towns during 2024-25.

The WA Country Health Service Board with members of the Executive and Midwest staff in Carnarvon.

Kimberley region – July 2024

The Board travelled to the Kimberley region, making stops in Halls Creek, Warmun, and Wyndham, where they visited various projects and initiatives underway to improve service provision to local communities in the Kimberley. The official Board meeting was convened in Kununurra.

At this meeting, the Board welcomed Dr Lorraine Anderson as its newest member. Dr Anderson brings a wealth of experience in rural and remote medicine across country WA communities and in the Indian Ocean Territories.

Midwest region – October 2024

The Board toured the Midwest region visiting Geraldton, Carnarvon, Denham, Monkey Mia, Exmouth, and Coral Bay. Carnarvon hosted the formal Board meeting.

During the visit, the Board engaged with key project leads and received an onsite briefing on the $166 million Geraldton Hospital redevelopment, gaining firsthand insight into the progress of the works.

The Board also visited the Shark Bay Health Centre, where they met with local staff and community members to hear directly about the successful transition of the centre's management from Silverchain to WA Country Health Service.

Wheatbelt region – February 2025

The Board explored the Wheatbelt region, spending time in Gingin, Lancelin, Jurien Bay, Eneabba, Leeman and Moora.

During the visit, the Board noted enhancements to regional security infrastructure, including the installation of secure-access systems in CCTV digital upgrades and extended mobile duress applications.

While in Moora, the Board had the privilege of joining the Shire of Moora's President and Chief Executive Officer to tour the newly completed staff accommodation constructed by the Shire.

Goldfields region – March 2025

The Board travelled through the Goldfields region, visiting Esperance, Norseman and Kalgoorlie.

Board members engaged with staff and stakeholders at Esperance Hospital before heading to Kalgoorlie via Norseman Hospital, gaining valuable insight into the operation and community impact of these regional health services. The Board later reflected on the vital role health services play in small towns, often serving as the largest employer and a central pillar of the local community.

In Kalgoorlie, the Board met with the PathWest Board, focussing on the importance of collaboration – particularly during challenging times, such as the extreme weather event and power outage experienced in early 2025 in Kalgoorlie.

Kimberley region – June 2025

Returning to the Kimberley region in June 2025, the Board visited Fitzroy Crossing, Derby and Broome.

In Fitzroy Crossing, the Board met with Nindilingarri Cultural Health Services before engaging with local staff at Fitzroy Crossing Hospital to view the four-wheel-drive ambulance, provided as part of the WA Government's commitment to the WA Country Ambulance Strategy.

The Board met with staff at Derby Hospital and discussed local training pathways and services, including the midwifery-led Derby Maternity Service. Whilst in Derby, the Board visited Derby Aboriginal Health Service and viewed their new mobile consult room, designed to deliver clinics to some of the most remote and vulnerable patients in the West Kimberley.

Our Executive

Jeffrey Moffet
CHIEF EXECUTIVE

Evelyn Quinn
A/EXECUTIVE DIRECTOR NURSING AND MIDWIFERY

Paula Chatfield
EXECUTIVE DIRECTOR MENTAL HEALTH AND ABORIGINAL HEALTH

Melissa Vernon
EXECUTIVE DIRECTOR STRATEGY AND CHANGE

Robert Pulsford
CHIEF OPERATING OFFICER - REMOTE

John Quinn
CHIEF OPERATING OFFICER - RURAL

Sean Conlan
EXECUTIVE DIRECTOR MAJOR PROJECTS

James Thomas
EXECUTIVE DIRECTOR BUSINESS SERVICES

Sonia Ferla
A/EXECUTIVE DIRECTOR INFRASTRUCTURE AND ENVIRONMENT

Dr Helen Van Gessel
EXECUTIVE DIRECTOR CLINICAL EXCELLENCE

Dr Samir Heble
A/EXECUTIVE DIRECTOR MEDICAL SERVICES

Alicia Michalanney
A/EXECUTIVE DIRECTOR – GOLDFIELDS

Jacinta Herbert
A/EXECUTIVE DIRECTOR – GREAT SOUTHERN

Colette Young
EXECUTIVE DIRECTOR PEOPLE, CAPABILITY AND CULTURE

Brooke van Blommestein
A/DIRECTOR OFFICE OF THE CHIEF EXECUTIVE

Russell Simpson
DIRECTOR ABORIGINAL HEALTH STRATEGY

Lisa Smith
EXECUTIVE DIRECTOR – KIMBERLEY

Kerry Winsor
EXECUTIVE DIRECTOR – SOUTH WEST

Matthew Bartlett
CHIEF FINANCE OFFICER

Matt Wells
A/EXECUTIVE DIRECTOR – MIDWEST

Danny Rogers
A/EXECUTIVE DIRECTOR – WHEATBELT

Lisa Barnes
EXECUTIVE DIRECTOR – PILBARA

The Executive is the principle advisory body and assists with the management of the organisation by providing advice to the Chief Executive on strategic, service and policy issues.

The Executive provides a unifying link between executive management across organisational divisions.

Our performance

Performance overview 2024-25

Helped to deliver **4,314** babies

Conducted **6,137** lifesaving and life-enhancing surgeries

Attended to **27,607** patients on the elective surgery waiting list

Attended to **476,178** emergency department presentations

Conducted **806,924** outpatient appointments

Helped **39,451** people access Patient Assisted Travel Scheme

In 2024-25 telehealth supported global sustainability by saving country WA patients:

$4.34 million
in fuel savings[1]

737%
growth since 2012[4]

18,975
attended at a WA Health site

4,925.6 tonnes
less CO^2 emissions[2]

19,924
attended at a home community site

261,205
appointments delivered since 2012

equivalent to planting
74,000 trees[3]

38,897
Telehealth outpatient appointments[5] in 2024-25

24,138
Telehealth mental health consultations in 2024-25[6]

1. Methodology to calculate has been updated in 2024-25. Kilometres saved is for a return trip of the direct distance between providing site and receiving site or patient suburb. Regional fuel prices applied.
2. Assumes 180g/km CO^2 emissions and 7.6L/km fuel consumption.
3. Assumes 15 trees/tonne CO^2.
4. Assumes 2012 figure of 4,647.
5. Data source Non Admitted Data Collection, extracted 22/07/2025. Attended appointments, service delivery by WACHS and metro health service providers to WACHS patients. Does not include community health activity in Country Health Information System.
6. Data source Psychiatric Services On-line Information System, extracted 21/07/2025. Includes clinical activity delivered by video telehealth in which the patient may not be present.
7. Command Centre telehealth activity extracted 05/07/2025 inclusive of ETS, MOETS, MHETS and PalCATS. Inclusive of video telehealth and telephone.
8. WACHS ETS Nursing staff education and simulation activity.

Emergency Telehealth Service (ETS)

37,606
consultations in 2024-25[7]

78%
of patients avoided transfer[7]

106
emergency sites statewide[7]

723
total consultations per week[7]

261,964
total consultations since ETS began 2012[7]

Midwifery and Obstetrics Telehealth Service (MOETS)

2,956
consultations in 2024-25[7]

Available access
106 sites statewide[7]

78%
of patients avoided transfer[7]

Emergency Telehealth Service staff education

1,214
staff at 58 sessions in 2024-25[8]

116
staff at 29 simulations[8]

Palliative Care Afterhours Telehealth Service (PalCATS)

1,612
consults in 2024-25[7]

Available across
106 sites statewide[7]

Mental Health Emergency Telehealth Service (MHETS)

2,787
emergency mental health consultations in 2024-25[7]

106
emergency mental health virtual care sites statewide[7]

13,722
emergency mental health consults since 2019[7]

Our Performance section cover: Albany Health Campus received some handmade Trauma Teddies, thanks to the Australian Red Cross. Made by volunteer knitters, they're providing comfort to some of our littlest patients receiving hospital care.

Financial summary

The total cost of providing health services to rural and regional areas in WA in 2024—25 was $3 billion. Results for 2024—25 against agreed financial targets (based on Budget statements) are presented in Table 1.

Full details of WA Country Health Service financial performance during 2024-25 are provided in the *Disclosure and compliance* section of this report.

TABLE 1: ACTUAL RESULTS VERSUS BUDGET TARGETS FOR 2024-25

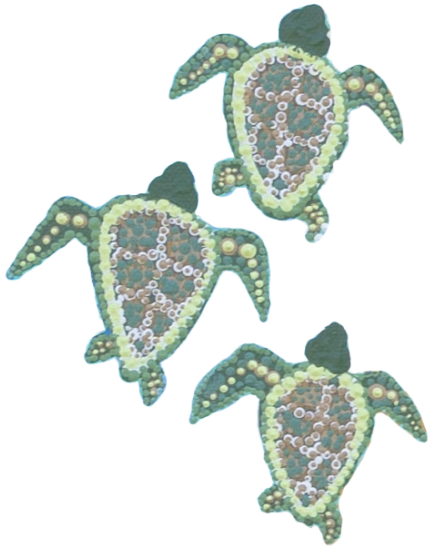
	2024-25 Target ($'000) (FTE)	2024-25 Actual ($'000) (FTE)	Variation (+/-) ($'000) (FTE)	Explanation of variance
Total cost of services	2,835,653	2,990,876	155,223	• Expenditure on continued and new services, for which funding had not been included in the initial target but were subject of budget adjustments throughout the year including at Mid-Year Review and 2025-26 State Budget process. • Activity growth beyond initial target, with cost pressures associated with increasing reliance on high-cost agency and locum staff, and investments in safety and security for staff and patients.
Net cost of services	2,702,073	2,728,276	26,203	• Total cost of service budget timing and operational issues as described above. • Commonwealth and Other Grants received for services not included in the initial target but the subject of budget adjustments throughout the year including at Mid-Year Review and the 2025-26 State Budget Process. • Asset revaluation increment of $4.6 million.
Total equity	3,318,681	3,779,474	460,793	• Asset revaluation increments ($498.7 million) increasing the Reserves. • 2024-25 operating suprplus offset by capital project delays as project milestones had not been reached by 30 June 2025.
Approved full time equivalent (FTE) staff level	10,288	10,114	174	• Ongoing challenges with attracting and retention of staff in remote and rural locations has resulted in FTE being lower than budgeted.

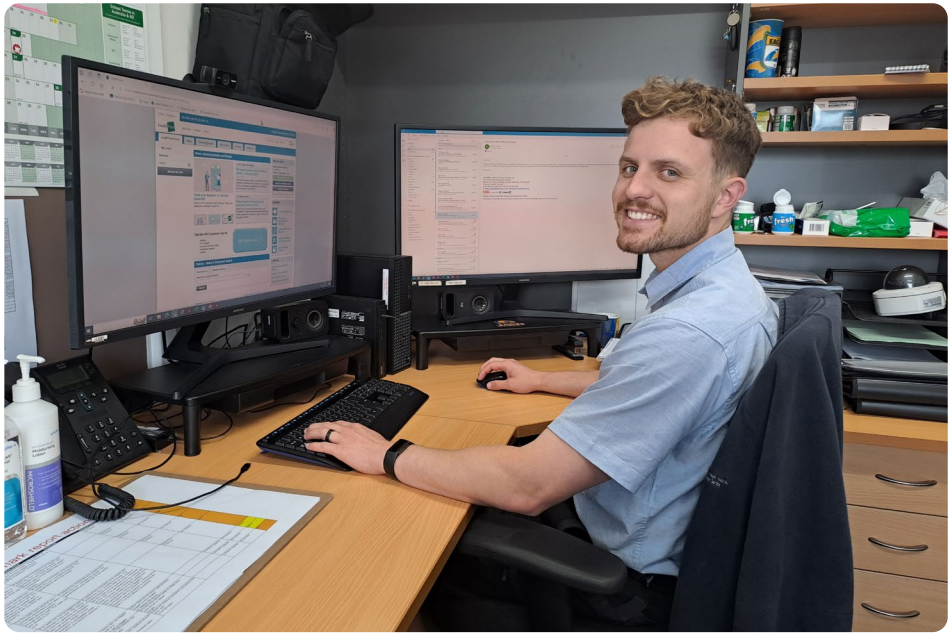
Outcome-Based Management Policy Framework

All HSPs are required to comply with the Outcome-Based Management (OBM) Policy Framework, which outlines mandatory requirements to ensure consistency and integrity in performance measurement across the WA health system.

WA Country Health Service reports against key performance indicators for:

- **Outcome one:** Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.
- **Outcome two:** Prevention, health promotion, and aged and continuing care services that help Western Australians to live healthy and safe lives.





Thomas Eaton, Great Southern Facilities Manager.

Key performance indicator summary

Full details of WA Country Health Service KPIs performance during 2024-25 are provided in the disclosure and compliance section of this report.

Due to the availability of data, some indicators may be reflective of the 2024-25 financial year performance or are limited to the 2024 calendar year where data for the complete financial year is not available. The data time span will be specified.

TABLE 2: OBM OUTCOME ONE – TARGET VERSUS ACTUAL RESULTS 2024-25

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

Effectiveness KPIs	Target	Actual
Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1,000 separations)		
a. Knee replacement	≤ 21.0	15.9
b. Hip replacement	≤ 19.4	40.0
c. Tonsillectomy and adenoidectomy	≤ 84.4	112.0
d. Hysterectomy	≤ 45.8	15.0
e. Prostatectomy	≤ 40.0	16.9
f. Cataract surgery	≤ 2.3	3.6
g. Appendicectomy	≤ 29.7	32.5
Percentage of elective wait list patients waiting over boundary for reportable procedures		
a. % Category 1 over 30 days	0%	8.3%
b. % Category 2 over 90 days	0%	15.2%
c. % Category 3 over 365 days	0%	4.9%
Healthcare-associated staphylococcus aureus bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	≤ 1.0	0.52

Effectiveness KPIs	Target	Actual
Survival rates for sentinel conditions		
Stroke:		
0-49 years	≥ 95.4%	95.0%
50-59 years	≥ 94.8%	94.2%
60-69 years	≥ 94.5%	96.0%
70-79 years	≥ 92.6%	94.2%
80+ years	≥ 87.6%	86.7%
Acute myocardial infraction:		
0-49 years	≥ 98.9%	100%
50-59 years	≥ 98.8%	100%
60-69 years	≥ 98.2%	96.3%
70-79 years	≥ 97.0%	93.8%
80+ years	≥ 93.1%	88.2%
Fractured neck of femur:		
70-79 years	≥ 98.8%	96.6%
80+ years	≥ 97.3%	95.9%

TABLE 2: OBM OUTCOME ONE – TARGET VERSUS ACTUAL RESULTS 2024-25 (cont'd)

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

Effectiveness KPIs	Target	Actual
Percentage of admitted patients who discharged against medical advice		
Aboriginal patients	≤ 2.78%	6.4%
Non-Aboriginal	≤ 0.99%	0.9%
Percentage of live-born term infants with an Apgar score of less than seven at five minutes post-delivery	≤ 1.9%	1.8%
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤ 12.0%	13.6%
Percentage of post discharge community care within seven days following discharge from acute specialised mental health inpatient services	≥ 75.0%	87.0%

Efficiency KPIs		Target	Actual
Service 1: Public hospital admitted services	Average admitted cost per weighted activity unit	$7,899	$8,273
Service 2: Public hospital emergency services	Average Emergency Department cost per weighted activity unit	$7,777	$7,856
Service 3: Public hospital non-admitted services	Average non-admitted cost per weighted activity unit	$7,903	$4,689
Service 4: Mental health services	Average cost per bed-day in specialised mental health inpatient services	$2,287	$2,816
	Average cost per treatment day of non-admitted care provided by mental health services	$672	$686

TABLE 3: OBM OUTCOME TWO – TARGET VERSUS ACTUAL RESULTS 2024-25

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

Effectiveness KPIs	Target	Actual
Response times for emergency air-based patient transport services (percentage of emergency air-based inter-hospital transfers meeting the statewide contract target response time for priority 1 calls)	≥ 90.0%	90.0%
Percentage of patients who access emergency services at a small rural or remote Western Australian hospital and are subsequently discharged home	≥ 84.8%	84.8%

Efficiency KPIs		Target	Actual
Service 5: Aged and continuing care services	Average cost per bed-day for specified residential care facilities, flexible care (hostels) and nursing home type residents	$475	$814
Service 6: Public and community health services	Average cost per person of delivering population health programs by population health units	$329	$340
	Cost per trip of patient emergency air-based transport, based on the total accrued costs of these services for the total number of trips	$7,781	$10,012
	Average cost per trip of Patient Assisted Travel Scheme (PATS)	$558	$688
Service 9: Small rural hospital services	Average cost per rural and remote population (selected small rural hospitals)	$578	$557

Our people

Awards and recognition

We are delighted to honour the exceptional achievements of our staff through awards and recognition programs.

These accolades highlight the dedication, innovation, and excellence that our colleagues bring to their roles each day. Across outstanding service, leadership, or teamwork, each award recipient embodies the values that drive our organisation forward.

We extend our sincere congratulations and appreciation to all those recognised.

In the past year, individuals and team members have received the following accolades at the following events:

- WA Excellence in Allied Health Awards (October 2024)
- WA Health Excellence Awards (November 2024)
- Volunteer Employer Recognition Awards (November 2024)
- Work Health and Safety Excellence Awards (November 2024)
- Australia Day Honours (February 2025)
- WA Rural Health Excellence Awards (March 2025)
- WA Nursing and Midwifery Excellence Awards (May 2025)
- Royal Australian and New Zealand College of Psychiatrists Awards (June 2025)
- Central Regional TAFE Awards (June 2025)

Rural Health Excellence Awards (L-R): WA Country Health Service Chief Operating Officer (Rural) John Quinn, Executive Director (Pilbara) Lisa Barnes, Executive Director (Midwest) Matt Wells and Chief Operating Officer (Remote) Rob Pulsford.

Our People section cover: Northampton Health Centre nurses.

WA Excellence in Allied Health Awards – Oct 24

Denise Lou, Kimberley
2024 Allied Health Professional of the Year (Rural)

WA Health Excellence Awards – Nov 24

Jerry Morrison, Kimberley
2024 Minister for Health Award

Country Patient Health Support team
Excellence in Aboriginal Health

Additionally, three projects with WA Country Health Service partnerships won in their respective categories.

- WA RSV Infant Immunisation Program (Excellence in Preventative Health).
- Emerging Drugs Network of Australia project (Excellence in Research and Innovation).
- Staff with Disability and Allies' Network (Excellence in Workplace Wellbeing and Culture).

Volunteer Employer Recognition Awards – Nov 24

Plantagenet Cranbrook Health Service's Sam Reid and Kathleen Western attended the 2024 Volunteer Employer Recognition Awards on behalf of WA Country Health Service and accepted the award from Department of Fire and Emergency Services Commissioner Darren Klemm and Minister for Emergency Services Stephen Dawson MLC.

Work Health and Safety Excellence Awards – Nov 24

James Walker, South West
2024 Health and Safety Representative of the Year

2025 Australia Day Honours – Feb 25

Gyula Bogar, Boyup Brook
Australian Fire Service Medal

Awards and recognition (cont'd)

WA Rural Health Excellence Awards – Mar 25

Joint winner 2025 Community Health Professional of the Year

Debra Collins, Midwest

WA Country Health Service Resident Medical Officer of the Year

Dr Xavier Cornwall, South West

Specialist (non-GP) of the Year

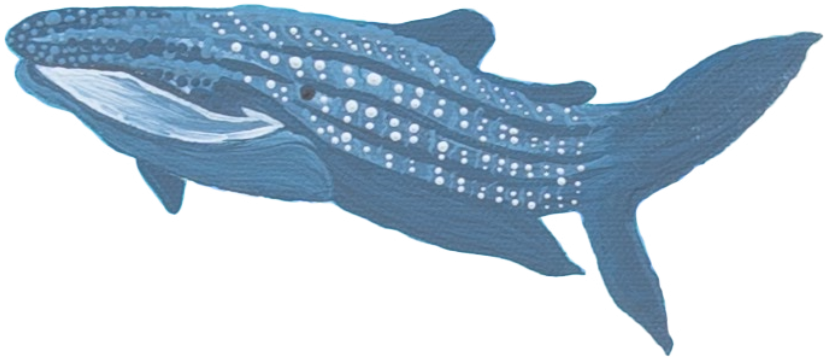
Dr Apaksimaka Dede, Midwest

Joint winner Aboriginal Health Professional of the Year

Sharon Lockyer, Pilbara

WA Country Health Service Intern of the Year

Dr Holly Reid, Great Southern



WA Nursing and Midwifery Excellence Awards – May 25

2025 Excellence in Midwifery Award

Sian Skillcorn, Central Office

2025 Consumer Appreciation Award

Abbey Robinson, Kimberley

Central Regional TAFE Awards – June 25

Aboriginal Student of the Year

Jacquelyn McCoy, Kimberley

Royal Australian and New Zealand College of Psychiatrists Awards – June 25

Margaret Tobin Award

Associate Professor Mat Coleman, Midwest

Rural Research Award

Dr Matthew Davidson, Psychiatry Registrar, Midwest

Workforce profile

TABLE 4 – WORKFORCE PROFILE 2024-25

Category	Definition	2023-24	2024-25
Administration and clerical	Includes all clerical-based occupations together with patient-facing (ward) clerical support staff.	2,202	2,120
Agency	Includes full time equivalent (FTE) employees engaged via an external agency for the following occupational categories: administration and clerical, medical support, hotel services, site services, medical salaried.	263	284
Agency nursing	Includes workers engaged on a 'contract for service' basis.	536	484
Assistants in nursing	Support registered and enrolled nurses in delivery of general patient care.	124	128
Dental nursing	Includes registered dental nurses and dental clinic assistants.	0	0
Hotel services	Includes catering, cleaning, store/supply, laundry, and transport occupations.	1,301	1,303
Medical salaried	Includes all salary-based medical occupations including interns, registrars, and specialist medical practitioners. Includes medical sessional staff. Excludes contract medical practitioners (i.e. locums and visiting medical practitioners on a Medical Services Agreement (MSA).	755	791
Medical support	Includes all allied health and scientific/technical related occupations.	1,085	1,103
Nursing	Includes all nursing occupations. Does not include agency nurses.	3,422	3,588
Site services	Includes engineering, garden and security-based occupations.	161	168
Other categories	Includes Aboriginal and ethnic health worker related occupations.	145	143
TOTAL		**9,995**	**10,114**

Notes:

- FTE is calculated as the monthly average FTE 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.
- FTE figures provided are based on Actual (paid) month to date FTE.
- The source data for 2023-24 and 2024-25 statistics are from the HR Data Warehouse.

Meet one of our team

Gloria Masekane, Director of Nursing
Mount Magnet Health Centre

When Gloria Masekane took on a one-year nursing role at Mt Magnet Health Centre, little did she know if would change her life and her career.

Ten years later, she is an award-winning Director of Nursing / Health Service Manager at Mt Magnet, Yalgoo, Cue and Sandstone health centres in the Murchison.

Click here to view the full story of Gloria Masekane

Kimberley Community Alcohol and Drug Service team on the Gibb River Road during their visit to Wananami Remote Community School in Kupungarri to deliver interactive education sessions around the risks and harms of substance abuse.

Meet one of our team

Janell Broadbent, Administration Assistant
Boyup Brook Soldiers Memorial Hospital

Janell Broadbent, now an Administration Assistant at Boyup Brook Soldiers Memorial Hospital, was part of the 2022 'COVID squad'—a mobile team supporting inland South West hospitals in pandemic preparedness. Drawn to the hospital's collaborative spirit during her visit, she later joined the team, embracing a hands-on, all-in approach.

Click here to view the full story of Janell Broadbent

Industrial relations

Responsibility for industrial relations across the WA health system is defined by the Industrial Relations Policy MP 0025/16, established under the Employment Policy Framework. This framework is issued by the System Manager—the Chief Executive Officer of Department of Health—under section 26 of the *Health Services Act 2016*.

As the System Manager, the department oversees system-wide industrial relations matters that impact the entire health sector. This includes, but is not limited to, negotiating and registering industrial instruments.

We are responsible for implementing industrial entitlements resulting from these negotiations. We also manage employment and industrial relations in line with WA Public Sector legislation and regulations. Its duties include representing the organisation in industrial tribunals and courts, engaging with unions and external stakeholders, and ensuring compliance with relevant frameworks.

WA Country Health Service Industrial Relations, in collaboration with the System Manager and external partners, is advancing a more structured Business Partner model. This approach aims to deliver sustainable solutions that align operational needs with employee wellbeing, fostering a balanced and progressive industrial relations environment.

Training and development

Staff development

Throughout the year, we remained committed to continuous improvement and organisational growth. We actively identified and pursued opportunities to enhance workforce capability, ensuring our staff are well-equipped to meet the evolving needs of the health system.

Professional development was supported through a diverse range of learning and development programs and events. These initiatives were designed to strengthen and sustain the skills required across our workforce, with training options tailored to the specific needs of individual roles. Staff were also provided access to self-directed learning resources, enabling flexible and personalised development pathways.

Leadership development remained a central focus of our workforce strategy. Recognised as a significant contributor to shaping organisational culture, enhancing employee engagement, driving change, and improving the quality of care, leadership capability was actively developed across all programs and services. These efforts have shaped the future of our health system and supported succession planning across WA Country Health Service.

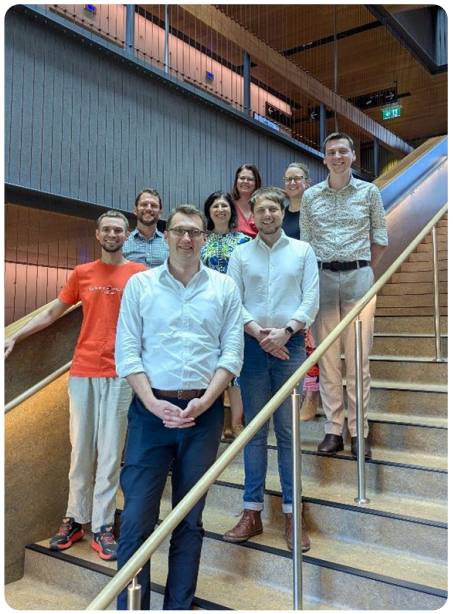
The Leadership Exploration and Development Country Health Program continues to be a popular and sought-after initiative. Delivered in collaboration with the Australasian College of Health Service Management, the two-year program combines formal education with practical development opportunities. It is the most elevated leadership program we provide.

Participants undertake a Graduate Diploma in Health Leadership and Management through the University of New South Wales, complemented by structured professional development, coaching and mentoring. This integrated approach ensures participants are well-prepared to take on senior leadership roles within our rural and regional health settings.

The Management Development Program is well established in its second year This 12-month initiative is designed to support managers with core leadership capabilities. Delivered in partnership with the Australian Institute of Management WA, the program enables participants to attain a Diploma of Leadership and Management, with a strong emphasis on foundational leadership competencies essential for effectivemanagement practice.

Leadership development opportunities are available to all our employees through the Institute for Health Leadership (IHL). The IHL plays a key role in strengthening leadership across the organisation, with programs and masterclasses designed to build capability in line with the strategic priorities of the broader health system.

Newly qualified nurses during their induction at Karratha Health Campus.



The first cohort for the WA Rural Physician Training Pathway.

Training and development (cont'd)

WA Country Health Service Registered Training Organisation

We applied to become an Enterprise Registered Training Organisation (RTO) in the reporting period. Accredited training will be available soon after WA Country Health Service RTO is registered. This will enable training to be delivered and assessed in a structured method with recognised qualification and skill set outcomes. It is a strategic investment to build a skilled, local healthcare workforce across rural and remote WA. Formal training and qualification delivery has been contextualised to meet the unique needs of our business. By delivering accredited training, it strengthens regional healthcare systems, improves service delivery, and supports long-term public health outcomes.

Key delivery outcomes include:

- Train and upskill local workers to reduce reliance on metropolitan training.
- Expand Aboriginal training opportunities.
- Formalise qualifications for existing staff.
- Create pathways from high school into healthcare careers.
- Boost school-based training in regional areas.
- Introduce traineeships in previously inaccessible sites.
- Reduce costs by delivering training internally.

Two initial qualifications and one skillset will be available when WA Country Health Service RTO is registered:

- HLT23221 - Certificate II in Health Support Services.
- CHC33021 - Certificate III in Individual Support (Ageing).
- HLTSS00061 - Food safety supervision skill set—for community services and health industries.

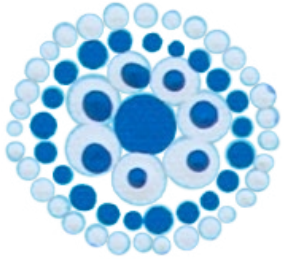
Mandatory training compliance

Transparency and reporting aligned with industry standards has led to improved compliance with mandatory training requirements across the organisation. Notable progress was made in completion rates, with record compliance and consistent improvements observed across all business areas. Customised reports were developed to monitor training activity across the workforce, enabling targeted follow-up and strategic planning to address gaps and support ongoing compliance.

Program development in MyLearning

We have progressed 74 training programs to support the workforce with learning needs. Essential learning programs were developed or updated to support staff safety, enhance clinical practice, and strengthen corporate capability across WA Country Health Service. These resources ensure that both new and existing employees have access to the information they need, whether they are undertaking unfamiliar tasks or revisiting procedures that require reinforcement. Our instructional design approach enables essential context to workforce requirements and promotes confidence and consistency in our operations. Examples of training that has been created and is now in MyLearning, our learning management system, include:

- Aboriginal Health Practitioners.
- Area Warden training.
- Sexual Harassment awareness training.
- Telehealth training.
- WA Country Health Service Sick Kids Risk Assessment.



Interns, work placements, work experience students and trainees

We promote our workplace as an employer of choice to students and trainees across WA. Universities, RTOs and regional high schools have all benefited by working with WA Country Health Service. We provide genuine work exposure for skill development and entry level employability training.

In 2024-2025, regional high schools placed 75 students across a variety of local healthcare sites. Many of these students have progressed with vocational qualifications during their school curriculum. Thirty additional students also undertook supervised community service to support aged care residents.

RTOs were allocated 47 places to support students seeking nominal learning hours to elevate skills to a competent level.

Numerous trainees and apprentices were engaged through Group Training Organisations, and were hosted at our Pilbara, Goldfields, Great Southern and South West sites, 10 of whom were Aboriginal school-based trainees.

Twenty-three staff were directly indentured as trainees who gained industry-relevant training.

A number of work integrated learning university students were placed within our sites to progress their course outcomes.

We allocated 1,744 work placements for postgraduate nurses and midwives.

Our Medical Education Unit supported 241 prevocational medical workforce placements:

34
WA Country Health Service (WACHS) employed interns

157
WACHS employed resident medical officers (RMOs)

26
seconded intern placements

24
seconded RMO placements

Allied health accommodated 521 student placements and 83 graduates in professions that included dietetics, speech pathology, social work, clinical psychology, physiotherapy, podiatry, occupational therapy, medical imaging, and pharmacy.

Leadership and governance (Work health and safety)

Training to support psychosocial hazards commenced with a series of focused sessions to enhance leadership capabilities in managing these risks.
Key components included:

- *Emotional Intelligence* and *Effective Team Management* to equip managers with self-management strategies and insights to strengthen leadership effectiveness.
- *Difficult Conversations* to reinforce proactive communication techniques and behavioural accountability through ‘above and below the line’ frameworks.
- *Creating a Safety Culture* emphasised the role of leaders in fostering psychological safety via meaningful engagement and hazard awareness.
- *Leading Psychological Safety* training provided tools for managers to understand and influence psychological safety through their leadership style.
- The WA Country Health Service *Management Development Program* integrated modules to address psychosocial challenges.
- A contextualised *Work Health and Safety for Managers* eLearning was completed by 90 per cent of our leaders.
- *Aggression Prevention* training continued to be delivered. More than 5,100 staff have now completed their eLearning; over 5,300 have undertaken in-person training.
- Staff development.

Case study: New training program empowers rural therapists

Launched in January 2025, the UPPER HAND training program equips rural occupational therapists, physiotherapists, medical students and doctors with advanced manual therapy techniques and clinical decision-making skills. Developed in collaboration with leading educators, the program addresses workforce shortages and enhances the quality of rehabilitation services in remote areas.

Click here to learn more

Meet one of our team

Chris Buck, Head of Department, Anaesthetics
Kalgoorlie Hospital

As the former Regional Director of Training for WA for the Australian College of Rural and Remote Medicine, Chris Buck is passionate about doctors undertaking training in rural WA. As Head of Department in Anaesthetics at Kalgoorlie Hospital, he is excited that the hospital recently gained accreditation as WA's first rural site under the new Rural Generalist Anaesthesia training program.

Click here to view the full story of Chris Buck

Training and development (cont'd)

Research and innovation capability building

Across country WA, we are transforming from a passive research recipient to a proactive leader in evidence-driven care. Embedding research education into everyday practice equips clinicians with critical thinking skills and confidence to translate findings into better patient outcomes. Simultaneously, the organisation strengthens workforce attraction and retention by offering new training, career-building opportunities and pathways into diverse roles beyond traditional clinical duties. Empowered to design and lead close-to-practice projects that address local priorities, clinicians drive service innovation and reinforce our reputation as an employer of choice.

By embedding research education into everyday practice, we are empowering our clinicians with the skills and confidence to turn insights into improved patient outcomes.

This transformation also strengthens workforce attraction and retention, offering clinicians new career pathways beyond traditional roles. Through hands-on, close-to-practice research projects, staff are driving service innovation and reinforcing our reputation as an employer of choice.

The **Junior Medical Officer Practical Research Education Program (JMO-PREP)** is a flagship initiative. Over 12 months, junior doctors collaborate with the Busselton Population Medical Research Institute, using decades of Busselton Health Study data to conduct rural research.

Pilot participants, Dr Sarah Lutz, Dr Riorden O'Shea, and Dr Mark Hoey, gain expert academic support, building strong research foundations and a competitive edge for specialist training.

For clinicians further along the specialist pathway, the **Advanced Trainee Research Support Program** supports up to 24 trainees in adult general medicine, acute care, and paediatrics. Funded by the Royal Australasian College of Physicians, participants receive 12 months of supervision and access to data from Busselton or the ORIGINS Project to complete rural research projects, meeting college requirements while attracting top talent to country WA.

The **Allied Health Novice Research Fellowships (AHNRF),** now in its second round, provide protected research time and mentorship through a partnership with Curtin University, the Chief Allied Health Office, and WA Health Translation Network.

In 2023, five fellows, Charlotte Steed, Genevieve O'Connor, Laura Macaulay, Helene Sharp and Nikki Reynolds, completed projects ranging from neonatal physiotherapy to virtual pharmacy services. Laura Macaulay reflected, "The fellowship gave me protected time to explore practice-defining evidence in the special care nursery," while Nikki Reynolds used the support to pilot a virtual pharmacy model that bridges medication-safety gaps in remote communities.

Four WA Country Health Service clinicians—Gavin Demore, Stephanie Dwyer, Grace Templeman, and Yan Yi—have secured **Clinician Researcher Training scholarships** through the Future Health Research and Innovation Fund. These competitive grants support PhD or Master of Research studies while maintaining clinical duties, enabling close-to-practice research in areas like remote pelvic health, telehealth speech therapy, and cancer survivorship care.

By offering experiential research education across its workforce, we retain experienced staff but also attract ambitious newcomers. These clinician-led projects are driving improvements across key health priorities and cultivating the next generation of rural health leaders.

We will continue expanding these programs, nurturing research champions, and embedding research at the core of care excellence.

(L-R): WA Country Health Service Senior Program Officer, Allied Health Anna Scott and Program Officer, Allied Health Laura Murphy.

Wellbeing, diversity and inclusion

WA Country Health Service is dedicated to fostering a workplace culture where all employees feel valued, respected, and empowered to contribute their unique perspectives, skills and experiences.

We recognise that diversity enriches our organisational culture and drives improved outcomes for our patients, teams, and communities.

Our commitment to inclusivity is reflected in initiatives that promote a positive work environment, cultivate a sense of belonging and shared purpose, ensure equitable access to opportunities, and enhance cultural competence across the organisation.

This commitment is demonstrated through our achievements in implementing and reporting on key frameworks, including the Disability Access and Inclusion Plan and the WA Multicultural Policy Framework, which guide our efforts to build a more inclusive and responsive health service.

Perth Pride Parade, November 2024.

Disability Access and Inclusion Plan

On 3 December 2024, we launched our Disability Access and Inclusion Plan (DAIP) 2024-27. The plan reaffirms our commitment to creating an inclusive, accessible and supportive environment for people with disabilities, their families and carers.

Building on the progress achieved, the DIAP plan promotes a culture of continuous improvement and inclusivity across all aspects of our service.

The plan developed with input from people with disabilities, their families, carers and advocacy groups. Their insights have helped ensure the DAIP is both practical and responsive to the diverse needs of country communities.

We are pleased to share some of our achievements from 2024-25, highlighted across each of the seven outcome areas:

1. **Services and events**
2. **Buildings and facilities**
3. **Accessible information**
4. **Service**
5. **Complaints**
6. **Consultation**
7. **Employment**

Services and events

Outcome 1: People with disability have the same opportunities as other people to access the services of, and any events organised by, a public authority.

We have developed an information sheet to assist staff in creating accessible and inclusive resources. This includes an accessible services and events checklist, that outlines appropriate text and content formats.

Our contract managers take proactive steps to support DAIP implementation by providing external contractors with access to the plan and requiring regular reports on their progress. These reports are reviewed and discussed during contract meetings to promote accountability and continuous improvement.

Buildings and facilities

Outcome 2: People with disability have the same opportunities as other people to access the buildings and other facilities of a public authority.

All new WA Country Health Service buildings and redevelopments are designed to support disability access. This has been actioned in projects such as the new hospital developments in Tom Price and Paraburdoo, where inclusive design is integrated from the early planning stages.

We are developing a Staff Accommodation Furniture Policy that prioritises accessibility. The policy will include guidance to ensure furniture and equipment purchases consider the needs of people with disability, supporting inclusive and comfortable staff accommodation.

Disability Access and Inclusion Plan (cont'd)

Accessible information

Outcome 3: People with disability receive information from a public authority in a format that will enable them to access the information as readily as other people are able to access it.

We are enhancing information accessibility through innovation and collaboration. A new platform is being trialled to support information consent by delivering procedure-specific information via audio-visual material, text message, and paper-based written materials.

We are partnering with consumer groups and other stakeholders to improve sharing information to people with disability. For example, in the Goldfields the Partnering with Consumers Group is working with the Goldfields Aboriginal Language Centre to share information to people with disabilities. Their inaugural newsletter includes links to translating and interpreting services such as Auslan/WA Deaf Society, Aboriginal Interpreting Western Australia, and the Goldfields Aboriginal Translating and Interpreting Service.

Service

Outcome 4: People with disability receive the same level and quality of service from the staff of a public authority as other people receive from the staff of that public authority.

We are strengthening disability inclusion through staff training and patient support. Resources have been developed to help staff guide patients through the interface between WA Country Health Service and the National Disability Insurance Scheme (NDIS), making transitions back to the community safer and more accessible.

Equity, diversity, and inclusion training—featuring a dedicated module on disability awareness—has been launched and widely promoted. Disability inclusion is also embedded in our Online Induction, covering key areas such as the Code of Conduct, Discrimination and Harassment, Equity and Diversity, and the DAIP. As of 30 June 2025, 83 per cent of staff have completed this training.

Complaints

Outcome 5: People with disability have the same opportunities as other people to make complaints to a public authority.

We are committed to inclusive and accessible feedback and have revised our 'Provide Feedback' internet page including the implementation of an online feedback form and the new WA Country Health Service Consumer and Carer Feedback Management Policy. The revised internet page lists advocacy and support services for people with disability.

Also in mental health services, dedicated peer support workers assist all people in hospital wards to have a voice and can share their experiences.

The external consumer feedback platform Care Opinion offers flexible options for submitting feedback online.

Consultation

Outcome 6: People with disability have the same opportunities as other people to participate in any public consultation by a public authority.

We are committed to inclusive consultation and equitable policy development.

The WA Health Equity Impact Statement and Declaration Policy ensures consumers and carers from priority groups, including people with disability, are consulted and their needs considered and in major WA health system initiatives. This commitment is reflected in the updated Expression of Interest statement for consumer representatives.

Employment

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

Job interview invitations include a clause offering adjustments to ensure candidates can participate fully and comfortably. Recruitment training is delivered to regional human resource and hiring managers, highlighting the use of equality measures under the *Equal Employment Opportunity (EEO) Act 1984* to support direct appointments and fast track regional hires.

We are partnering with disability employment services and advocacy organisations to promote WA Country Health Service as an inclusive employer. For example, in the South West, we collaborate with Forrest Personnel to identify candidates, assess workplace suitability, and offer flexible, trial-based employment arrangements.

We provide peer support and inclusion through networks such as Neurokin, a volunteer-led group for neurodivergent healthcare workers, and the Staff with Disability and Allies' Network (SDAN), which fosters connection, learning, and system-wide inclusivity.

We collect and analyse workforce data on disability representation, recruitment and retention, and use this to inform targeted strategies and continuous improvement. The Public Sector Commission's, Commissioner's Instruction 39 (CI39) Merit Form now captures diversity hire data, including disability-related employment restrictions and required workplace adjustments.

WA Multicultural Policy Framework

We are committed to the WA Multicultural Policy Framework and the following information provides examples of multicultural initiatives undertaken across WA Country Health Service during the reporting period.

These activities focus on attracting, recruiting, developing, and retaining a diverse workforce and are aligned with the three policy priorities.

- **Policy priority 1:** Harmonious and inclusive communities
- **Policy priority 2:** Culturally responsive policies, programs, and services
- **Policy priority 3:** Economic, social, cultural, civic and political participation

Derby Theatre team.

Policy priority 1: Harmonious and inclusive communities

We celebrate cultural diversity by actively promoting key multicultural events across our internal communications platforms, including the 'News and Events' webpage, Chief Executive all staff emails, and the monthly 'CE News'. An example of this is news article - **Meet our Harmony Week champions**.

We regularly feature a series of staff profiles highlighting diverse backgrounds and contributions of staff from Culturally and Linguistically Diverse (CaLD) communities. These articles published on the 'News and Events' and 'CE News', include stories such as Five minutes with Registered Nurse Fejiro Bassey (pictured right).

A dedicated Diversity and Inclusion webpage has been established to showcase our diverse workplace.

The Department of Health is currently reviewing the WA Health Recruitment Selection and Appointment policy and procedures to incorporate enhanced guidance on diversity and unconscious bias. In addition, Department of Health is updating the WA Health Equal Opportunity, Discrimination and Harassment Policy to incorporate the Policy Framework for Substantive Equality with the goal of eliminating systemic discrimination in the provision of health services.

WA Country Health Service will contribute to the development of these revised policies to ensure alignment with regional workforce and service needs.

As part of its commitment to fostering a safe and inclusive workplace, the Prevocational Education and Training Committee facilitates regular forums for junior doctors to engage in discussions around identifying and responding to racial harassment and discrimination in the workplace. These sessions aim to build awareness, encourage feedback, and promote proactive strategies to minimise incidents of racism.

In addition, our mental health services actively monitor and respond to individual reports of racism, ensuring timely and appropriate action in accordance with Anti-Discrimination and Equal Employment Opportunity principles.

We are committed to developing workplace cultures that are welcoming, inclusive, and reflective of the diversity of its workforce. An example of initiatives implemented to support this commitment include:

- Bunbury Regional Hospital fosters a welcoming and inclusive environment through a range of initiatives that celebrate cultural diversity and support staff wellbeing. The Bunbury Wellbeing Committee hosts events for staff and patients that recognise various cultural and religious backgrounds, while the Wellbeing Hub offers a quiet space for connection, featuring maps that highlight staff origins and promote inclusivity. Additionally, the hospital's Buddy System provides personalised support to new interstate and overseas staff, helping them settle into their roles and the local community.
- Site-based medical education teams across WA Country Health Service offer comprehensive orientation for international staff, including cultural lunches, celebration days, junior doctor societies, and workshops focused on communication and healthcare systems.
- Midwest Mental Health and Community Alcohol and Drug Service created posters and videos featuring CaLD employees speaking in their first language about how they stay mentally healthy and their commitment to our values. Examples of **Midwest Multicultural Campaign – Staying Mentally Healthy.**

Registered Nurse Fejiro Bassey.

Click here to view the five minutes with Fejiro Bassey story

Policy priority 2: Culturally responsive policies, programs, and services

Our Patient Safety and Quality team is committed to developing culturally responsive and non-discriminatory policies and initiatives that support consumers from CaLD backgrounds. Key areas of focus include the collection of consumer feedback, compliance processes, and addressing language barriers. In November 2024, we implemented an online Consumer Feedback Form that directs users to interpreting services, enhancing accessibility for non-English speaking consumers. Additionally, the Care Opinion platform allows users to translate the website into multiple languages, supporting broader engagement.

In June 2025, the Consumer and Carer Feedback Management Policy was released, guiding staff to utilise the Diverse WA training and the Equity, Diversity and Inclusion (EDI) learning suite to ensure culturally sensitive and inclusive feedback practices.

We have developed a tailored education program for staff working in Multi-Purpose Service, Residential Aged Care Facilities, aimed at improving confidence and competence in supporting the sexual health, wellbeing, and expression of older people with dementia. Using a human-centred design thinking approach, the program equips staff—including those from CaLD backgrounds—with the skills to appropriately manage sexual behaviours in dementia care. Pre- and post-training surveys demonstrated a measurable improvement in staff capability and confidence in addressing issues related to sex and sexuality in aged care settings.

We are committed to ensuring the complaints management system is accessible and inclusive for consumers from non-English-speaking backgrounds (NESB). In consultation with NESB consumers, a review of the Care Opinion platform and broader feedback processes was conducted to assess and improve accessibility. The Patient Safety and Quality team continues to monitor and enhance the system to ensure a positive user experience and equitable access for all consumers, regardless of language or cultural background.

To enhance data collection and service responsiveness for CaLD communities, three new indicators have been added to the WA Health Patient Data Administration System (WebPAS):

- Ancestry
- Ethnicity
- Languages spoken at home – including English for patients and other languages for next of kin, parents, guardians, or carers

These additions support more accurate demographic insights and service planning. An education pack provided to our staff supports understanding and appropriate use of these indicators in clinical and administrative settings.

We continue to strengthen our international workforce strategy through dedicated support and streamlined recruitment processes. An internal Visa team facilitates the relocation and employment of international doctors and nurses in rural and remote areas across WA.

International recruitment outcomes 2024–25:

325
visa applications lodged
(+162% increase from 2023-24)

155
visa grants (up from 42 last year)

To further support workforce needs, we have launched a Nursing Central Recruitment Pool in 2024–25, targeting both international and interstate candidates to fill regional nursing vacancies.

Key outcomes for the pool include:

2,439
total applicants (90% international)

155
job offers made (56.4% international hires)

60%
of offers to overseas Registered Nurses

Source: WACHS Talent Acquisition Recruitment Data, 31 March 2025

Our Talent Acquisition team supports and advises hiring managers on inclusive job descriptions, culturally sensitive recruitment processes, equitable short-listing, setting reasonable adjustments and asking culturally appropriate questions of applicants from CaLD backgrounds.

Policy priority 3: Economic, social, cultural, civic and political participation

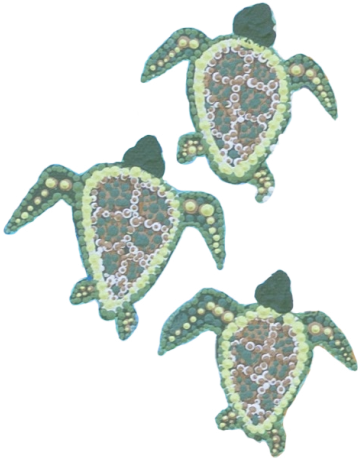
We are committed to implementing inclusive recruitment and career development processes that support the employment and progression of staff from CaLD backgrounds.

In June 2025, we launched the Aboriginal Mentorship Program, which serves as a foundational model for future mentorship initiatives tailored to CaLD staff. This program reflects our broader commitment to equitable career pathways and culturally responsive support systems across its workforce.

We support the development of CaLD communities by actively engaging in initiatives that promote inclusion and equity. This includes participation in conferences, forums, and interagency meetings focused on diversity and inclusion best practices.

We also maintain representation at key events such as the WA Multicultural Policy Framework meetings, coordinated by the Office of Multicultural Interests, to contribute to cross-sector collaboration and policy development that supports CaLD communities and their entrepreneurial potential.

We provide health information on topics such as sexual health, immunisation, cervical screening, mammography, and bowel screening in a range of languages, tailored to the specific needs and requests of CaLD communities and organisations.



WA Health Aboriginal Graduate Program participant Cassandra Dempsey.

WA Health Aboriginal Graduate Program participant Matthew Hanzel-Fuller.

Work health and safety

Overview

The Work Health Safety and Security Directorate has delivered a productive year, with significant progress in embedding a strong safety culture across WA Country Health Service. Leadership capability was strengthened across both rural and remote areas and central teams, supported by a robust Work Health and Safety Framework. This framework is underpinned by dedicated injury management teams, project teams, support personnel, regional leadership, and more than 200 representatives.

Several safety initiatives transitioned from projects to core business. The aggregated security contract now operates under a strengthened governance framework with defined performance indicators, enhancing security delivery. The My Safety Buddy smartphone app, supporting staff who work alone or travel across the State, was successfully risk-tested and validated for ongoing use.

The Virtual Security Centre (VSC) remained a key asset, operating 24/7 and monitoring regional sites. The VSC's role in reducing workplace violence and aggression was formally recognised by WorkSafe, and named a finalist in the 'Best Solution for a Work Health and Safety Risk' category. Following its successful pilot, the VSC was embedded into business as usual and is set to expand further by late 2025.

The Safety Culture Interaction Program continued to support early risk identification and local engagement, with more than 1,300 interactions guiding targeted safety improvements.

We remain committed to the safety and wellbeing of our staff, patients, and all those who interact with our services. Through innovation, strong leadership, and targeted initiatives, we continue to address the unique challenges faced by staff in rural and remote settings.

Security control room operator Paul Needham.

Leadership and governance

In August 2024, we introduced the **Workplace Violence and Aggression Strategy 2024–2028**, reaffirming our commitment to staff safety across rural and remote healthcare settings. The strategy addresses the increasing incidents of violence and aggression experienced by healthcare workers who continue to face considerable risks while providing essential services to regional communities.

Employing a risk-based and systems-thinking methodology, the strategy tackles complex root causes of workplace violence and aggression (WVA) through five fundamental elements—awareness, capability development, culture, environment, and partnerships. It is anchored by three core pillars:

People

- Ensure all staff possess the knowledge and skills required to effectively respond to WVA.
- Provide robust support to staff affected by WVA, led by capable leaders who are well-versed in WVA awareness and response.

Governance and systems

- Develop, implement and evaluate robust procedures to prevent, respond to and follow up on incidents of WVA within our facilities.
- Align actions with existing WA Health strategies to reinforce a culture of safety and support across the organisation.

Community

- Address WVA not only within our facilities, but also from a broader societal perspective.
- Engage with communities, patients, families and the wider public to foster sustainable behavior change and promote a violence-free environment.
- Establish and look to build on existing relationships and networks with other government agencies and non-government organisations.
- Increase awareness of WVA and its impact, aiming to create safer communities and workplaces throughout WA Country Health Service.

The strategy aims to embed a strong safety culture, enhance incident reporting processes, strengthen staff support structures, and encourage active collaboration with patients, carers, and external stakeholders.

A key aspect of the strategy is its comprehensive 20-point Action Plan, detailing targeted measures to prevent, manage, and respond effectively to WVA. Initiatives include advanced staff training, enhanced incident data collection methods, comprehensive community education campaigns, strategic investments in safer facility designs, and the implementation of innovative digital technologies to facilitate early intervention. Additionally, the Action Plan emphasises strong post-incident support for staff and promotes collaboration with governmental and non-governmental partners to achieve lasting improvements.

By establishing clear and ambitious benchmarks, we aim to reduce WVA, ensuring healthcare staff can safely perform their duties, through supplementing existing safety initiatives. This has aligned with the organisation's broader objective of delivering high quality care, and our ongoing commitment to staff wellbeing, patient safety, and meaningful community engagement to foster a safer and more supportive healthcare environment across WA Country Health Service.

Work health and safety (cont'd)

Safety Culture Interaction Program 2024–25

The Safety Culture Interaction Program (SCIP) continued to strengthen safety culture, with more than 1,300 interactions logged. The program supported open communication between leadership and front line staff, enabling early risk identification and targeted improvements.

Engagement was broad, with significant participation across occupational groups including administration, nursing, site services, and hotel services. Reports were also received from all regions, demonstrating organisation-wide involvement and reinforcing the importance of shared accountability. This diverse participation has contributed not only to risk mitigation but also to strengthening overall organisational culture by fostering trust, collaboration, and openness.

SCIP informed enhancements in environmental safety, security practices, and staff capability in higher-risk areas. By addressing safety concerns across all levels of WA Country Health Service, the program reinforces shared responsibility and supports continuous improvement. Through this approach, we remain focused on identifying workplace risks, safeguarding its workforce, and aligning safety initiatives with the organisation's commitment to delivering high quality care in a safe and supportive environment.

Future focus

Moving forward, in 2025–26 we will continue key projects such as the Aggregated Violence and Aggression Training and the Manual Handling Training tenders, which are expected to deliver significant benefits for our staff.

Over the past year, we have implemented important improvements to workplace safety across rural and remote WA through these efforts. While measurable improvements were achieved, continued focus will further enhance safety and ensure our staff remain well supported to delivering high quality care to country communities.

Technology and innovation

Virtual Security Centre

Launched in February 2024, the VSC has become a critical component of our safety and security framework. Operating 24/7, the VSC currently monitors nine sites across regional WA and has conducted more than 20,000 welfare checks in the past 18 months, fostering unprecedented levels of support and connection for our workforce.

Following its successful pilot, the VSC became business as usual and will expand to more sites by late 2025. This expansion, aligned to the Workplace Violence and Aggression Strategy, leverages advanced technology and integrated systems to enhance monitoring and early intervention. By combining technical innovation and strong relationships with front line teams, particularly in remote areas, the VSC empowers staff to deliver high quality care with confidence in their safety.

WA Country Health Service Virtual Security Hub.

TABLE 5: WORK HEALTH AND SAFETY PERFORMANCE REPORTED IN 2024-25

Measures	Results - base year*	Results - prior year	Results - current reporting year	Targets	Comments about targets
Number of fatalities	0	0	0	0	Target met
Lost time injury and disease incidence rate	1.83	1.94	2.2	0 or 10% reduction in incidence rate	Target not met
Lost time injury and severity rate	34.5	42.8	46.1	0 or 10% reduction in severity rate	Target not met
Percentage of injured workers returned to work					
(i) within 13 weeks	41.0%	47.0%	52.6%	Not applicable	Not applicable
(ii) within 26 weeks	48.0%	52.0%	69.4%	Greater than or equal to 80% return to work within 26 weeks	Target not met
Percentage of managers trained in work health and safety injury management responsibilities, including refresher training within three years	54.0%	89.0%	90.0%	Greater than or equal to 80%	Target met

* The performance reporting examines a three-year trend and, as such, the comparison base year is to be two years prior to the current reporting year.

Work health and safety (cont'd)

Workers compensation

We remain dedicated to fostering the health, safety, and wellbeing of our workforce through a proactive, person-centred approach to workers compensation and injury management. Our centrally- and regionally-based Injury Management teams collaborate closely with injured staff, managers, and healthcare professionals to support safe and timely return-to-work outcomes.

In 2024–25, we implemented the *Workers Compensation and Injury Management Act 2023* across all regions, aligning internal policies and procedures with the new legislative framework. Early return-to-work indicators suggest improved transparency, efficiency, and outcomes for both staff and managers.

A key focus this year was strengthening workers compensation / injury management capability across the organisation. Managers and supervisors achieved a 90 per cent completion rate of the *Workers Compensation and Injury Management for Managers and Supervisors* eLearning module via the Learning Management System.

Regional workers compensation / injury management training sessions have demonstrated positive outcomes by supporting consistent practice, stabilising claim numbers, and strengthening safety culture. These sessions reflect the team's strong commitment to a hands-on approach by visiting sites, delivering face-to-face training, actively engaging with staff to improve process understanding, promoting early intervention strategies, and fostering a collaborative and consistent approach.

In total, 247 claims were lodged in the 2024–25 reporting period. The leading cause for claims included manual handling, slips/trips/falls, and mental stress. These causes remained consistent with previous years, reinforcing the need for continued focus on education, hazard identification, and targeted prevention strategies.

TABLE 6: NUMBER OF WORKERS COMPENSATION CLAIMS IN 2024-25

Employee category	Number of claims in 2024-25	Lost time injuries
Administration and clerical	27	22
Hotel services	78	70
Medical salaried	6	6
Medical support	17	12
Nursing	95	80
Site services	78	70
Total	**247**	**210**

Public sector standards and ethical conduct

Employee awareness and understanding of the Codes of Conduct and Ethics, along with expected behaviours, is emphasised through mandatory *Accountable and Ethical Decision-Making* training during induction. Refresher courses are provided every three years to maintain awareness and compliance.

To further promote ethical behaviour, our Integrity Unit offers a range of accessible resources, including informative videos and podcasts. These cover key topics such as the Code of Conduct, conflicts of interest, confidentiality, and the management of gifts, benefits, and hospitality. Staff can access these materials online at any time.

In addition, our Integrity Unit facilitates face-to-face information sessions, as well as virtual meetings via Microsoft Teams, focusing on integrity-related issues such as maintaining professional boundaries within the health service environment.

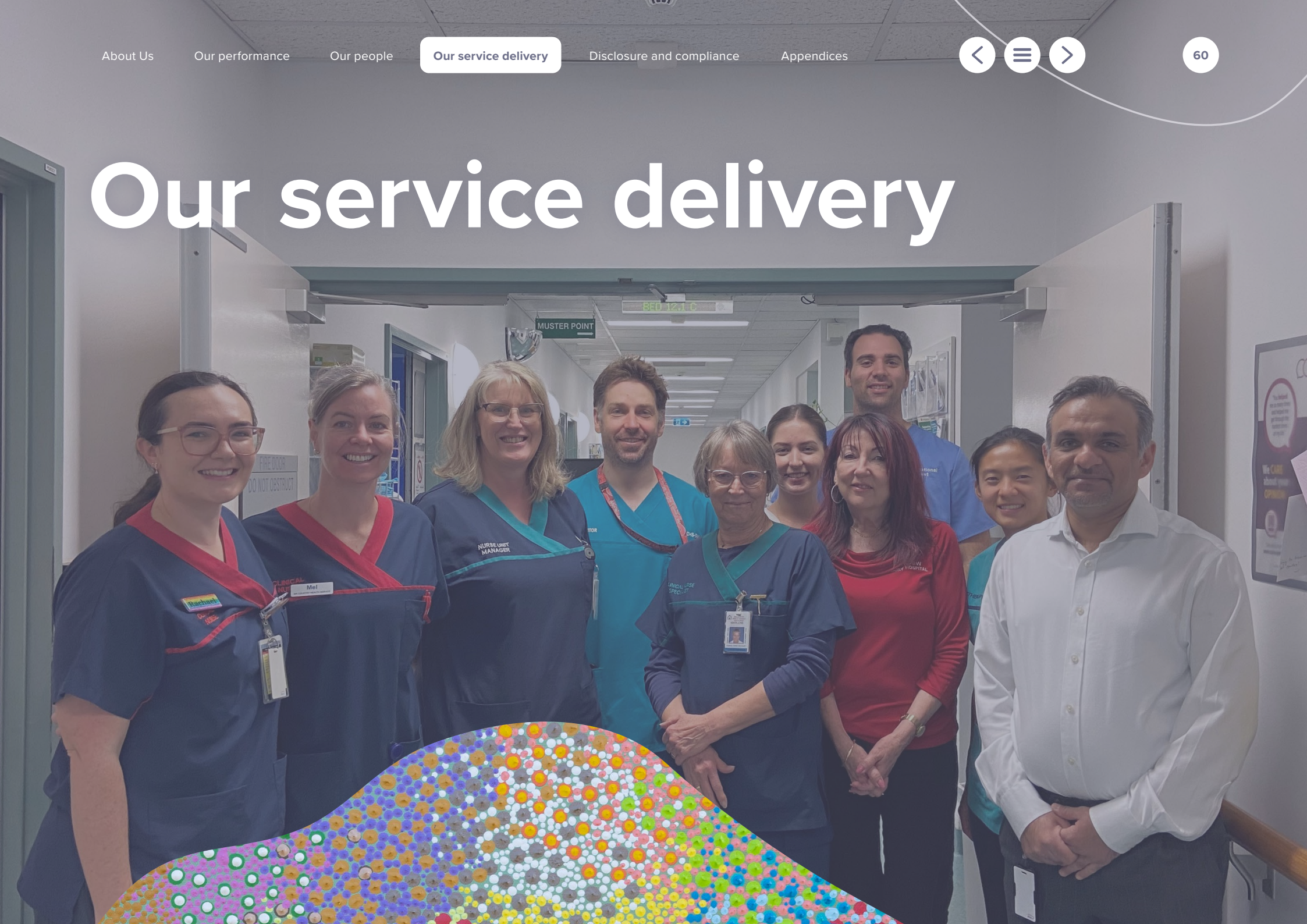
To ensure compliance with the Public Sector Standards in Human Resource Management, managers and staff receive ongoing guidance and support from our Human Resources team. Concerns regarding staff conduct, including potential disciplinary breaches, are initially assessed by Human Resources and managed in line with established policies and procedures. Where appropriate, matters are escalated to the Integrity Unit for assessment and investigation.

Outcomes from Breach of Standards review applications are formally documented and reported in accordance with relevant requirements.

TABLE 7: SUMMARY OF BREACH OF STANDARDS CLAIMS IN 2024-25

Measures	Grievance resolution	Performance management	Redeployment	Termination	Employment	Total
(a) Total claims (including all claims lodged whether resolved internally or referred to the Public Sector Commission)						
Claims lodged 2024-25	1	0	0	0	9	**10**
Claims carried over from previous financial year	0	0	0	0	0	**0**
Total claims handled in 2024-25	**1**	**0**	**0**	**0**	**9**	**10**
(b) Outcome of claims handled						
Withdrawn in agency	0	0	0	0	9	**0**
Resolved in agency	0	0	0	0	0	**0**
Still pending in agency	0	0	0	0	0	**0**
Referred to Public Sector Commission	1	0	0	0	0	**1**
Total claims handled in 2024-25	**1**	**0**	**0**	**0**	**9**	**10**

Our service delivery



Caring for our patients

We are committed to delivering safe, high-quality care tailored to the needs of our patients and communities.

Through clinical innovation, strong governance, and a culture of listening, we continue to improve how care is delivered – ensuring every patient experience is guided by safety, compassion, and continuous learning.

This section provides a snapshot of our patient care throughout the year.

Research and Innovation Teletrials team member and patient at the Telekinesis trial in Geraldton.

Bunbury Regional Hospital midwife Demi with mum Sarah and newborn Maggie.

Our Service Delivery section cover: Some of the team from Bunbury Regional Hospital Emergency Department.

Research and innovation

WA Country Health Service Trial Centre

In the vast landscape of WA, distance has often meant disadvantage for rural, regional and remote patients needing access to clinical trials. We are changing that story through the introduction of our WA Country Health Service Trial Centre, bridging the distance for country patients to participate in clinical trials.

With a mission to deliver excellence in place-based clinical trial therapy, the WA Country Health Service-wide service is improving equity of access to high quality clinical trial therapy at our country hospitals. Patients across WA are now participating in life-changing research — without needing to leave their communities.

Since launching in 2023, the WA Country Health Service Trial Centre has developed capability across the state to become trial-ready, reflected in excellent results in our recent accreditation for clinical trials. The WA Country Health Service Trial Centre has trained nearly 1,000 staff, and introduced new digital infrastructure and governance frameworks tailored to rural care.

With trials now running in specialties like diabetes, cancer and frailty, more patients have access to cutting-edge therapies once only available in the metropolitan area.

Importantly, the program embeds research into everyday care, creating sustainable systems that support both clinicians and communities.

Teletrial success stories are already emerging. The FLASH trial, conducted in Albany and Katanning, provides access to real time glucose monitoring for Aboriginal patients with type two diabetes.

In Bunbury and Busselton, older adults will be offered a comprehensive, personalised lifestyle program via the FITTEST clinical trial to ensure that in the future we have the best available evidence to support our regional ageing communities.

The WA Country Health Service Trial Centre has entered the oncology space to provide the latest treatments for people with cancer. Kalgoorlie is commencing the STOPNET trial for patients with neuroendocrine tumours and our Albany patients will have the opportunity to access genetic testing to guide chemotherapy dosing decisions via the GENESCREEN trial.

The WA Country Health Service workforce has enthusiastically partnered with the WA Country Health Service Trial Centre to provide care via clinical trials to their patients.

Our network includes medical, nursing and allied health investigators, The Trial Centre team are working with staff in the Kimberley, Pilbara and Wheatbelt to expand clinical trial access to all WA Country Health Service regions. Our clinical trials are delivered in partnership with tertiary hospitals in Perth as well as supporting delivery in Aboriginal Medical Services. Pilbara communities will soon have access to liver screening through the SSOLID trial, extending this important healthcare to our remote communities.

We have also made important changes to the Patient Assisted Travel Scheme (PATS), expanding the eligibility to include country people on clinical trials.

As our nursing investigator Janeece Drage shares *"Living regionally shouldn't preclude patients from accessing the best in clinical care. Our aim in the Albany Health Campus Cancer Centre is to bring timely, best practice specialist care closer to home, bridging that gap shown in the data of inequality of health outcomes for patients living rurally, when compared to in metropolitan areas."*

By reducing travel, building regional capability, and ensuring culturally safe, community-driven care, the Trial Centre is redefining what's possible — offering equity, and innovation where it matters most.

Meet two of our team

Gay Menerey and Kerry Harker,
Great Southern Aboriginal Health Service

Great Southern Aboriginal Health Worker Gay Menerey was lured back from retirement to help recruit Aboriginal people to a national diabetes clinical trial.

Click here to view the full story of Gay and Kerry

Patient safety and clinical governance

Improving systems to deliver the best care possible

Our clinicians and support staff bring a high level of expertise and commitment to delivering care to every patient and client at every moment of their healthcare journey.

The vast majority of interactions result in positive experiences and outcomes for patients, carers and their families. However, for a low number of patients, we do not meet expectations and, in some cases, errors or omissions may have contributed to a clinical incident or unintended harm.

Every instance of avoidable harm to a patient has consequences for the patient, families and healthcare staff. We recognise the importance of transparency, empathy, and support in responding to adverse events. Open disclosure with the patient/family is essential for building trust, strengthening patient-provider relationships, and fostering accountability.

A good patient safety culture includes identifying and reporting clinical incidents and risks. We are committed to providing an open and transparent environment that encourages staff to report incidents when something does not go as expected. We are committed to ensuring every clinical incident reported is an opportunity to learn, understand and make changes to improve care, and reduce the likelihood of a similar occurrence in the future.

The complexity of healthcare requires a robust program to identify and reduce the risk of harm to patients and clients. Staff learn about the purpose of identifying, reporting and investigating clinical incidents to assist with learning lessons and developing recommendations to prevent and manage the issues and risks.
The consumer role in clinical incident investigation is increasingly being recognised as a crucial aspect of ensuring transparency, accountability, and improvement in healthcare. Consumers offer a perspective that complements the insights of healthcare providers.

Their involvement can provide valuable feedback on the patient experience, and advocate for changes. We are currently working with consumer representatives to develop guidelines to ensure training and support systems are in place for consumers who wish to contribute to this process.

All reported clinical incidents are categorised based on severity and reviewed accordingly.

A severity assessment code 1 (SAC1) is the most significant in these, a healthcare factor has, or could have, contributed to serious harm or death.

In 2024-25, we reported and reviewed 53 clinical incidents with a SAC1 rating. Of the 45 completed reviews:

- Six resulted in the incident approved for declassification by the Patient Safety Surveillance Unit, as it was determined there were no healthcare factors that contributed to the adverse patient outcome.
- Eight SAC1 learning reviews are in progress and are not yet complete at the time of this report.

Of the 47 SAC1 investigations that were completed or remain in progress, the patient outcome* was noted as:

No harm	2
Minor Harm	2
Moderate Harm	0
Serious Harm	28
Death	16

* It is important to note that the patient outcome does not necessarily arise as a direct cause of the incident. There are a number of factors that are not healthcare-related that may contribute to a patient's outcome.

The number of SAC1 incidents is less than previous years but remains reflective of our strong culture of reporting. The most reported types of incidents are complications of a fall in a health service, and infection control breach.

We remain committed to rigorous and transparent incident analysis processes and opportunities for learning and restorative justice where we can.
All SAC1 clinical incident investigation reports are reviewed by members of our Executive and Board. They are shared with families and patients, if they wish, during open disclosure processes.

Meet one of our team

Clare Hardie, GP Obstetrician Registrar
Narrogin Hospital

It's a country love story for the ages — a young student doctor meets a Wheatbelt farmer at the Dowerin Field Days. They fall in love, get married and start a family! But this wonderful story has also resulted in benefits for the mothers and babies of Narrogin and surrounds.

Having met the man she would eventually marry and preparing for life on his farm outside Narrogin, Clare set about deciding on the specialty she wanted to pursue and gaining her qualifications in Perth.

Click here to view the full story of Clare Hardie

Emergency access

Emergency Departments (EDs) are specialist multidisciplinary units equipped to deliver immediate care to patients experiencing acute illness or injury during the critical early hours of hospitalisation. As demand for ED and broader health services continues to rise, ongoing monitoring of care delivery is essential to inform improvement strategies that support high quality service provision and optimal patient outcomes.

Performance in EDs reflects broader system-wide challenges faced by our services, particularly in managing increasing demand across emergency and inpatient services in rural and remote communities.

Australasian Triage Scale

The Australasian College for Emergency Medicine developed the Australasian Triage Scale (ATS) to ensure that patients presenting to EDs are medically assessed, prioritised according to their clinical urgency, and treated in a timely manner.

This performance indicator measures the percentage of patients being assessed and treated within the required ATS timeframe. This provides an overall indication of the effectiveness of EDs, which can assist in driving improvements in patient access to emergency care.

ATS category targets:

Triage Category	Treatment acuity (maximum waiting time for medical assessment and treatment)	Target (threshold)
1	Immediate (≤ 2 minutes)	100%
2	≤ 10 minutes	80%
3	≤ 30 minutes	75%
4	≤ 60 minutes	70%
5	≤ 120 minutes	70%

2024–25 Triage Results

Triage Category	2024-25		2023-24		2022-23	
	Target	Actual	Target	Actual	Target	Actual
1	100%	100%	100%	100%	100%	100%
2	80%	77.3%	80%	69.9%	80%	64.8%
3	75%	63.0%	75%	60.3%	75%	58.8%
4	70%	70.0%	70%	68.8%	70%	69.4%
5	70%	89.3%	70%	88.5%	70%	87.3%

Notes: Contributing sites to the above data include - Albany hospital, Bunbury hospital, Geraldton hospital, Kalgoorlie hospital, Broome hospital, Busselton hospital, Carnarvon hospital, Derby hospital, Esperance hospital, Hedland Health Campus, Karratha Health Campus, Kununurra hospital, Narrogin Health Service, Northam Health Service.

Data source - Emergency Department Data Collection.

Meet one of our team

Verity Bradley, Clinical Midwife/Staff Development Midwife
Broome Hospital

An interest in Aboriginal health and a yearning for a sea change led midwife Verity Bradley to Broome Hospital's maternity ward in 2018. Initially thinking she would only stay for a while, the Pindan got under her skin, and seven years later, she considers herself a Broome local.

Click here to view the full story of Verity Bradley

Commentary

In 2024–25, there was improved performance across all five triage categories compared to the previous financial year. The most significant improvement was in ATS Category 2. This was in part driven by improved access to real-time datasets to inform a proactive approach to managing patient flow through the ED, and improved oversight of performance data at monthly safety and performance review meetings between WA Country Health Service Executive and place-based leadership teams.

Annual referrals to the Emergency Telehealth Service (ETS) increased from 36,334 in 2023–24 to 40,245 in 2024–25, growing 10.7 per cent year on year. The ETS also broadened access to specialist emergency nursing via direct video-enabled triages for all sites. The team provided primary triage for 2,780 patients in 2024–25, an increase of 16.9 per cent compared to previous financial year.

Strategies to improve emergency access include:

- Monitoring of ambulance extended transfer of care times to improve oversight of ambulance activity and coordinate a proactive response (Command Centre).
- The HomeSafe program was extended to EDs to provide early review of older adult patients, to enable discharge with early home follow-up from multidisciplinary team members, resulting in improved timeliness and safer discharge of older adult patients (Albany Health Campus).
- A Rapid Assessment and Triage Program trialling the placement of a senior doctor at triage to initiate early diagnostic tests and assessment, resulting in reduced length of episodes in the ED (Bunbury Regional Hospital).
- A new Short Stay Unit (SSU) to aid patient transition from ED and discharge flow from wards (Karratha Health Campus).
- A key achievement has been the use of data and visualisation tools to enable expedient recognition of where potential patient flow issues are located and improvements to escalation processes.

Consumer feedback

In the context of health care in WA, a consumer is defined as a person who has lived experience of a health issue, which includes patients, their families, friends, and the general public.

Feedback from patients, families, and their carers provide valuable insights that help us improve the safety and quality of healthcare. We receive consumer feedback in many ways including in person, via phone, email, site-based consumer feedback forms, the online consumer feedback form, and through Care Opinion.

In November 2024, we launched the online consumer feedback form, followed by the release of the Consumer and Carer Feedback Management Policy in June 2025.

In 2024–25, we received:

1,293 complaints

147 of these submitted via Care Opinion

As a result of consumer, family, and carer feedback:

47 improvement actions were initiated to enhance the quality and safety of care.

We manage consumer feedback in alignment with the WA Health Complaints Management Policy, ensuring all complaints are acknowledged, investigated, and responded to within appropriate timeframes. Improvement activities are initiated to address identified issues.

New parents Mitch and Georgia with baby Gillison, midwife Annabelle and Dr Liam Walsh at Margaret River Midwifery Group Practice shared their positive experience.

The online, public-facing platform Care Opinion enables people to share their experience with our services. These stories are used to improve service delivery and recognise staff and teams who go above and beyond in the care they provide. In August 2024, we became the first HSP to reach 5,000 Care Opinion stories – highlighting our commitment to listening, learning, and improving patient care through real-time feedback.

Click here to learn more

Patient voices from across country WA

We continue to receive heartfelt feedback from patients and families across the State. These stories, shared via Care Opinion, reflect the compassion, professionalism, and dedication of staff in delivering high quality care in our hospitals and health services.

Below is a selection of stories that highlight the impact of care for patients, family, and carers across our regions.

Positive Birth Program through WACHS:
A couple reflects on their empowering experience with antenatal education at Esperance Health Campus.

Click to learn more

Fantastic service:
A family acknowledges the exceptional support provided by Albany Child and Adolescent Mental Health Service.

Click to learn more

Outstanding service at Derby:
A patient highlights the respectful and compassionate care received at Derby Hospital.

Click to learn more

Planned C Section and nursery stay:
A parent shares their experience of a planned caesarean section and their newborn's five-day stay in the nursery.

Click to learn more

Incredible care from chemo nurses:
A family praises the dedication and warmth of chemotherapy nurses Laura and Tracy during their challenging cancer journey.

Click to learn more

Excellent care from Bunbury renal team:
A 77-year-old patient shares their reassuring experience with Dr. Azlan and the team, praising their thorough care and proactive support.

Click to learn more

Subacute Ward Northam Hospital:
A patient recovering from broken ribs and a collapsed lung shares gratitude for the supportive rehabilitation experience.

Click to learn more

MySay Healthcare Survey

The Australian Hospital Patient Experience Question Set (AHPEQS) is a nationally standardised survey tool used across the WA Health system to measure patient experiences in a consistent and meaningful way.

AHPEQS is a validated set of 12 core questions developed by the Australian Commission on Safety and Quality in Health Care. It captures patients' perspectives on the quality and safety of care they received during their hospital stay. The questions focus on aspects such as communication, involvement in care decisions, emotional support, and overall satisfaction.

In WA, AHPEQS is embedded within the MySay Healthcare Survey, which is delivered via SMS two days after a patient is discharged from hospital.

The survey is anonymous and confidential, and parents/guardians of patients under 18 are also invited to participate. Results are available in near real-time, enabling services to identify strengths and areas for improvement quickly. AHPEQS complements other feedback mechanisms like Care Opinion and formal complaints processes, offering patients multiple ways to share their experiences.

(L-R): Midwest pharmacists Nicky Goslin and Shilja Sood.

In 2024–25, WA Country Health Service heard from 11,645 admitted patients - an increase of 1,171 (approximately 10 per cent) compared to 2023-24. The results were as follows:

2024–25 AHPEQS Results

AHPEQS Question	%
My views and concerns were listened to	94
My individual needs were met	94
I felt cared for	95
I was involved as much as I wanted in making decisions about my treatment and care	92
I was kept informed as much as I wanted about my treatment and care	93
As far as I could tell, the staff involved in my care communicated with each other about my treatment	93
I received pain relief that met my needs	94
When I was in the hospital, I felt confident in the safety of my treatment and care	94
Overall, the quality of the treatment and care I received was good or very good	87

Consumers and community

The Carers WA Prepare to Care Hospital Program is a statewide initiative designed to provide support and information to family members and friends who take on a caring role during and after a loved one's hospital stay. It aims to improve carer identification, engagement, and inclusion within the WA health system. A number of initiatives were implemented during the reporting period, with two case studies featured.

Case Study One: Art competition for children and young people

As a Child Safe Organisation, we are committed to fostering safe, inclusive and engaging environments and services where children and young people as patients, family, carers, visitors and community members feel empowered to thrive.

In 2025, we coordinated a statewide art competition inviting young artists from regional, rural, and remote WA to share what health and safety means to them. The response was inspiring, with 59 submissions received from children aged 4 to 17 across the State. Each piece of artwork reflected the creativity, insight, and unique perspectives of our young participants, highlighting the importance of involving children and young people in conversations about wellbeing.

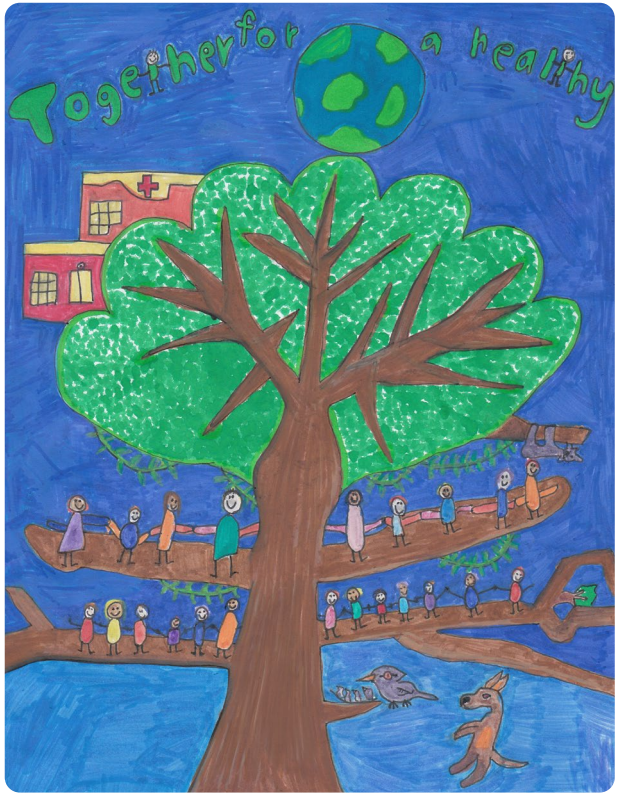
The winning entries will be featured in future age-appropriate resources—both in print and online—designed to promote health, safety, and wellbeing among children and young people in country WA.

These resources will not only be informative and engaging but will also celebrate the artistic contributions of our young community members.

Through initiatives like this, we continue to amplify the voices of children and young people, ensuring they play an active role in shaping the services and resources that support their health and wellbeing.

This initiative was proudly supported by our Population Health, Patient Experience and Consumer Engagement, and Communications teams.

Winner - age category 13–17 years: Charlotte from Wickham.



Winner - age category 4–12 years: James from Lake Grace.

Case Study Two: Carers Roundtable

In June 2025, we contributed to the inaugural Carers Advisory Council Best Practice Roundtable, in partnership with the Department of Communities, to support the *Carers Recognition Act 2004* and the Western Australian Carers Charter. The Hon Matthew Swinbourn MLC, Minister for Environment; Community Services and Homelessness gave the opening address for the Roundtable, which provided the opportunity for a range of government and non-government organisations to come together and share best practice initiatives, learn from others' experiences, and strengthen ongoing support for unpaid carers in WA.

Ms Tash Ellis, a nurse practitioner from our specialist Palliative Care team, highlighted the caring@home service delivery model, specifically, the caring@home resource boxes. The caring@home resource boxes have been developed and tailored for Aboriginal and Torres Strait Islander families and carers, using culturally appropriate language in supporting families and carers to manage the end-of-life care of their loved ones at home.

See below for comments about the caring@home boxes from families and carers:

"I learned the skills required from the nurse and the training videos, and this increased my confidence to look after my husband."

"The resources were really very easy to understand and at my level. I could really recommend them."

"We knew when the pain hit we were able to do something to try and relieve it immediately, without having to sit waiting, powerless, for someone else to come back and do it. I believe it gave me the confidence to keep him at home to the very end."

Midwest Palliative Care team.
Front (L-R): Leeann Pedersen, Loretta Richman, Luis Fernandes, Rita Martins,
Back (L-R): Leon Morgan, Catherine Bedford, Che Gaiter, Stevie Usher, Amy Smith

Caring for our communities

We continued to strengthen healthcare across rural and remote WA through responsive service delivery, virtual care innovations, culturally secure Aboriginal health programs, expanded mental health support, and strategic infrastructure investment. These efforts reflect our commitment to building healthier, more connected communities.

Country service delivery

Communities in country WA are seeing major improvements in healthcare access and delivery, thanks to recent investments in infrastructure and service expansion. Here are three key developments making a difference:

The newly redeveloped Dongara Health Centre officially opened following a $9.86 million redevelopment. Offering upgraded emergency and aged care facilities, expanded ambulatory services, and advanced telehealth technology, the redesign also improves patient flow and strengthens coordination between clinical and administrative teams.

Click here to learn more

Expectant parents in the South West are now receiving greater support thanks to expanded maternity services at Bunbury Hospital. The initiative includes improved access to midwifery care, enhanced antenatal education, and stronger coordination with regional health providers to ensure continuity of care.

Click here to learn more

A new centre in Australind brings together maternal, child health, and specialist services under one roof. With consultation rooms, therapy spaces, and telehealth capabilities, the facility supports integrated care for families in the region.

Click here to learn more

Virtual healthcare

Virtual care technology is transforming how care is delivered across country WA. From supporting new parents to enhancing cancer treatment and improving coordination between health teams, WA Country Health Service is leading the way in using technology to close the gap in rural health access.

For three years, the Telehealth Lactation Service has helped country mums and bubs access expert breastfeeding support without needing to travel. Delivered via videoconferencing software by experienced lactation consultants, the service continues to improve outcomes for families in remote areas.

Additionally, thousands of expectant parents in country WA have joined antenatal classes via telehealth. Led by midwives, these interactive sessions help families prepare for birth and parenting regardless of location, making education more accessible than ever.

Assisted-reality technology is making chemotherapy safer and more accessible in country WA. It allows metropolitan-based specialists to guide local clinicians in real time, helping patients receive their treatments closer to home.

Telechemotherapy nurse, Tracy Hunter, using assisted-reality technology to enhance virtual visibility for cancer patients in Karratha and Broome.

(L-R): Kimberley nurses Jane Arnold and Connie Chadwick-Lim wearing assisted Reality (aR) devices to deliver virtual, real-time clinical assessment during chemotherapy treatment.

New virtual platforms are streamlining communication between country and metropolitan health teams. These tools support faster decision making, reduce the need for patient transfers, and improve continuity of care across WA's vast health network.

Use the links below to learn more about our virtual healthcare initiatives.

Telehealth Lactation Service celebrates three years of supporting country mums and bubs

Click to learn more

Milestone for country healthcare as thousands access telehealth antenatal classes

Click to learn more

Assisted Reality making a difference in TeleChemotherapy

Click to learn more

Innovative supervision partnership model enhancing treatment for Kimberley lymphoedema patients

Click to learn more

Aboriginal community health

Across country WA, Aboriginal health professionals and community-led initiatives are driving meaningful change in culturally safe care.

From front line roles to leadership positions, their contributions are improving health equity, strengthening local services, and building trust with Aboriginal patients and families.

The following stories highlight the impact of individuals and programs making a difference. From aged care assessments and community health leadership to education achievements and innovative campaigns.

Tahnee Nesbitt has become one of the first Aboriginal Aged Care Assessors in country WA. Her role focuses on culturally safe assessments and improving discharge planning for Aboriginal patients through the Transitional Care Program.

Click here to learn more

As Primary Health Manager, Erica Sykes is driving culturally responsive care in Fitzroy Crossing. Her leadership has strengthened community health programs and empowered Aboriginal Liaison Officers to better support local families.

Click here to learn more

WA Country Health Service and the WA Centre for Rural Health have teamed up to deliver Clinical Yarning training across the Midwest. This culturally secure communication approach helps clinicians engage more effectively with Aboriginal patients and families by fostering trust, understanding, and patient-centred care.

Click here to learn more

Oceania Harris, an Aboriginal Liaison Officer in the South West, recently completed a Graduate Diploma in Indigenous Health while balancing work and family life. Her commitment to learning is helping improve health equity and culturally safe care for Aboriginal patients.

Click here to learn more

Aboriginal community health (cont'd)

Participants in the Kaya, where you going? *Pitch Your Pilot project.*

A new community-led campaign in WA's South West is helping reduce emergency department disengagement among Aboriginal patients. *Kaya, Where Are You Going?* uses humour, storytelling, and local voices to encourage patients to stay and speak with health staff before leaving the emergency department.

Developed by South West staff and co-designed with Elders and community members, the campaign includes videos, posters, QR codes, and social media outreach. Early results show stronger trust and a reduction in Did Not Wait rates, with the model now being shared across other health services.

Meet one of our team

Katie Papertalk,
Regional Aboriginal Mental Health Coordinator
Pilbara

Described as a trail-blazing Aboriginal mental health worker in the Pilbara, Katie Papertalk has many accomplishments to her name, including as the first Western Australian to receive the Dean's Award at Charles Sturt University, graduating with a Bachelor of Health Science (Mental Health).

Click here to view the full story of Katie Papertalk

Community mental health support

We continue to expand and innovate mental health care across WA. From youth-focused services to leadership appointments and early childhood support, these initiatives reflect our commitment to person-centred, culturally safe care that meets the diverse needs of country communities.

The Acute Care and Response Team, is a dedicated youth mental health service that launched in the Great Southern, offering tailored support and early intervention for young people. This initiative strengthens local access to care and responds to growing demand for youth-focused mental health services.

Click here to learn more

We welcomed Dr Huw Raggat as the new Mental Health Clinical Director in the Kimberley, bringing deep experience and a strong commitment to working alongside regional communities. This leadership role is key to enhancing culturally responsive care and building trust across the region.

Click here to learn more

Jo Mulder's story highlights how teamwork and a person-centred approach can transform patient experiences. Her leadership and dedication exemplify the values that underpin our approach to mental healthcare.

Click here to learn more

Infant mental health services in country WA have received a significant boost through Telethon funding. These new programs focus on early development and family wellbeing, ensuring the youngest members of regional communities receive the support they need from the start.

Click here to learn more

Infrastructure projects program

Our investment in healthcare and staff infrastructure, saw several major projects reach key milestones. These developments are set to improve access, quality, and comfort for patients and staff across the State.

The Tom Price and Paraburdoo Health Service redevelopments moved ahead with the contractor appointed to deliver upgrades at both hospitals. Tom Price will feature a new emergency department, inpatient ward, and integrated care spaces, while Paraburdoo will gain a modern emergency department and primary care facilities.

Click to learn more

A new Laverton Hospital is also underway with construction commencing in March 2025. Once complete, the facility will offer emergency, outpatient, and specialist services all under one roof.

Click to learn more

In the Midwest, the $19.6 million Mullewa hospital redevelopment is underway which will include 24/7 emergency care, outpatient services, and virtual health technology, with extensive site works already completed.

Click to learn more

Geraldton Health Campus redevelopment, October 2024.

An artist's impression of the new Laverton Hospital.

The $188 million Geraldton Health Campus redevelopment has entered Stage Two, with structural works completed. The expanded campus will include emergency, ICU, and mental health services.

Click here to learn more

Ten new homes have been built on hospital grounds to support healthcare workers in Halls Creek, supporting staff recruitment and retention strategies in one of our most remote locations. Above: Halls Creek.

Click here to learn more

Caring for our environment and sustaining our future

Leadership

We continue to foster strong leadership to ensure that environmental sustainability in healthcare is an organisational priority. A comprehensive review of our Green Champions program was conducted and resulted in a relaunch as the Sustainable Health Network. It aims to strengthen its role as a platform for knowledge sharing and collaboration. Five 'sustainability in healthcare' webinars have been delivered, attracting more than 80 participants across the organisation.

We continue to support staff engagement through targeted sustainability induction sessions and executive presentations. For example, eight sessions were delivered as part of the Great Southern Regional Induction Program in 2024–25, engaging more than 113 new staff members and achieving a 98 per cent satisfaction rate. Great Southern Regional Learning and Development Coordinator Sandra Cull said new staff valued the opportunity to learn about sustainability strategies, local achievements, and how to get involved.

We piloted the **Australian Commission on Safety and Quality in Health Care's Environmental Sustainability and Climate Resilience Healthcare Module** at Broome Health Campus and Northam Health Service. The module uses existing structures in governance, safety and reporting to support implementation and enable monitoring of performance. A working group was developed, and self-assessments identify gaps against the module. Feedback was provided to the Commission to allow for improvements in implementation.

Energy and emissions

We have completed a full review and mapping of our direct and energy-related emission sources across operations. This enables us to baseline our emissions, evaluate initiative effectiveness, and meet State and Commonwealth Government emissions reporting requirements.

For example, we ran a pilot at Broome Health Campus in November 2024 to decommission the reticulated nitrous oxide system, replacing it with portable nitrous machines to prevent any unintended losses from the system. Nitrous oxide makes up 2.6 per cent of WA Country Health Service direct and energy-related emissions and has a global warming potential of 265 times that of carbon dioxide. Initial findings indicate a reduction in nitrous oxide use by 28 per cent since the pilot was completed.

(L-R): Dr Pallas Mareyo and Dr Sean Fernandez during the decommissioning process.

Sustainable transport

We continue to promote alternative transportation choices for our employees. We strengthened our commitment to active transport through the Department of Transport's Your Move program across three regions and five facilities. Initiatives included new and upgraded end-of-trip facilities, the introduction of e-bikes into the fleet pool, and 'ride to work' days, earning WA Country Health Service the Department of Transport's 2024 Organisational Champion Award. These initiatives also have basic safety guidance and measures to ensure responsible use with no harm to staff or community.

Our electric vehicle (EV) transition is being piloted at Kununurra and Northampton, with four new EV chargers being installed, supporting growth in our sustainable fleet. The EV trial at Exmouth has also continued to provide practical insights to inform future fleet planning and regional infrastructure needs.

(L-R): Katanning Health Service Business Manager Paul Totino and Great Southern Regional Environment and Sustainability Officer Mary Holt prepare to cut the ribbon.

Clinical procurement and waste

We have strengthened waste management through engagement and practical initiatives, including becoming members of the Global Green and Healthy Hospitals Waste Community of Practice network, to apply best practice to local opportunities. Our Waste Management and Recycling eLearning module was released in December 2024, with more than 40 staff completing the training in 2024-25.

Clinical and general waste audits were conducted at multiple sites, alongside a food waste audit at Carnarvon Health Campus. The audits will be used to develop targeted waste education, waste avoidance and recycling initiatives based on the **Western Australian Waste Avoidance and Resource Recovery Strategy** principles. Sites have begun to expand waste avoidance and recycling through facilities, predominately through Reduce the Bluey and Reduce the Glove campaigns as well as co-mingle recycling, e-waste recycling, battery recycling, polyvinyl chloride (PVC) recycling, the use of reusable clinical instruments, and the donation of medical equipment no longer required and food to charities.

We are giving new life to equipment identified as no longer meeting Australian Standards. Rather than dispose of these items, the South West Allied Health team engaged in the sustainability of international healthcare by **donating the still fit-for-purpose second-hand equipment to the Divisional Hospital Batapola in Sri Lanka**, improving healthcare services for disadvantaged villagers.

South West Allied Health team with equipment for donation.

The new 7.5-metre submarine playground at Albany Health Campus.

Buildings

At Albany Health Campus, a **new playground and shade sail** was delivered thanks to the fundraising efforts of The Darcy Effect, which raised $30,000 and secured a donated wooden submarine. Additional support from Friends of Albany Health Campus funded new fencing, with the project completed in February 2025. The playground now offers a welcoming space for young patients and visitors.

Asbestos awareness and management

The Asbestos National Strategic Plan (ANSP) provides a long-term, phased approach to eliminating asbestos-related diseases in Australia through nationally consistent and coordinated actions. It ensures that commonwealth, state and territory governments work cooperatively towards a common goal.

An initial review of the ANSP 2024-2030 has identified two key priorities relevant to WA Country Health Service:

Priority 1 Implement asbestos awareness training for certain workers.

Priority 2 Develop a risk-based, prioritised asbestos-containing material (ACM) removal program for publicly owned and controlled properties.

We are committed to supporting the ANSP by actively delivering on these priorities.

The Asbestos National Strategic Plan (ANSP) provides a long-term, phased approach to eliminating asbestos-related diseases in Australia through nationally consistent and coordinated actions. It ensures that commonwealth, state and territory governments work cooperatively towards a common goal.

An initial review of the ANSP 2024–2030 has identified two key priorities relevant to WA Country Health Service:

1. **Implementing asbestos awareness training for certain workers**

   In collaboration with the Department of Health, we deliver the National Strategic Plan Asbestos Awareness Training through our Learning Management System, MyLearning. This training is embedded into the induction and orientation processes for both employees and contractors.

   Contractors working onsite are provided with an asbestos information folder, which includes key documents such as:

   - site asbestos registers
   - WA Country Health Service wide Asbestos Management Plan
   - site-specific Asbestos Management Plan (where applicable)
   - Asbestos Works Procedure.

To further support awareness, we have developed a toolbox training module on the Asbestos Works Procedure, also available via MyLearning. Compliance with this training is regularly monitored and reported to senior management.

For contractors, the mandatory Online Contractor Induction Portal was implemented and includes asbestos-related training and risk assessment requirements.

For residential properties, an Asbestos Notice is issued to ensure occupants are informed of any potential asbestos-related risks.

2. **Develop a risk-based, prioritised ACM removal program for publicly owned and controlled properties**

   We have developed a WA Country Health Service wide Asbestos Management Plan (AMP) that applies across all assets, including hospitals, health centres, specialty clinics, staff housing, and office accommodation. Where required, site-specific AMPs are developed based on the level of risk and scope of works.

   The AMP outlines responsibilities and procedures to ensure the safety of workers and patients when asbestos is identified. It incorporates recent updates to the *Work Health and Safety Act 2020 (WA)* and the *Work Health and Safety (General) Regulations 2022*, particularly regarding asbestos identification and management.

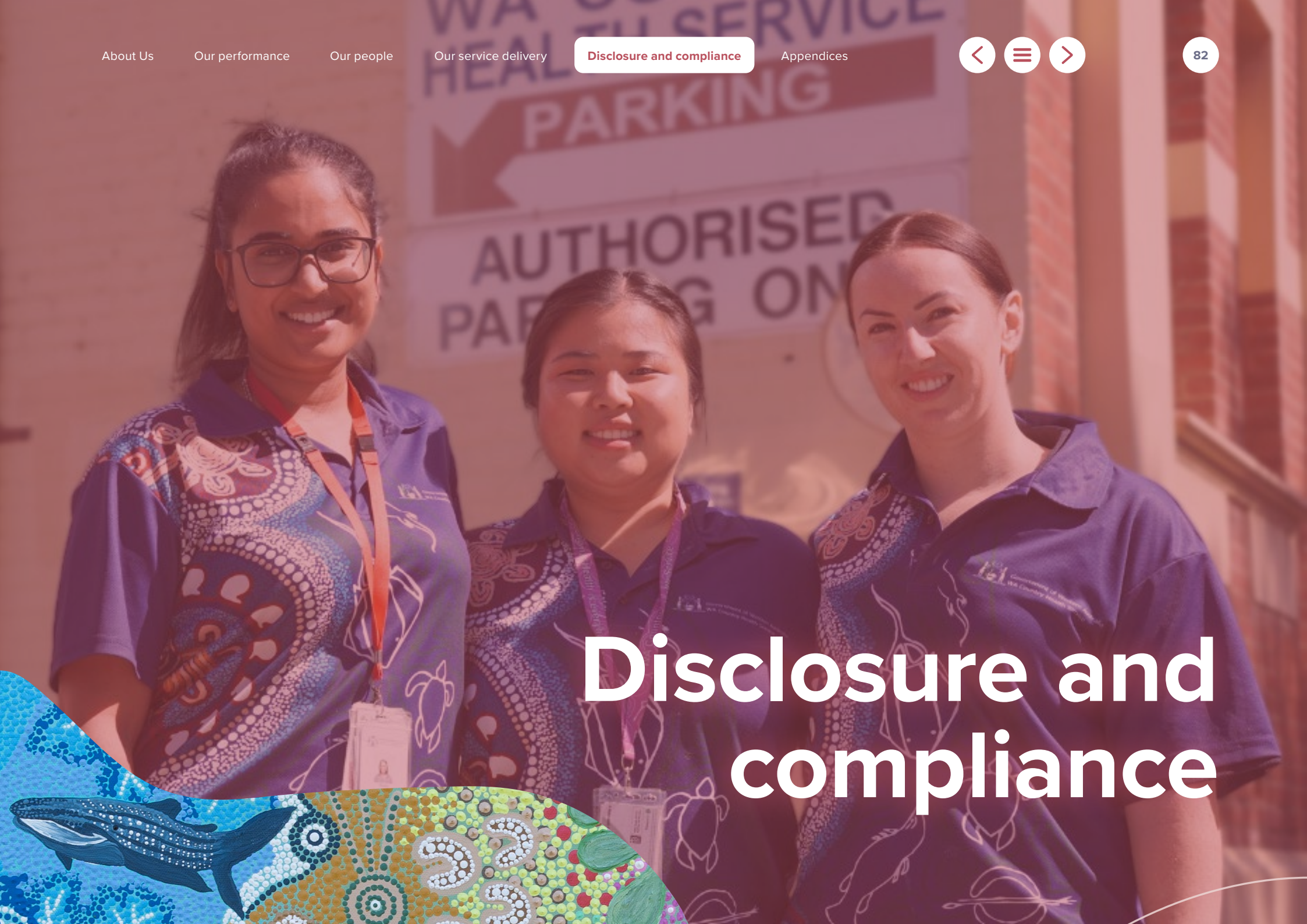
   To ensure transparency and accessibility:

   - The overarching AMP and any site-specific AMPs are made available to all workers.
   - The AMP is reviewed annually, and an annual statement of compliance is signed by WA Country Health Service responsible officers and Executive Directors following each AMP review.

All known or suspected asbestos is recorded in the Asbestos Register, which supports prioritised remediation and documentation of inspections and related works. Standardised site asbestos information folders were distributed to all sites to help staff identify asbestos locations and follow correct procedures.

High-risk areas identified in the register are prioritised for remediation. Where removal is not feasible, ongoing management plans ensure ACMs are clearly labelled and inspected annually. Low-risk areas are inspected at least every three years to monitor for deterioration or increased risk.

We remain committed to protecting staff and patients from asbestos exposure. Over the past 12 months, 26 asbestos elements were safely removed, and mandatory inspections have been completed across all our country services.



Disclosure and compliance

Auditor General

INDEPENDENT AUDITOR'S REPORT

2025

WA Country Health Service

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the WA Country Health Service (Health Service) which comprise:

- the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows 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 WA Country Health Service for the year ended 30 June 2025 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 Board for the financial statements

The Board is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for:

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

Auditor's responsibilities for the audit of the financial statements

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

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

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 Health Service. 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 Health Service. The controls exercised by the Health Service 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 Health Service are sufficiently adequate to provide reasonable assurance that the controls within the system were suitably designed to achieve the overall control objectives identified as at 30 June 2025, and the controls were implemented as designed as at 30 June 2025.

Disclosure and compliance section cover (L-R): BACKUP Staff Development Nurses Nisha Patel, Crystal La Mela-Ryou and Peta Zega.

Other Matter

The Health Service has made payments using the direct payments to third parties pathway throughout the year. The Department of Health has approved this pathway to be used in limited circumstances as expenditure is not subject to levels of approval required under Treasurer's Instruction 5 Expenditure and Payments.

While this is not a primary pathway for expenditure for the WA Country Health Service, we have concerns regarding the volume of transactions processed using this pathway, particularly as the approvals for the expenditure occur after the invoice and goods and services are received. This increases the risk of fraud.

To allow for more detailed reporting of these concerns, the Auditor General has decided to report these matters separately as a performance audit tabled in Parliament.

My opinion is not modified in respect of this matter.

The Board's responsibilities

The Board 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 Health Service for the year ended 30 June 2025 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 Health Service for the year ended 30 June 2025 is in accordance with the legislative requirements, and the key performance indicators are relevant and appropriate to assist users to assess the Health Service's performance and fairly represent indicated performance for the year ended 30 June 2025.

The Board's responsibilities for the key performance indicators

The Board 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 Board 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 Board is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 3 Financial Sustainability – Requirement 5: 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 3 - Requirement 5 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

Those charged with governance are responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2025, 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 WA Country Health Service for the year ended 30 June 2025 included in the annual report on the Health Service's website. The Health Service's management is responsible for the integrity of the Health Service's website. This audit does not provide assurance on the integrity of the Health Service'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.

Sandra Labuschagne
Deputy Auditor General
Delegate of the Auditor General for Western Australia
Perth, Western Australia
25 September 2025

Certification of financial statements

WA COUNTRY HEALTH SERVICE CERTIFICATION OF FINANCIAL STATEMENTS FOR THE REPORTING PERIOD ENDED 30 JUNE 2025

The accompanying financial statements of the WA Country Health Service have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to represent fairly the financial transactions for the reporting period ending 30 June 2025 and financial position as at 30 June 2025.

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

Mr Matthew Bartlett
Chief Finance Officer
23 September 2025

Dr Neale Fong
Board Chair
23 September 2025

Ms Wendy Newman
Deputy Board Chair
23 September 2025

Statement of Comprehensive Income

For the year ended 30 June 2025

	Note	2025 $000	2024 $000
COST OF SERVICES			
Expenses			
Employee benefits expense	3.1	1,723,709	1,623,743
Patient support costs	3.2	756,423	688,170
Finance costs	7.1	2,016	1,480
Depreciation and amortisation expense	5.1, 5.2, 5.3, 5.4	116,116	109,782
Loss on disposal of non-current assets	5.1	1,275	18
Repairs, maintenance and consumable equipment	3.3	75,563	69,431
Other expenses	3.4	315,774	301,414
Total cost of services		**2,990,876**	**2,794,038**
INCOME			
Revenue			
Patient charges	4.3	105,323	93,139
Commonwealth grants	4.2	94,371	85,656
Other grants	4.2	16,063	15,031
Donation revenue		1,940	523
Asset revaluation increment	5.1	22,909	4,588
Other revenue	4.4	21,994	22,005
Total revenue		**262,600**	**220,942**
NET COST OF SERVICES		**2,728,276**	**2,573,096**
INCOME FROM STATE GOVERNMENT			
Income from public sector entities	4.1	2,540,349	2,325,129
Resources received	4.1	110,682	105,490
Royalties for Regions Fund	4.1	108,241	112,631
Total income from State Government		**2,759,272**	**2,543,250**
SURPLUS/(DEFICIT) FOR THE PERIOD		**30,996**	**(29,846)**
OTHER COMPREHENSIVE INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve	9.10	498,681	114,149
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**529,677**	**84,303**

Refer also to note 2.2 'Schedule of Income and Expenses by Service'.
The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Statement of Financial Position

As at 30 June 2025

	Note	2025 $000	2024 $000
ASSETS			
Current Assets			
Cash and cash equivalents	7.3	44,101	31,019
Restricted cash and cash equivalents	7.3	36,758	46,441
Receivables	6.1	40,440	33,281
Right-of-use assets	5.2	24	162
Other current assets	6.3	11,796	11,322
Total Current Assets		133,119	122,225
Non-Current Assets			
Receivables	6.1	37,227	30,452
Amounts receivable for services	6.2	1,375,241	1,270,545
Property, plant and equipment	5.1	2,757,986	2,211,195
Right-of-use assets	5.2	44,112	31,011
Intangible assets	5.3	8,474	10,746
Service concession assets	5.4	25,500	20,779
Total Non-Current Assets		4,248,540	3,574,728
Total Assets		**4,381,659**	**3,696,953**
LIABILITIES			
Current Liabilities			
Payables	6.4	219,322	214,300
Contract liabilities	6.5	7,554	11,409
Lease liabilities	7.2	14,917	11,664
Employee related provisions	3.1	271,936	247,685
Other current liabilities		1,137	1,178
Total Current Liabilities		514,866	486,236
Non-Current Liabilities			
Contract liabilities	6.5	14,931	14,931
Lease liabilities	7.2	24,359	15,923
Employee related provisions	3.1	48,029	45,757
Total Non-Current Liabilities		87,319	76,611
Total Liabilities		**602,185**	**562,847**
NET ASSETS		**3,779,474**	**3,134,106**
EQUITY			
Contributed equity	9.9	3,071,905	2,953,471
Reserves	9.10	866,631	367,950
Accumulated deficit		(159,062)	(187,315)
TOTAL EQUITY		**3,779,474**	**3,134,106**

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

Statement of Changes in Equity

For the year ended 30 June 2025

	Note	2025 $000	2024 $000
CONTRIBUTED EQUITY	9.9		
Balance at start of period		2,953,471	2,906,335
Transactions with owners in their capacity as owners:			
Capital appropriations administered by the Department of Health		16,357	29,274
Royalties for Regions Fund		99,334	17,862
Mental Health Commission SPA residual funds drawdown		2,743	-
Balance at end of period		3,071,905	2,953,471
RESERVES	9.10		
Asset Revaluation Reserve			
Balance at start of period		367,950	253,801
Comprehensive income for the period		498,681	114,149
Balance at end of period		866,631	367,950
ACCUMULATED DEFICIT			
Balance at start of period		(187,315)	(157,469)
Mental Health Commission SPA residual funds drawdown		(2,743)	-
Surplus/(Deficit) for the period		30,996	(29,846)
Balance at end of period		(159,062)	(187,315)
TOTAL EQUITY			
Balance at start of period		3,134,106	3,002,667
Comprehensive income for the period		498,681	114,149
Surplus/(Deficit) for the period		30,996	(29,846)
Transactions with owners in their capacity as owners		115,691	47,136
Balance at end of period		**3,779,474**	**3,134,106**

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

Statement of Cash Flows

For the year ended 30 June 2025

	Note	2025 $000 Inflows (Outflows)	2024 $000 Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Income from public sector entities		2,435,836	2,230,718
Capital appropriations administered by the Department of Health		16,357	28,588
Royalties for Regions Fund		207,575	130,493
Net cash provided by State Government		**2,659,768**	**2,389,799**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,683,886)	(1,589,706)
Supplies and services		(1,047,508)	(938,501)
Finance costs		(2,016)	(1,480)
Receipts			
Receipts from customers		102,445	88,893
Commonwealth grants		89,009	79,231
Other grants		16,397	16,202
Donations received		430	515
Other receipts		9,398	14,872
Net cash used in operating activities	7.3	**(2,515,731)**	**(2,329,974)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current physical assets		(116,077)	(28,875)
Receipts			
Proceeds from sale of non-current physical assets		12	136
Net cash used in investing activities		**(116,065)**	**(28,739)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease		(24,573)	(18,692)
Net cash used in financing activities		**(24,573)**	**(18,692)**
Net increase in cash and cash equivalents		3,399	12,394
Cash and cash equivalents at the beginning of the period		77,460	65,066
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	7.3	**80,859**	**77,460**

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

Notes to the Financial Statements

For the year ended 30 June 2025

Note 1 Basis of preparation

WA Country Health Service is a Government not-for-profit entity controlled by the State of Western Australia, which is the ultimate parent.

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

These annual financial statements were authorised for issue by the Accountable Authority of the WA Country Health Service on 23 September 2025.

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 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.

Basis of preparation

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

Judgements and estimates

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

Accounting for Goods and Services Tax (GST)

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

(a) amount of GST incurred by WA Country Health Service 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 reclassified 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 appropriations have been designated as contributions by owners by TI 8 - Requirement 8.1(i) and will be credited directly to Contributed Equity.

Note 2 WA Country Health Service outputs

How WA Country Health Service operates

This section includes information regarding the nature of funding the WA Country Health Service receives and how this funding is utilised to achieve its objectives.

	Note
WA Country Health Service objectives	2.1
Schedule of Income and Expenses by Service	2.2

2.1 WA Country Health Service objectives

Mission

To deliver and advance high quality care for country WA communities.

Note 2 WA Country Health Service outputs (continued)

2.1 WA Country Health Service objectives (continued)

Services

The key services of WA Country Health Service are:

1. Public Hospital Admitted Services

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

2. Public Hospital Emergency Services

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

3. Public Hospital Non-admitted Services

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

4. Mental Health Services

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

5. Aged and Continuing Care Services

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

6. Public and Community Health Services

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

7. Small Rural Hospital Services

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

Notes to the Financial Statements

For the year ended 30 June 2025

Note 2 WA Country Health Service outputs (continued)

2.2 Schedule of income and expenses by service

	Public Hospital Admitted Services 2025 $000	Public Hospital Emergency Services 2025 $000	Public Hospital Non-Admitted Services 2025 $000	Mental Health Services (a) 2025 $000	Aged and Continuing Care Services 2025 $000	Public and Community Health Services 2025 $000	Small Rural Hospital Services 2025 $000	Total 2025 $000
COST OF SERVICES								
Expenses								
Employee benefits expense	598,610	304,034	107,529	145,669	158,339	205,392	204,136	1,723,709
Patient support costs	288,759	88,656	46,789	6,010	15,301	232,920	77,988	756,423
Finance costs	678	262	130	149	130	453	214	2,016
Depreciation and amortisation expense	46,081	15,104	7,634	1,727	6,797	10,512	28,261	116,116
Loss on disposal of non-current assets	577	255	153	13	15	112	150	1,275
Repairs, maintenance and consumable equipment	29,890	9,698	5,422	2,570	5,359	8,538	14,086	75,563
Other expenses	74,206	35,058	13,422	28,302	25,160	62,668	76,958	315,774
Total cost of services	1,038,801	453,067	181,079	184,440	211,101	520,595	401,793	2,990,876
Income								
Patient charges	44,449	6,834	27,098	462	13,768	8,969	3,743	105,323
Commonwealth grants	-	-	-	325	80,819	13,227	-	94,371
Other grants	3,363	3,132	2,096	3,424	708	2,693	647	16,063
Donation revenue	972	295	234	19	118	172	130	1,940
Asset revaluation increment	9,144	3,327	1,385	151	548	1,031	7,323	22,909
Other revenue	8,596	2,319	2,089	961	2,276	3,800	1,953	21,994
Total income other than income from State Government	66,524	15,907	32,902	5,342	98,237	29,892	13,796	262,600
NET COST OF SERVICES	**972,277**	**437,160**	**148,177**	**179,098**	**112,864**	**490,703**	**387,997**	**2,728,276**
INCOME FROM STATE GOVERNMENT								
Income from public sector entities	933,857	412,961	135,699	184,578	104,146	415,589	353,519	2,540,349
Resources received	39,299	17,286	6,895	6,914	8,049	19,340	12,899	110,682
Royalties for Regions Fund	6,204	9,980	5,847	-	1,789	60,509	23,912	108,241
Total income from State Government	979,360	440,227	148,441	191,492	113,984	495,438	390,330	2,759,272
SURPLUS/(DEFICIT) FOR THE PERIOD	**7,083**	**3,067**	**264**	**12,394**	**1,120**	**4,735**	**2,333**	**30,996**

(a) Includes services in addition to those provided under agreement with the Mental Health Commission for specialised admitted patients and community mental health.

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 30 June 2025

Note 2 WA Country Health Service outputs (continued)

2.2 Schedule of income and expenses by service (continued)

	Public Hospital Admitted Services 2024 $000	Public Hospital Emergency Services 2024 $000	Public Hospital Non-Admitted Services 2024 $000	Mental Health Services (a) 2024 $000	Aged and Continuing Care Services 2024 $000	Public and Community Health Services 2024 $000	Small Rural Hospital Services 2024 $000	Total 2024 $000
COST OF SERVICES								
Expenses								
Employee benefits expense	562,216	283,603	98,677	133,459	156,991	193,547	195,250	1,623,743
Patient support costs	272,412	89,074	41,862	6,334	22,122	196,985	59,381	688,170
Finance costs	427	189	104	146	93	339	182	1,480
Depreciation and amortisation expense	43,108	14,333	7,272	1,980	6,511	9,298	27,280	109,782
Loss on disposal of non-current assets	71	50	16	1	(98)	1	(23)	18
Repairs, maintenance and consumable equipment	26,754	8,412	5,657	2,120	6,086	7,039	13,363	69,431
Other expenses	89,178	43,311	15,406	27,415	21,208	51,361	53,535	301,414
Total cost of services	994,166	438,972	168,994	171,455	212,913	458,570	348,968	2,794,038
Income								
Patient charges	38,694	5,829	22,678	418	13,246	7,422	4,852	93,139
Commonwealth grants (b)	12	20	1	426	72,395	12,436	366	85,656
Other grants	3,951	3,255	1,232	3,980	1,341	1,038	234	15,031
Donation revenue	196	60	13	15	66	69	104	523
Asset revaluation increment	1,936	861	189	49	182	585	786	4,588
Other revenue	8,785	2,665	2,466	1,372	2,021	2,189	2,507	22,005
Total income other than income from State Government	53,574	12,690	26,579	6,260	89,251	23,739	8,849	220,942
NET COST OF SERVICES	**940,592**	**426,282**	**142,415**	**165,195**	**123,662**	**434,831**	**340,119**	**2,573,096**
INCOME FROM STATE GOVERNMENT								
Income from public sector entities (b)	879,398	388,566	128,303	171,736	111,548	355,163	290,415	2,325,129
Resources received	42,733	18,719	7,211	3,906	4,844	10,905	17,172	105,490
Royalties for Regions Fund	4,598	10,497	5,222	1,109	3,931	58,808	28,466	112,631
Total income from State Government	926,729	417,782	140,736	176,751	120,323	424,876	336,053	2,543,250
SURPLUS/(DEFICIT) FOR THE PERIOD	**(13,863)**	**(8,500)**	**(1,679)**	**11,556**	**(3,339)**	**(9,955)**	**(4,066)**	**(29,846)**

(a) Includes services in addition to those provided under agreement with the Mental Health Commission for specialised admitted patients and community mental health.

(b) 2023-24 Commonwealth grants and Income from public sector entities have been restated to align with the new allocation process used in 2024-25.

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 30 June 2025

Note 3 Use of our funding

Expenses incurred in the delivery of services

This section provides additional information about how WA Country Health Service'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 WA Country Health Service in achieving its objectives and the relevant notes are:

	Notes	2025 $000	2024 $000
Employee benefits expense	3.1(a)	1,723,709	1,623,743
Employee benefits provisions	3.1(b)	319,965	293,442
Patient support costs	3.2	756,423	688,170
Repairs, maintenance and consumable equipment	3.3	75,563	69,431
Other expenses	3.4	315,774	301,414

3.1(a) Employee benefits expense

	2025 $000	2024 $000
Salaries and wages	1,583,554	1,498,909
Superannuation - defined contribution plans	140,155	124,834
Total employee benefits expense	1,723,709	1,623,743
Add: AASB 16 Non-monetary benefits	12,077	12,068
Less: Employee Contribution towards leases within scope of AASB 16	(4,551)	(4,558)
Net employee benefits expense	1,731,235	1,631,253

Salaries and wages

Salaries and wages comprise of all costs related to employment including the fringe benefits tax component, the value of superannuation contribution component of leave entitlements and redundancy payments.

Superannuation expenses

The Government Employees Superannuation Board (GESB) and other fund providers administer public sector superannuation arrangements in Western Australia in accordance with legislative requirements. Eligibility criteria for membership in particular schemes for public sector employees vary according to commencement and implementation dates.

The superannuation expense recognised in the Statement of Comprehensive Income comprises employer contributionto the Gold State Superannuation Scheme (GSS), the West State Superannuation Scheme (WSS), the GESB Super Scheme (GESBS), or other superannuation funds.

AASB 16 Non-monetary benefits

Employee benefits in the form of non-monetary benefits, such as the provision of motor vehicles or housing, are measured at cost.

3.1(b) Employee related provisions

Provision is made for benefits accruing to employees in respect of salaries and wages, annual leave, time off in lieu 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.

	2025 $000	2024 $000
Current		
Employee benefits provisions		
Annual leave (a)	126,514	115,788
Time off in lieu leave (a)	45,436	41,137
Long service leave (b)	92,377	82,780
Gratuities (c)	2,844	3,422
Deferred salary scheme (d)	4,765	4,558
	271,936	247,685
Non-current		
Employee benefits provisions		
Long service leave (b)	47,237	44,751
Gratuities (c)	792	1,006
	48,029	45,757
	319,965	293,442

Note 3 Use of our funding (continued)

3.1(b) Employee related provisions (continued)

	2025 $000	2024 $000

(a) Annual leave liabilities and time off in lieu leave liabilities are classified as current liabilities as WA Country Health Service does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	114,208	105,998
More than 12 months after the end of the reporting period	57,742	50,927
	171,950	156,925

The provision for annual leave and time off in lieu 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.

(b) Unconditional long service leave provisions are classified as current liabilities as WA Country Health Service does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because WA Country Health Service has an unconditional right to defer 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:

Within 12 months of the end of the reporting period	20,652	19,477
More than 12 months after the end of the reporting period	118,962	108,054
	139,614	127,531

The provision for long service leave is calculated at present value as WA Country Health Service 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.

(c) The provision for gratuity relates to WA Country Health Service's employees who become qualified for gratuity payment upon completion of continuous services as specified in industrial awards. The payment will be made in the first pay period on or after the date the entitlement falls due.

(d) The provision for the deferred salary scheme relates to WA Country Health Service's employees who have entered into an agreement to self-fund an additional twelve months leave to be taken in the fifth year of the agreement. Deferred salary scheme liabilities are classified as current liabilities as WA Country Health Service does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period.

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	2,509	2,429
More than 12 months after the end of the reporting period	2,256	2,129
	4,765	4,558

Key sources of estimation uncertainty – long service leave

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Several estimates and assumptions are used in calculating the WA Country Health Service's long service leave provision. These include:

- Expected future salaries rates
- Discount rates
- Employee retention rates; and
- Expected future payments

Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 3 Use of our funding (continued)

	2025 $000	2024 $000
3.2 Patient support costs		
Fees for visiting medical practitioners	144,094	116,126
Medical supplies and services	125,177	115,111
Domestic charges	15,935	14,935
Fuel, light and power	44,579	42,093
Food supplies	17,578	17,155
Patient transport costs	155,319	127,628
Aboriginal health services	45,608	44,234
Pathology services	76,056	72,979
Purchase of health care services	33,305	29,675
Purchase of outsourced medical services	47,939	50,980
Purchase of other outsourced services	47,997	51,775
Grant payments	2,836	5,479
Total patient support costs	756,423	688,170

Patient support costs 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.

Pathology services represent the value of pathology services provided by PathWest. $41.9 million (2024: $41.2 million) of these services are provided free of charge and the corresponding revenue is reflected under Resources received.

3.3 Repairs, maintenance, consumable equipment

Repairs, maintenance and consumable equipment		
Repairs and maintenance	51,959	48,841
Consumable equipment	23,604	20,590
Total repairs, maintenance and consumable equipment expenses	75,563	69,431

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.

3.4 Other expenses

Other expenses		
Communications	9,879	9,223
Computer services	6,799	4,480
Workers compensation insurance	21,773	29,283
Other employee related expenses	56,938	50,366
Insurance	27,388	24,475
Legal expenses	192	441
Motor vehicle expenses	6,720	6,020
Lease expenses (a)	47,495	40,546
Printing and stationery	5,504	5,293
Expected credit losses expense (b)	2,869	2,401
Waived debts	355	569
Purchase of outsourced services	38,662	42,681
Shared services costs (c)	66,671	62,700
Other	24,529	22,936
Total other expenses	315,774	301,414

Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

(a) Lease expenses include
(i) variable lease payments, short term and low value leases of up to $5,000 with private sector lessors, and
(ii) lease payments for periodic Government Regional Officer Housing and Government Office Accommodation schemes.

(b) Expected credit losses expense is recognised as the movement in the allowance for expected credit losses. Allowance for expected credit losses of trade receivables is measured at the lifetime expected credit losses at each reporting date. WA Country Health service 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. Refer to note 6.1.1 'Movement in the allowance for impairment of trade receivables'.

(c) Shared services costs represent the value of services related to Information technology, Human resources, Supply and Finance provided by the Health Support Services during the financial year. These services are provided free of charge and the corresponding revenue is reflected under Resources received.

Note 4 Our funding sources

How we obtain our funding

This section provides additional information about how WA Country Health Service obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by WA Country Health Service and the relevant notes are:

	Notes	2025 $000	2024 $000
Income from State Government	4.1	2,759,272	2,543,250
Commonwealth grants	4.2.1	94,371	85,656
Other grants	4.2.2	16,063	15,031
Patient charges	4.3	105,323	93,139
Other revenue	4.4	21,994	22,005

4.1 Income from State Government

4.1.1 Income from public sector entities

Indirect appropriations from the Department of Health	1,702,354	1,605,489
National Health Reform Agreement via the Department of Health	628,383	526,734
National Health Reform Agreement via the Mental Health Commission	58,441	50,737
Mental Health Commission - service delivery agreement	118,056	113,162
Mental Health Commission - specific programs	7,928	7,802
Mental Health Commission - other	-	(98)
Commonwealth recurrent grants via the Department of Health	19,159	15,142
Insurance Rebates from State Government Insurer	-	134
Other	6,028	6,027
Total income from public sector entities	2,540,349	2,325,129

Indirect appropriations from the Department of Health are recognised as revenue at the fair value of consideration received in the period in which WA Country Health Service gains control of the funds. WA Country Health Service gains control of the funds at the time those funds are deposited in the bank account or credited to the holding account held at Treasury.

Commonwealth and other grants are recognised as revenue when WA Country Health Service has satisfied its performance obligations under the grant agreements. If there is no performance obligation, revenue will be recognised when the grant is received or receivable.

When evaluating when WA Country Health Service satisfies its obligations under capital grant agreements, it relies on percentage of completion confirmed by the project manager, Building Management and Works, Department of Finance.

4.1.2 Resources received

Resources received from other public sector entities during the period:

Department of Finance - government accommodation	226	173
Department of Education - renewal of website for positive parenting program	-	2
PathWest (Note 3.2)	41,928	41,184
Health Support Services (Note 3.4)	66,671	62,700
Rapid Antigen Test kits from Department of Health	-	1,420
Furniture from Department of Health	64	-
Building from Department of Health	1,546	-
Medical equipment from Department of Health	247	11
Total resources received	110,682	105,490

Resources received free of charge or for nominal cost, are recognised as revenue (and assets or expenses) equivalent to the fair value of the assets, or the fair value of those services that can be reliably determined and which would have been purchased if not donated.

Resources received free of charge from the Health Support Service are corporate services including Finance, Human Resources, Supply and Information Technology. PathWest provides some pathology services free of charge and the total pathology costs is recorded in Patient support costs (Note 3.2).

4.1.3 Royalties for Regions Fund:

Regional Community Services Account:		
Regional Workers Incentives Allowance Payments	5,165	5,564
Digital Innovation, Transport and Access to Care - Recurrent	24,347	25,147
Digital Innovation, Transport and Access to Care - Patient Assisted Travel Scheme	44,855	43,859
Cancer Strategy	1,048	3,642
Renal support team	2,212	1,762
Renal Hostels	3,398	3,552
Meet and Greet Service	302	397
Pilbara Health Initiatives	6,405	7,449
Regional Infrastructure Headworks Account:		
District Medical Workforce Program	20,509	21,259
Total Royalties for Regions Fund	108,241	112,631

The Regional Community Services Account and the Regional Infrastructure and Headworks Account are sub-funds within the over-arching 'Royalties for Regions Fund'. Funding is committed to projects and programs in WA regional areas.

Total Income from State Government	2,759,272	2,543,250

Notes to the Financial Statements

For the year ended 30 June 2025

Note 4 Our funding sources (continued)

4.2 Grants

	2025 $000	2024 $000
4.2.1 Commonwealth grants		
Recurrent		
Multi Purpose Service funding	58,461	50,246
Commonwealth Home Support Programme	9,820	9,494
Nursing Home Benefits	7,607	7,141
Other	18,483	18,775
	94,371	85,656
4.2.2 Other grants		
Recurrent		
Rural Health West	3,242	3,776
The Australasian College for Emergency Medicine	2,495	2,431
WA Primary Health Alliance	1,188	1,671
Royal Australian College of Physicians	2,368	1,791
McGrath Foundation Limited	922	752
Royal Australian and New Zealand college of Psychiatrists	1,847	1,661
Royal Australian College of Surgeons	201	523
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists	620	511
Royal Australasian college medical administrators	133	406
College of Intensive Care Medicine of Australia and New Zealand	129	132
University of WA	1,196	210
Other	1,722	981
Capital		
Esperance Health Campus Energy transition and gas conversion	-	186
	16,063	15,031

Refer to Note 4.1.1 for accounting policy to recognise grant revenue.

4.3 Patient charges

Inpatient charges	27,835	26,619
Outpatient charges	77,488	66,520
	105,323	93,139

Patient charges at gazetted rates are recognised as revenue when health care is provided to patients.

4.4 Other revenue

Services to external organisations	8,206	6,331
Use of hospital facilities	150	3,093
Rent from commercial properties	1,316	1,519
Rent from residential properties	219	393
Employee contributions	10,116	8,419
Home and Community Care client fees	800	981
Other	1,187	1,269
	21,994	22,005

Revenue on provision of services or goods is recognised at a point of time when services or goods are transferred to customers.

Note 5 Key assets

Assets WA Country Health Service utilises for economic benefit or service potential

This section includes information regarding the key assets WA Country Health Service 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	2025 $000	2024 $000
Property, plant and equipment	5.1	2,757,986	2,211,195
Right-of-use assets	5.2	44,136	31,173
Intangible assets	5.3	8,474	10,746
Service concession assets	5.4	25,500	20,779
Total key assets		2,836,096	2,273,893

Notes to the Financial Statements

For the year ended 30 June 2025

Note 5 Key assets (continued)

5.1 Property, plant and equipment

	Land $000	Buildings $000	Buildings under constructions $000	Site Infrastructure $000	Leasehold improvements $000	Computer equipment $000	Furniture and fittings $000	Motor vehicles $000	Medical equipment $000	Other plant and equipment $000	Other works in progress $000	Artworks $000	Total $000
Year ended 30 June 2025													
1 July 2024													
Gross carrying amount	106,493	1,836,379	29,010	245,643	3,902	10,217	2,125	3,476	100,825	29,743	423	384	2,368,620
Accumulated depreciation	-	-	-	(83,504)	(1,454)	(8,452)	(1,202)	(2,600)	(45,162)	(15,051)	-	-	(157,425)
Carrying amount at start of period	**106,493**	**1,836,379**	**29,010**	**162,139**	**2,448**	**1,765**	**923**	**876**	**55,663**	**14,692**	**423**	**384**	**2,211,195**
Additions	429	2,020	104,030	-	-	335	204	40	13,113	2,407	499	7	123,084
Transfers from other reporting entities	-	1,546	-	-	-	-	-	-	41	-	-	-	1,587
Transfers between asset classes	1	4,287	(4,284)	-	-	-	(74)	251	478	67	(726)	-	0
Other disposals	(21)	(726)	-	-	-	(25)	(16)	-	(450)	(48)	-	(1)	(1,287)
Revaluation increments (a)	27,935	488,455	-	-	-	-	-	-	-	-	-	-	516,390
Depreciation	-	(68,598)	-	(9,604)	(371)	(767)	(145)	(429)	(7,089)	(2,608)	-	-	(89,611)
Write-down of assets	-	-	(1,176)	-	-	(130)	(14)	-	(1,756)	(257)	(39)	-	(3,372)
Carrying amount at 30 June 2025	**134,837**	**2,263,363**	**127,580**	**152,535**	**2,077**	**1,178**	**878**	**738**	**60,000**	**14,253**	**157**	**390**	**2,757,986**
Gross carrying amount	134,837	2,263,363	127,580	245,643	3,903	10,218	2,164	3,730	109,984	31,617	157	390	2,933,586
Accumulated depreciation	-	-	-	(93,108)	(1,826)	(9,040)	(1,286)	(2,992)	(49,984)	(17,364)	-	-	(175,600)
	134,837	**2,263,363**	**127,580**	**152,535**	**2,077**	**1,178**	**878**	**738**	**60,000**	**14,253**	**157**	**390**	**2,757,986**

(a) Of this amount, $333.762m relates to professional and project management fees, which are now included in the value of current use building assets under the current replacement cost basis as required by the prospective application of AASB 2022-10 *Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities*.

Information on fair value measurements is provided in Note 8.3

Notes to the Financial Statements

For the year ended 30 June 2025

Note 5 Key assets (continued)

5.1 Property, plant and equipment (continued)

	Land $000	Buildings $000	Buildings under constructions $000	Site Infrastructure $000	Leasehold improvements $000	Computer equipment $000	Furniture and fittings $000	Motor vehicles $000	Medical equipment $000	Other plant and equipment $000	Other works in progress $000	Artworks $000	Total $000
Year ended 30 June 2024													
1 July 2023													
Gross carrying amount	101,633	1,782,043	21,954	244,483	3,817	9,982	2,457	3,476	92,401	28,511	1,569	386	2,292,712
Accumulated depreciation	-	-	-	(73,924)	(1,080)	(7,613)	(1,098)	(2,234)	(39,144)	(12,570)	-	-	(137,663)
Carrying amount at start of period	**101,633**	**1,782,043**	**21,954**	**170,559**	**2,737**	**2,369**	**1,359**	**1,242**	**53,257**	**15,941**	**1,569**	**386**	**2,155,049**
Additions	-	-	13,567	840	-	424	1,141	-	8,936	2,846	637	-	28,391
Transfers from other reporting entities	2	684	-	-	-	-	-	-	11	-	-	-	697
Transfers between asset classes	270	5,848	(4,238)	320	86	(45)	(1,062)	-	640	(1,446)	(1,220)	-	(847)
Other disposals	-	-	-	-	-	(1)	(9)	-	(136)	(6)	-	(2)	(154)
Revaluation increments	4,588	114,984	-	-	-	-	-	-	-	-	-	-	119,572
Depreciation	-	(67,115)	-	(9,580)	(375)	(890)	(165)	(366)	(6,979)	(2,606)	-	-	(88,076)
Write-down of assets	-	(65)	(2,273)	-	-	(92)	(341)	-	(66)	(37)	(563)	-	(3,437)
Carrying amount at 30 June 2024	**106,493**	**1,836,379**	**29,010**	**162,139**	**2,448**	**1,765**	**923**	**876**	**55,663**	**14,692**	**423**	**384**	**2,211,195**
Gross carrying amount	106,493	1,836,379	29,010	245,643	3,902	10,217	2,125	3,476	100,825	29,743	423	384	2,368,620
Accumulated depreciation	-	-	-	(83,504)	(1,454)	(8,452)	(1,202)	(2,600)	(45,162)	(15,051)	-	-	(157,425)
	106,493	**1,836,379**	**29,010**	**162,139**	**2,448**	**1,765**	**923**	**876**	**55,663**	**14,692**	**423**	**384**	**2,211,195**

Information on fair value measurements is provided in Note 8.3

Notes to the Financial Statements

For the year ended 30 June 2025

Note 5 Key assets (continued)

5.1 Property, plant and equipment (continued)

Initial recognition

Items of property, plant and equipment and infrastructure, costing $5,000 or more are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is valued at its fair value at the date of acquisition.

Items of property, plant and equipment and infrastructure costing less than $5,000 are immediately expensed directly to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Assets transferred as part of a machinery of government change are transferred at their fair value.

The cost of a leasehold improvement is capitalised and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the leasehold improvement.

Subsequent measurement

Subsequent to initial recognition of an asset, the revaluation model is used for the measurement of land and buildings.

Land is carried at fair value and buildings 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). The effective date was at 1 July 2024, with valuations performed during the year ended 30 June 2025 and recognised at 30 June 2025.

Revaluation model:

1. Fair value where market-based evidence is available:

The fair value of land and buildings is determined on the basis of current market values determined by reference to recent market transactions.

2. Fair value in the absence of market-based evidence:

Buildings are specialised or where land is restricted: Fair value of land and buildings is determined on the basis of existing use.

Existing use buildings: Fair value is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the current replacement cost. In addition, estimated professional and project management fees are included in the valuation as required by AASB 2022-10 *Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities.*

Restricted use land: Fair value is determined by comparison with market evidence for land with similar approximate utility (high restricted use land) or market value of comparable unrestricted land (low restricted use land).

When buildings are revalued, the accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount.

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.

Note 5 Key assets (continued)

5.1.1 Depreciation and impairment

Charge for the period	2025 $000	2024 $000
Depreciation		
Buildings	68,598	67,115
Site Infrastructure	9,604	9,580
Leasehold improvements	371	375
Computer equipment	767	890
Furniture and fittings	145	165
Motor vehicles	429	366
Medical equipment	7,089	6,979
Other plant and equipment	2,608	2,606
Total depreciation for the period	89,611	88,076

As at 30 June 2025 there were no indications of impairment to property, plant and equipment.

Please refer to note 5.3.1 for guidance in relation to the impairment assessment that had been performed for intangible assets.

Finite useful lives

All property, plant and equipment having 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 calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Estimated useful lives for the different asset classes for current and prior years are:

Buildings	30 to 50 years
Site infrastructure	50 years
Leasehold improvements	Shorter of the lease term and useful life
Computer equipment	4 to 10 years
Furniture and fittings	10 to 20 years
Motor vehicles	2 to 10 years
Medical equipment	3 to 20 years
Other plant and equipment	4 to 30 years

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate.

Land and artworks, which are considered to have an indefinite life, are not depreciated. Depreciation is not recognised in respect of these assets because their service potential has not, in any material sense, been consumed during the reporting period.

Impairment

Non-financial assets, including items of property, 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 WA Country Health Service is a not-for-profit entity, the recoverable amount of regularly revalued specialised assets is anticipated to be materially the same as fair value.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 5 Key assets (continued)

	2025 $000	2024 $000
5.1.2 Revaluation decrements/(increments)		
Land	(22,909)	(4,588)
Buildings	-	-
	(22,909)	(4,588)
5.1.3 Loss on disposal of non-current assets		
Net proceeds from disposal of non-current assets:		
Property, plant and equipment	12	136
Carrying amount of non-current assets:		
Property, plant and equipment	1,287	154
Net loss	1,275	18

Realised and unrealised losses are usually recognised on a net basis. These include losses arising on the disposal of non-current assets and some revaluations of non-current assets.

Losses on the disposal of non-current assets are presented by deducting from the proceeds on disposal the carrying amount of the asset and related selling expenses. Losses are recognised in profit or loss in the statement of comprehensive income.

Selling expenses (e.g. sales commissions netted from WA Country Health Service's receipts) are ordinarily immaterial.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 5 Key assets (continued)

5.2 Right-of-use assets

	Buildings - Accommodation $000	Buildings - Non-accommodation $000	Plant and equipment $000	Motor vehicles $000	Total $000
Year ended 30 June 2025					
1 July 2024					
Gross carrying amount	30,001	8,930	440	17,079	56,450
Accumulated depreciation	(14,054)	(4,185)	(267)	(6,771)	(25,277)
Carrying amount at start of period	**15,947**	**4,745**	**173**	**10,308**	**31,173**
Additions	24,620	7,192	-	4,662	36,474
Transfers between asset classes	(387)	387	-	-	-
Disposals	(32)	-	(23)	(156)	(211)
Depreciation	(17,714)	(2,350)	(91)	(3,145)	(23,300)
Carrying amount at 30 June 2025	**22,434**	**9,974**	**59**	**11,669**	**44,136**
Gross carrying amount	40,069	14,280	350	18,835	73,534
Accumulated depreciation	(17,635)	(4,306)	(291)	(7,166)	(29,398)
	22,434	**9,974**	**59**	**11,669**	**44,136**
Year ended 30 June 2024					
1 July 2023					
Gross carrying amount	22,319	8,856	366	14,789	46,330
Accumulated depreciation	(9,003)	(3,047)	(219)	(7,227)	(19,496)
Carrying amount at start of period	**13,316**	**5,809**	**147**	**7,562**	**26,834**
Additions	16,466	536	215	5,801	23,018
Disposals	(272)	-	-	(61)	(333)
Depreciation	(13,563)	(1,600)	(189)	(2,994)	(18,346)
Carrying amount at 30 June 2024	**15,947**	**4,745**	**173**	**10,308**	**31,173**
Gross carrying amount	30,001	8,930	440	17,079	56,450
Accumulated depreciation	(14,054)	(4,185)	(267)	(6,771)	(25,277)
	15,947	**4,745**	**173**	**10,308**	**31,173**

Notes to the Financial Statements

For the year ended 30 June 2025

Note 5 Key assets (continued)

5.2 Right-of-use assets (continued)

Initial recognition

Right-of-use assets are measured at cost including the following:

- the amount of the initial measurement of lease liability,
- any lease payments made at or before the commencement date less any lease incentives received,
- any initial direct cost, and
- restoration costs, including dismantling and removing the underlying asset.

WA Country Health Service has elected not to recognise right-of-use assets and lease liabilities for short-term lease (with a lease term of 12 months or less) and low value leases (with an underlying value of $5,000 or less) except where the lease is with another wholly-owned public sector entity lessor agency. Lease payments associated with these leases are expensed over 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 WA Country Health Service at the end of the lease term or the costs 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

Key sources of estimation uncertainty

Key judgements to be made include identifying leases within contracts, determine whether there is reasonable certainty around exercising extension and termination options, identifying whether payments are variable or fixed in substance and determining the stand-alone selling prices for lease and non-lease components.

Estimation uncertainty that may arise includes the estimation of the lease term, determination of the appropriate discount rate to discount the lease payments and assessing whether the right-of-use assets needs to be impaired.

WA Country Health Service has leases for residential accommodation, office, clinics, vehicle and equipment.

	2025 $000	2024 $000
Current	24	162
Non-current	44,112	31,011
Total Right-of-use assets	44,136	31,173

The following amounts relating to leases have been recognised in the Statement of Comprehensive Income:

Depreciation expense of right-of-use assets		
Buildings - Accommodation	17,714	13,563
Buildings - Non-accommodation	2,350	1,600
Plant and equipment	91	189
Motor vehicles	3,145	2,994
Lease interest expense	2,016	1,480
Expenses relating to variable lease payments not included in lease	291	147
Short-term leases	27,474	23,477
Low-value leases	6	7
Income from sub-leasing right-of-use assets (Note 3.1(a))	(4,551)	(4,558)
Total amount recognised in the statement of comprehensive income	48,536	38,899

The total cash outflow for leases in 2025 was $54.359 million (2024: $44.148 million).

WA Country Health Service has also entered into a Memorandum of Understanding (MOU) with the Department of Finance for the leasing of office accommodation. These are not recognised under AASB 16 because of substitution rights held by the Department of Finance and are accounted for as an expense as incurred.

Note 5 Key assets (continued)

5.3 Intangible assets

	Computer software $000	Works in progress $000	Total $000
Year ended 30 June 2025			
1 July 2024			
Gross carrying amount	26,549	2,444	28,993
Accumulated amortisation	(18,247)	-	(18,247)
Carrying amount at start of period	**8,302**	**2,444**	**10,746**
Additions	-	480	480
Transfers between asset classes	-	-	-
Amortisation expense	(2,726)	-	(2,726)
Write-down of assets	(21)	(5)	(26)
Carrying amount at 30 June 2025	**5,555**	**2,919**	**8,474**
Gross carrying amount	26,528	2,919	29,447
Accumulated amortisation	(20,973)	-	(20,973)
	5,555	**2,919**	**8,474**
Year ended 30 June 2024			
1 July 2023			
Gross carrying amount	24,875	2,711	27,586
Accumulated depreciation	(15,376)	-	(15,376)
Carrying amount at start of period	**9,499**	**2,711**	**12,210**
Additions	1,163	510	1,673
Transfers from work in progress	511	(15)	496
Amortisation expense	(2,871)	-	(2,871)
Write-down of assets	-	(762)	(762)
Carrying amount at 30 June 2024	**8,302**	**2,444**	**10,746**
Gross carrying amount	26,549	2,444	28,993
Accumulated amortisation	(18,247)	-	(18,247)
	8,302	**2,444**	**10,746**

Initial recognition

Acquired and internally generated intangible assets costing $5,000 or more that comply with the recognition criteria of AASB 138.57 Intangible Assets , are capitalised.

Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

Intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

(a) the technical feasibility of completing the intangible asset so that it will be available for use or sale;
(b) an intention to complete the intangible asset and use or sell it;
(c) the ability to use or sell the intangible asset;
(d) the intangible asset will generate probable future economic benefit;
(e) the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
(f) the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Costs incurred in the research phase of a project are immediately expensed.

Subsequent measurement

The cost model is applied for subsequent measurement of intangible assets, requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 5 Key assets (continued)

5.3 Intangible assets (continued)

5.3.1 Amortisation and impairment

Charge for the period	2025 $000	2024 $000
Computer software	2,726	2,871
Total amortisation for the period	2,726	2,871

As at 30 June 2025 there were no indications of impairment to intangible assets.

WA Country Health Service 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 WA Country Health Service have a finite useful life and zero residual value. Estimated useful lives are reviewed annually.

The estimated useful lives for each class of intangible asset are:

Computer software	5 - 10 years

Computer software that is an integral part of the related hardware is recognised as property, plant and equipment. Software that is not an integral part of the related hardware is recognised as an intangible asset.

Impairment

Intangible assets with finite 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.

5.4 Service concession assets

Service concession arrangements (SCAs) are contracts between a grantor and an operator where an operator provides public services related to a service concession asset on behalf of a public sector grantor for a specified period of time and manages at least some of those services.

WA Country Health Service has identified four contracts with private providers that fall within the scope of AASB 1059. These private contractors provide medical imaging and radiation oncology services in the South West and Great Southern regions.

Under all four contracts, services provided by private contractors are delivered within buildings owned by WA Country Health Service. Upon adoption of AASB 1059, WA Country Health Service has reclassified service areas leased to these private contractors from Property, plant and equipment to Service concession assets.

	2025 $000	2024 $000
Opening net carrying amount	20,779	21,752
Additions	-	-
Transfers between asset classes	-	351
Disposals	-	-
Depreciation	(479)	(489)
Revaluation increments/(decrements) (a)	5,200	(835)
Closing carrying amount	**25,500**	**20,779**

Initial recognition

Upon initial recognition, partial areas of three buildings have been reclassified from Property, plant and equipment to Service concession assets, measured at their fair values (being the current replacement cost), in accordance with the cost approach to fair value at the date of reclassification.

Subsequent measurement

Subsequently, the revaluation model is used for the measurement of service concession buildings.

Refer to Note 5.1 for the revaluation and impairment policy.

(a) Of this amount, $4.072m relates to professional and project management fees, which are now included in the value of current use building assets under the current replacement cost basis as required by the prospective application of AASB 2022-10 *Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities.*

Depreciation

Depreciation is calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life.

Refer to Note 5.1 for the depreciation policy.

Note 6 Other assets and liabilities

This section sets out those assets and liabilities that arose from WA Country Health Service's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes	2025 $000	2024 $000
Receivables	6.1	77,667	63,733
Amounts receivable for services	6.2	1,375,241	1,270,545
Other current assets	6.3	11,796	11,322
Payables	6.4	219,322	214,300
Contract liabilities	6.5	22,485	26,340

6.1 Receivables

	2025 $000	2024 $000
Current	40,440	33,281
Non-current	37,227	30,452
Total receivables	77,667	63,733

6.1.1 Current receivables

	2025 $000	2024 $000
Trade receivables		
Patient fee debtors	10,748	10,471
Non patient fee debtors	2,473	2,699
Total trade receivables	13,221	13,170
Allowance for impairment of trade receivables	(3,681)	(3,444)
Other receivables	4,724	3,937
Contract receivables	1,945	955
Accrued revenue	13,978	8,727
GST receivable	10,253	9,936
Total current receivables	40,440	33,281

Trade receivables are recognised at original invoice amount less any allowances for uncollectible amounts (i.e. impairment). The carrying amount of net trade receivables is equivalent to fair value as it is due for settlement within 30 days.

Other receivables are mainly bond payments on leased properties and are recognised at original value. These are not impaired as the bonds are expected to be refunded upon end of leases.

Contract receivables are recognised when specific performance obligations within funding agreements are satisfied. These are not impaired as payments are expected.

Movement in the allowance for impairment of trade receivables

Reconciliation of changes in the allowance for impairment of trade receivables:		
Balance at start of period	3,444	2,795
Expected credit losses expense	2,868	2,401
Amounts written off during the period	(2,642)	(1,755)
Amounts recovered during the period	11	3
Balance at end of period	3,681	3,444

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) 'Credit risk exposure'.

WA Country Health Service does not hold any collateral as security or other credit enhancements for trade receivables.

6.1.2 Non-current receivables

	2025 $000	2024 $000
Accrued salaries account	37,227	30,452
Total non-current receivables	37,227	30,452

Accrued salaries account contains amounts paid annually into the Treasurer's special purpose account. It is restricted for meeting the additional cash outflow for employees salary payments in reporting periods with 27 pay days instead of the normal 26. No interest is received on this account.

6.2 Amounts receivable for services (Holding Account)

	2025 $000	2024 $000
Non-current	1,375,241	1,270,545
Balance at end of period	1,375,241	1,270,545

Amounts receivable for services represent the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement; payment of leave liability; or funding depreciation expense for lease arrangements.

The amounts receivable for services are financial assets at amortised cost, and are not considered impaired (that is there is no expected credit loss of the holding accounts).

Notes to the Financial Statements

For the year ended 30 June 2025

Note 6 Other assets and liabilities (continued)

	2025 $000	2024 $000
6.3 Other current assets		
Current		
Supply inventories	3,571	3,386
Pharmaceutical inventories	3,798	3,636
Other inventories	144	139
Prepayments	4,283	4,161
Balance at end of period	11,796	11,322

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a weighted average cost basis.

Inventories not held for resale are measured at cost unless they are no longer required, in which case they are measured at net realisable value.

Prepayments are 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.

6.4 Payables

Current		
Trade payables	18,660	27,301
Accrued expenses	139,691	139,247
Accrued salaries	60,971	47,752
Balance at end of period	219,322	214,300

Payables are recognised at the amounts payable when WA Country Health Service becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value, as settlement is generally within 30 days.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight of the reporting period. WA Country Health Service considers the carrying amount of accrued salaries to be equivalent to its fair value.

6.5 Contract liabilities

Current	7,554	11,409
Non-current	14,931	14,931
Total contract liabilities	22,485	26,340

6.5.1 Movement in contract liabilities

Reconciliation of changes in contract liabilities:		
Balance at start of period	26,340	31,994
Additions	2,151	7,277
Revenues recognised in the reporting period	(3,311)	(12,741)
Funds returned to provider in the reporting period	(2,695)	(190)
Balance at end of period	22,485	26,340

6.5.2 Expected satisfaction of contract liabilities

Revenue recognition		
1 year	7,554	11,409
1 to 5 years	14,931	14,931
Over 5 years	-	-
	22,485	26,340

Note 7 Financing

This section sets out the material balances and disclosures associated with the financing and cashflows of WA Country Health Service.

	Notes
Finance costs	7.1
Lease liabilities	7.2
Cash and cash equivalents	7.3
Reconciliation of cash	7.3.1
Reconciliation of operating activities	7.3.2
Capital commitments	7.4

	2025 $000	2024 $000
7.1 Finance costs		
Lease interest expense	2,016	1,480
	2,016	1,480

7.2 Lease liabilities

Current	14,917	11,664
Non-current	24,359	15,923
Total lease liabilities	39,276	27,587

At the commencement date of the lease, WA Country Health Service 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, WA Country Health Service uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by WA Country Health Service 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 WA Country Health Service exercising an option to terminate the lease.

The interest on the lease liability is recognised in the Statement of Comprehensive Income 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 payment (that depend on an index or rate) until they take effect, in which case the lease liability is assessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by WA Country Health Service if it is reasonably certain the lease will be extended (or not terminated).

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales are recognised by WA Country Health Service in the Statement of Comprehensive Income in the period in which the condition that triggers those payment occurs.

This section should be read in conjunction with note 5.2.

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 carry amount at amortised cost, subject to adjustments that reflect any reassessment or lease modifications.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 7 Financing (continued)

	Notes	2025 $000	2024 $000
7.3 Cash and cash equivalents			
7.3.1 Reconciliation of cash			
Cash and cash equivalents		44,101	31,019
Restricted cash and cash equivalents (a)			
Royalties for Regions Fund		260	234
Capital funding (b)		17,657	24,329
Patient receipts under section 19 (2) of the Health Insurance Act 1973		6,159	5,136
Bequests		405	405
Mental Health Commission Funding (note 9.7)		4,703	4,909
Other		7,574	11,428
Balance at end of period		80,859	77,460

(a) Restricted cash and cash equivalents are assets, the uses of which are restricted, by specific legal or other externally imposed requirements.

(b) Unspent funds from the State and Commonwealth Governments, and private sector industry are committed to projects and programs in WA regional areas.

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

7.3.2 Reconciliation of net cost of services to net cash flows used in operating activities

	Notes	2025 $000	2024 $000
Net cost of services		2,728,276	2,573,096
Non-cash items			
Depreciation and amortisation expense	5.1.1, 5.2, 5.3.1, 5.4	(116,116)	(109,782)
Asset revaluation increment	5.1.2	22,909	4,588
Loss from disposal of non-current assets	5.1.3	(1,275)	(18)
Donation of non-current assets		1,511	9
Resources received	4.1.2	(108,826)	(105,479)
Write down of property, plant and equipment	5.1, 5.3	(3,398)	(4,199)
Increase/(decrease) in assets			
Receivables (a)		13,933	9,551
Other assets		474	(1)
(Increase)/decrease in liabilities			
Payables (a)		687	(18,821)
Contract liabilities		4,038	5,463
Current provisions		(24,251)	(21,652)
Non-current provisions		(2,272)	(3,334)
Other current liabilities		41	553
Net cash used in operating activities		2,515,731	2,329,974

(a) Note that the sale/purchase of non-current assets are not included in these items as they do not form part of the reconciling items.

7.4 Capital commitments

	2025 $000	2024 $000

The commitments below are inclusive of GST where relevant.

Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:

Within 1 year	266,588	77,814
Later than 1 year and not later than 5 years	267,872	447,082
Later than 5 years	-	-
	534,460	524,896

Note 8 Risks and Contingencies

This note sets out the key risk management policies and measurement techniques of WA Country Health Service.

	Notes
Financial risk management	8.1
Contingent assets	8.2.1
Contingent liabilities	8.2.2
Fair value measurements	8.3

8.1 Financial risk management

Financial instruments held by WA Country Health Service are cash and cash equivalents, restricted cash and cash equivalents, receivables, payables, and lease liabilities. WA Country Health Service has limited exposure to financial risks. WA Country Health Service'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 WA Country Health Service's receivables defaulting on their contractual obligations resulting in financial loss to WA Country Health Service.

Credit risk associated with WA Country Health Service's financial assets is minimal because the main receivable is the amounts receivable for services (holding account). For receivables other than Government, WA Country Health Service trades only with recognised, creditworthy third parties. WA Country Health Service 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 WA Country Health Service'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.

Liquidity risk

Liquidity risk arises when the agency is unable to meet its financial obligations as they fall due.

WA Country Health Service is exposed to liquidity risk through its trading in the normal course of business.

WA Country Health Service 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 WA Country Health Service's income or the value of its holdings of financial instruments. WA Country Health Service does not trade in foreign currency and is not materially exposed to other price risks. WA Country Health Service's exposure to market risk for changes in interest rates is nil as it does not have 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:

	2025 $000	2024 $000
Financial assets		
Cash and cash equivalents	80,859	77,460
Financial assets measured at amortised cost (a)	1,442,655	1,324,342
Total financial assets	1,523,514	1,401,802
Financial liabilities		
Financial liabilities measured at amortised cost	258,598	241,887
Total financial liability	258,598	241,887

(a) The amounts of Financial assets measured at amortised cost exclude GST recoverable from the ATO (statutory receivable).

Notes to the Financial Statements

For the year ended 30 June 2025

Note 8 Risks and Contingencies (continued)

8.1 Financial risk management (continued)

(c) Credit risk exposure

The following table details the credit risk exposure on WA Country Health Service's trade receivables using a provision matrix.

			Days past due			
	Total $000	Current $000	<30 days $000	31-60 days $000	61-90 days $000	>91 days $000
30 June 2025						
Expected credit loss rate		4%	7%	10%	18%	50%
Estimated total gross carrying amount at default	13,221	3,344	1,666	1,019	778	6,414
Expected credit losses	(3,681)	(133)	(113)	(105)	(144)	(3,186)
30 June 2024						
Expected credit loss rate		3%	6%	13%	19%	48%
Estimated total gross carrying amount at default	13,170	3,590	1,839	875	770	6,096
Expected credit losses	(3,444)	(120)	(107)	(118)	(145)	(2,954)

Notes to the Financial Statements

For the year ended 30 June 2025

Note 8 Risks and Contingencies (continued)

8.1 Financial risk management (continued)

(d) Liquidity risk and interest rate exposure

The following table details WA Country Health Service's interest rate exposure and the contractual maturity analysis of financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

Interest rate exposure and maturity analysis of financial assets and financial liabilities

			Interest rate exposure				Maturity dates				
	Weighted average effective interest rate	Carrying amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal Amount	Up to 1 month	1-3 months	3 months to 1 year	1-5 years	More than 5 years
	%	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
2025											
Financial Assets											
Cash and cash equivalents	-	80,859	-	-	80,859	80,859	80,859	-	-	-	-
Receivables (a)	-	67,414	-	-	67,414	67,414	30,187	-	-	37,227	-
Amounts receivable for services	-	1,375,241	-	-	1,375,241	1,375,241	-	-	-	-	1,375,241
		1,523,514	-	-	1,523,514	1,523,514	111,046	-	-	37,227	1,375,241
Financial Liabilities											
Payables	-	219,322	-	-	219,322	219,322	219,322	-	-	-	-
Lease liabilities	4.46%	39,276	39,276	-	-	49,548	2,211	4,272	15,765	22,755	4,545
		258,598	39,276	-	219,322	268,870	221,533	4,272	15,765	22,755	4,545

(a) The amount of receivables excludes the GST recoverable from ATO (statutory receivable).

Notes to the Financial Statements

For the year ended 30 June 2025

Note 8 Risks and Contingencies (continued)

8.1 Financial risk management (continued)

(d) Liquidity risk and interest rate exposure (continued)

Interest rate exposure and maturity analysis of financial assets and financial liabilities

			Interest rate exposure				Maturity dates				
	Weighted average effective interest rate	Carrying amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal Amount	Up to 1 month	1-3 months	3 months to 1 year	1-5 years	More than 5 years
	%	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
2024											
Financial Assets											
Cash and cash equivalents	-	77,460	-	-	77,460	77,460	77,460	-		-	-
Receivables (a)	-	53,797	-	-	53,797	53,797	23,345	-	-	30,452	-
Amounts receivable for services	-	1,270,545	-	-	1,270,545	1,270,545	-	-	-	-	1,270,545
		1,401,802	-	-	1,401,802	1,401,802	100,805	-	-	30,452	1,270,545
Financial Liabilities											
Payables	-	214,300	-	-	214,300	214,300	214,300	-		-	-
Lease liabilities	4.61%	27,587	27,587		-	34,300	1,739	3,342	11,781	15,727	1,711
		241,887	27,587	-	214,300	248,599	216,039	3,342	11,781	15,727	1,711

(a) The amount of receivables excludes the GST recoverable from ATO (statutory receivable).

Notes to the Financial Statements

For the year ended 30 June 2025

Note 8 Risks and Contingencies (continued)

8.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position but are disclosed and, if quantifiable, are measured at the best estimate.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

8.2.1 Contingent assets

At the reporting date, WA Country Health Service is not aware of any contingent assets.

8.2.2 Contingent liabilities

The following contingent liabilities are excluded from the liabilities included in the financial statements:

	2025 $000	2024 $000
Litigation in progress:		
Pending litigation that are not recoverable from RiskCover insurance and may affect the financial position of WA Country Health Service.	3,374	2,716
Number of claims	7	10

Contaminated sites

Under the *Contaminated Sites Act 2003*, WA Country Health Service 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.

WA Country Health Service has three sites that require remediation and one suspected contaminated site, but it is not possible to estimate the potential financial effect due to the uncertainties relating to the amount or timing of any outflow.

Significant infrastructure projects

WA Country Health Service has a number of significant infrastructure projects that have reached or are reaching completion. There may be claims that arise in relation to works or activities associated with such projects. Claims will generally be subject to a period of negotiation and may either be withdrawn, settled at an agreed value, or proceed to some alternative process for resolution such as through legal action. Where costs are negotiated and claims settled, these are reflected in the financial statements.

Note 8 Risks and Contingencies (continued)

8.3 Fair value measurement

(a) Fair value hierarchy

AASB 13 requires disclosure of fair value measurements by level of the following fair value measurement hierarchy:

1) quoted prices (unadjusted) in active markets for identical assets (level 1).
2) input other than quoted prices included within level 1 that are observable for the asset either directly or indirectly (level 2); and
3) Inputs for the asset that are not based on observable market data (unobservable input) (level 3).

	Level 1 $000	Level 2 $000	Level 3 $000	Fair value at end of period $000
Assets measured at fair value 2025				
Land				
Vacant land	-	1,172	-	1,172
Residential	-	28,852	-	28,852
Specialised	-	-	104,813	104,813
Buildings*				
Residential	-	80,158	-	80,158
Specialised	-	-	2,208,705	2,208,705
	-	110,182	2,313,518	2,423,700
Assets measured at fair value 2024				
Land				
Vacant land	-	1,209	-	1,209
Residential	-	29,774	-	29,774
Specialised	-	-	75,510	75,510
Buildings*				
Residential	-	75,001	-	75,001
Specialised	-	-	1,782,157	1,782,157
	-	105,984	1,857,667	1,963,651

** Service Concession Assets are included in Buildings.*

(b) Valuation techniques and inputs

Level 2 assets

Level 2 fair values of land and buildings are derived using the market approach. Market evidence of sales prices of comparable land and buildings in close proximity is used to determine price per square metre.

Level 3 assets

Land assets

Fair value for restricted use land is based on comparison with market evidence for land with low level utility (high restricted use land). The relevant comparators of land with low level utility is selected by Landgate and represents the application of a significant Level 3 input in this valuation technique. 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.

Building assets

Fair value for existing use specialised buildings 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.

In addition, professional and project management fees estimated and added to the current replacement costs provided by Landgate for current use buildings represent significant Level 3 inputs used in the valuation process. The fair value of these assets will increase with a higher level of professional and project management fees.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 8 Risks and Contingencies (continued)

8.3 Fair value measurement (continued)

(c) Fair value measurements using significant unobservable inputs (Level 3)

	Land $000	Buildings $000
2025		
Fair value at start of period	75,510	1,782,157
Additions (including transfers)	-	6,234
Revaluation increments recognised in Profit or Loss	19,421	-
Revaluation increments recognised in Other Comprehensive Income	4,260	478,917
Transfers from/(to) Level 2 (a), (b)	5,643	9,423
Disposals	(21)	(557)
Depreciation expense	-	(67,469)
Write-down of assets	-	-
Fair value at end of period	104,813	2,208,705
2024		
Fair value at start of period	65,045	1,714,977
Additions (including transfers)	2	6,327
Revaluation increments recognised in Profit or Loss	2,357	-
Revaluation increments recognised in Other Comprehensive Income	-	108,893
Transfers from/(to) Level 2 (a), (c)	8,106	17,910
Disposals	-	-
Depreciation expenses	-	(65,885)
Write-down of assets	-	(65)
Fair value at end of period	75,510	1,782,157

(a) Fair value measurements hierarchy changes from level 2 to level 3 represent land and buildings previously reflected at market values for which a current use value was provided in 2024-25 and 2023-24.

(b) Fair value measurements hierarchy changes from level 3 to level 2 represent land previously reflected at current replacement cost based on existing use for which market values were provided in 2024-25.

(c) Fair value measurements hierarchy changes from level 3 to level 2 represent buildings previously reflected at cost for which market values were provided in 2023-24.

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.

Basis of valuation

In the absence of market-based evidence, due to the specialised nature of some non financial assets, these assets are valued at Level 3 of the fair value hierarchy on an existing use basis. The existing use basis recognises that restrictions or limitations have been placed on their use and disposal when they are not determined to be surplus to requirements. These restrictions are imposed by virtue of the assets being held to deliver a specific community service.

Note 9 Other disclosures

This section includes additional material disclosures required by accounting standards or other pronouncements, for the understanding of this financial report.

	Notes
Events occurring after the end of the reporting period	9.1
Future impact of Australian standards issued not yet operative	9.2
Key management personnel	9.3
Related party transactions	9.4
Related bodies	9.5
Affiliated bodies	9.6
Special purpose accounts	9.7
Remuneration of auditors	9.8
Contributed equity	9.9
Reserves	9.10
Supplementary financial information	9.11
Explanatory statement	9.12
Trust accounts	9.13

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.

Note 9 Other disclosures (continued)

9.2 Future impact of Australian Accounting Standards not yet operative

WA Country Health Service cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 9 - Requirement 4 *Application of Australian Accounting Standards and Other Pronouncements* or by an exemption from TI 9. Where applicable, WA Country Health Service 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 2025		
AASB 2023-5	*Amendments to Australian 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 Standare 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. There is no financial impact.	01 Jan 2025
Operative for reporting periods beginning on/after 1 Jan 2026		
AASB 2024-2	*Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments* This Standard amends AASB 7 and AASB 9 as a consequence of the issuance of Amendments to the Classification and Measurement of Financial Instructments (Amendments to IFRS 9 and IFRS 7) by the International Accounting Standards Board in May 2024. WA Country Health Service has not assessed the impact of the Standard.	01 Jan 2026
AASB 2024-3	*Amendments to Australian Accounting Standards – Annual Improvements Volume 11* This Standard amends AASB 1, AASB 7, AASB 9, AASB 10 and AASB 107 as a consequence of the issuance of Annual Improvements to IFRS Standards – Volume 11 by the International Accounting Standards Board in July 2024. WA Country Health Service has not assessed the impact of the Standard.	01 Jan 2026
Operative for reporting periods beginning on/after 1 Jan 2028		
AASB 2024-10	*Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture* This Standard defers (to 1 January 2028) 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. There is no financial impact.	01 Jan 2028
AASB 2024-4b	*Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 [deferred AASB 10 and AASB 128 amendments in AASB 2014-10 apply]* This Standard amends AASB 10 and AASB 128 to address an inconsistency between the two standards WA Country Health Service has not assessed the impact of the Standard.	01 Jan 2028
AASB 18 (NFP/super)	*Presentation and Disclosure in Financial Statements (Appendix D) [for not-for-profit and superannuation entities]* This Standard replaces AASB 101 with respect to the presentation and disclosure requirements in financial statements applicable to not-for-profit and superannuation entities This Standard is a consequence of the issuance of IFRS 18 Presentation and Disclosure in financial Statements by the International Accounting Standards Board in April 2024. This Standard also makes amendments to other Australian Accounting Standards set out in Appendix D of this Standard. WA Country Health Service has not assessed the impact of the Standard.	01 Jan 2028

Notes to the Financial Statements

For the year ended 30 June 2025

Note 9 Other disclosures (continued)

9.3 Key management personnel

WA Country Health Service has determined that key management personnel include cabinet ministers, members of the Accountable Authority and senior officers of WA Country Health Service. WA Country Health Service does not incur expenditures to compensate Ministers and those disclosures may be found in the *Annual Report on State Finances* .

Compensation of members of the accountable authority

Compensation Band	2025	2024
$ 0 - $ 10,000	2	-
$ 10,001 - $ 20,000	-	1
$ 20,001 - $ 30,000	1	-
$ 40,001 - $ 50,000	7	8
$ 80,001 - $ 90,000	1	1
	11	10

	2025 $000	2024 $000
Short-term employee benefits	388	428
Post-employment benefits	44	47
Other long-term benefits	-	-
Termination benefits	-	-
Total remuneration of members of the accountable authority	432	474

The short-term employee benefits includes salary and travel allowances incurred by WA Country Health Service in respect of the accountable authority.

Compensation of Senior officers

The number of senior officers other than senior officers reported as members of the Accountable Authority, whose total fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year, falling within the following bands are:

Compensation Band ($)	2025	2024
$ 0 - $50,000	-	1
$ 50,001 - $100,000	4	1
$100,001 -$150,000	1	6
$150,001 - $200,000	7	3
$200,001 - $250,000	4	11
$250,001 - $300,000	9	3
$300,001 - $350,000	1	1
$400,001 - $450,000	1	1
$450,001 - $500,000	-	1
$500,001 - $550,000	1	-
$550,001 - $600,000	1	1
	29	29

	2025 $000	2024 $000
Short-term employee benefits	5,533	5,337
Post-employment benefits	696	627
Other long-term benefits	593	551
Termination benefits	-	-
Total remuneration of senior officers	6,822	6,515

The short-term employee benefits includes salary, motor vehicle benefits, district and travel allowances incurred by WA Country Health Service in respect of senior officers.

Note 9 Other disclosures (continued)

9.4 Related party transactions

WA Country Health Service is a wholly owned public sector entity that is controlled by the State of Western Australia.

Related parties of WA Country Health Service include:

- all cabinet ministers and their close family members, and their controlled or jointly controlled entities;
- all members of the Accountable Authority 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; and
- the Government Employees Superannuation Board (GESB).

Significant transactions with Government-related entities

In conducting its activities, WA Country Health Service 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. Significant transactions include:

	2025 $000	2024 $000
Income from State Government - Indirect appropriations from the Department of Health (Note 4.1.1)	1,702,354	1,605,489
Equity contribution (Note 9.9):		
- capital funding from State Government	16,357	29,274
- equity injections from Royalties for Regions Fund	99,334	17,862
Resources received (Note 4.1.2):		
- corporate services from Health Support Services	66,671	62,700
- Rapid Antigen Test kits from Department of Health	-	1,420
- pathology services from PathWest	41,928	41,184
Income from Royalties for Regions Fund (Note 4.1.3)	108,241	112,631
Commonwealth grant funding received under the National Health Reform Agreement (Note 4.1.1):		
- via the Department of Health	628,383	526,734
- via Mental Health Commission	58,441	50,737
Commonwealth recurrent grants via the Department of Health (Note 4.1.1)	19,159	15,142
Other grant funding received from the Mental Health Commission (Note 4.1.1)	125,984	120,866
Insurance payments to the Insurance Commission and RiskCover fund	56,610	46,286
Department of Finance (Capital construction, repair and maintenance, and fleet lease)	105,283	23,328

Material transactions with other related parties

Superannuation payments to GESB	104,449	95,019

Transactions with key management personnel

A member of the Accountable Authority and her close family member own a property that in 2025 was leased by WA Country Health Service to the value of $69.484 thousand (2024: nil).

Other than above and outside of normal citizen type transactions with WA Country Health Service, there was no other related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled)

9.5 Related bodies

A related body is a body which receives more than half its funding and resources from WA Country Health Service and is subject to operational control by WA Country Health Service.

WA Country Health Service had no related bodies during the financial year.

9.6 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from WA Country Health Service but is not subject to operational control by WA Country Health Service.

WA Country Health Service had no affiliated bodies during the financial year.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 9 Other disclosures (continued)

	2025 $000	2024 $000

9.7 Special purpose accounts

Mental Health Commission Fund (WA Country Health Service) Account

The purpose of the special purpose account is to receive funds from the Mental Health Commission, to fund the provision of mental health services as jointly endorsed by the Department of Health and the Mental Health Commission, in the WA Country Health Service, in accordance with the annual Service Agreement and subsequent agreements.

The special purpose account has been established under section 16(1)(d) of the *Financial Management Act 2006* .

Balance at start of period	4,909	1,707
Add Receipts:		
Service delivery agreement		
State contributions	125,984	120,964
Commonwealth contributions	58,441	50,737
	184,425	171,701
Less Payments	(184,631)	(168,499)
Balance at end of period	4,703	4,909

9.8 Remuneration of auditors

Remuneration paid or payable to the Auditor General in respect of the audit for the current financial year is as follows:

Auditing the accounts, financial statements controls, and key performance indicators	827	759

9.9 Contributed equity

The Western Australian Government holds the equity interest in WA Country Health Service on behalf of the community. Equity represents the residual interest in the net assets of WA Country Health Service.

Balance at start of period	2,953,471	2,906,335
Contributions by owners		
Capital appropriations administered by the Department of Health (a)	16,357	29,274
Royalties for Regions Fund – Regional Infrastructure and Headworks Account	99,334	17,862
Mental health facility improvements - Mental Health Commission SPA residual funds (c)	2,743	-
	118,434	47,136
Balance at end of period	3,071,905	2,953,471

(a) TI 8 *Requirement 8.1(i)* designates capital appropriations as contributions by owners in accordance with *Interpretation 1038 'Contributions by Owners Made to Wholly-Owned Public Sector Entities'* .

(b) AASB 1004 *'Contributions'* requires transfers of net assets as a result of a restructure of administrative arrangements to be accounted for as contributions by owners and distributions to owners.

TI 8 *Requirement 8.2* requires non-discretionary and non-reciprocal transfers of net assets between state government agencies as contributions by owners in accordance with AASB Interpretation 1038. Where the transferee agency accounts for a non-discretionary and non-reciprocal transfer of net assets as a contribution by owners, the transferor agency accounts for the transfer as a distribution to owners.

(c) Treasury approved increase in capital spending for mental health facility improvements funded by residual Mental Health SPA funds.

9.10 Reserves

Asset revaluation reserve (a)		
Balance at start of period	367,950	253,801
Net revaluation increments (b) :		
Land	5,026	-
Buildings	493,655	114,149
Balance at end of period	866,631	367,950

(a) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.

(b) Any increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.

Note 9 Other disclosures (continued)

9.11 Supplementary financial information

(a) Write-offs

During the financial year, $2.641 million (2024: $1.755 million) was written off WA Country Health Service's receivables under the authority of:

	2025 $000	2024 $000
The accountable authority	2,642	1,755
The Minister	-	-
Executive Council	-	-
	2,642	1,755

(b) Losses through theft, defaults and other causes

Losses of public money and property through theft or default	44	-
Amount recovered	(33)	-
Net losses	11	-

(c) Forgiveness of debts

Forgiveness (or waiver) of debts by WA Country Health Service	355	569
	355	569

(d) Gifts of public property

Gifts of public property provided by WA Country Health Service	-	-
	-	-

Notes to the Financial Statements

For the year ended 30 June 2025

Note 9 Other disclosures (continued)

9.12 Explanatory statement

All variances between annual estimates (original budget) and actual results for 2025, and between the actual results for 2025 and 2024 are shown below. Narratives are provided for major variances which are more than 10% of the comparative and which are more than 1% of the following (as appropriate):

1. Estimate and actual results for the current year:
   - Total Cost of Services of the annual estimates for the Statement of comprehensive income and Statement of cash flows (i.e. 1% of $2,835.653m), and
   - Total Assets of the annual estimates for the Statement of financial position (i.e. 1% of $3,881.528m).
2. Actual results between 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 $2,794.038m), and
   - Total Assets of the previous year for the Statement of financial position (i.e. 1% of $3,696.953m).

9.12.1 Statement of Comprehensive Income variances

	Variance note	Estimate 2025 $000	Actual 2025 $000	Actual 2024 $000	Variance between estimate and actual $000	Variance between actual results for 2025 and 2024 $000
COST OF SERVICES						
Expenses						
Employee benefits expense		1,678,504	1,723,709	1,623,743	45,205	99,966
Patient support costs	(a)	681,432	756,423	688,170	74,991	68,253
Finance costs		351	2,016	1,480	1,665	536
Depreciation and amortisation expense		104,697	116,116	109,782	11,419	6,334
Loss on disposal of non-current assets		-	1,275	18	1,275	1,257
Repairs, maintenance and consumable equipment		86,807	75,563	69,431	(11,244)	6,132
Other expenses	(b)	283,862	315,774	301,414	31,912	14,360
Total cost of services		**2,835,653**	**2,990,876**	**2,794,038**	**155,223**	**196,838**
Income						
Patient charges		88,795	105,323	93,139	16,528	12,184
Commonwealth grants	(c)	-	94,371	85,656	94,371	8,715
Other grants		22,317	16,063	15,031	(6,254)	1,032
Donation revenue		463	1,940	523	1,477	1,417
Asset revaluation increment		-	22,909	4,588	22,909	18,321
Other revenue		22,005	21,994	22,005	(11)	(11)
Total Revenue		**133,580**	**262,600**	**220,942**	**129,020**	**41,658**
Total income other than income from State Government		**133,580**	**262,600**	**220,942**	**129,020**	**41,658**
NET COST OF SERVICES		**2,702,073**	**2,728,276**	**2,573,096**	**26,203**	**155,180**
INCOME FROM STATE GOVERNMENT						
Income from public sector entities		2,476,922	2,540,349	2,325,129	63,427	215,220
Resources received		108,132	110,682	105,490	2,550	5,192
Royalties for Regions Fund		117,019	108,241	112,631	(8,778)	(4,390)
Total income from State Government		**2,702,073**	**2,759,272**	**2,543,250**	**57,199**	**216,022**
SURPLUS/(DEFICIT) FOR THE PERIOD		**0**	**30,996**	**(29,846)**	**30,996**	**60,842**
OTHER COMPREHENSIVE INCOME/(LOSS)						
Items not reclassified subsequently to profit or loss						
Changes in asset revaluation reserve	(d)	-	498,681	114,149	498,681	384,532
Total other comprehensive income		**-**	**498,681**	**114,149**	**498,681**	**384,532**
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		**0**	**529,677**	**84,303**	**529,677**	**445,374**

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

9.12.2 Statement of Financial Position variances

	Variance note	Estimate 2025 $000	Actual 2025 $000	Actual 2024 $000	Variance between estimate and actual $000	Variance between actual results for 2025 and 2024 $000
ASSETS						
Current Assets						
Cash and cash equivalents		31,019	44,101	31,019	13,082	13,082
Restricted cash and cash equivalents		46,441	36,758	46,441	(9,683)	(9,683)
Receivables		33,281	40,440	33,281	7,159	7,159
Right-of-Use Assets		162	24	162	(138)	(138)
Other current assets		11,322	11,796	11,322	474	474
Total Current Assets		**122,225**	**133,119**	**122,225**	**10,894**	**10,894**
Non-Current Assets						
Receivables		39,344	37,227	30,452	(2,117)	6,775
Amounts receivable for services		1,375,242	1,375,241	1,270,545	(1)	104,696
Property, plant and equipment	(e)	2,298,562	2,757,986	2,211,195	459,424	546,791
Right-of-Use Assets		17,571	44,112	31,011	26,541	13,101
Intangible assets		8,070	8,474	10,746	404	(2,272)
Service concession assets		20,514	25,500	20,779	4,986	4,721
Total Non-Current Assets		**3,759,303**	**4,248,540**	**3,574,728**	**489,237**	**673,812**
Total Assets		**3,881,528**	**4,381,659**	**3,696,953**	**500,131**	**684,706**
LIABILITIES						
Current Liabilities						
Payables		214,300	219,322	214,300	5,022	5,022
Contract liabilities		11,409	7,554	11,409	(3,855)	(3,855)
Lease liabilities		11,664	14,917	11,664	3,253	3,253
Provisions		247,685	271,936	247,685	24,251	24,251
Other current liabilities		1,178	1,137	1,178	(41)	(41)
Total Current Liabilities		**486,236**	**514,866**	**486,236**	**28,630**	**28,630**
Non-Current Liabilities						
Contract liabilities		14,931	14,931	14,931	-	-
Lease liabilities		15,923	24,359	15,923	8,436	8,436
Provisions		45,757	48,029	45,757	2,272	2,272
Total Non-Current Liabilities		**76,611**	**87,319**	**76,611**	**10,708**	**10,708**
Total Liabilities		**562,847**	**602,185**	**562,847**	**39,338**	**39,338**
NET ASSETS		**3,318,681**	**3,779,474**	**3,134,106**	**460,793**	**645,368**
EQUITY						
Contributed equity		3,138,049	3,071,905	2,953,471	(66,144)	118,434
Reserves	(f)	367,950	866,631	367,950	498,681	498,681
Accumulated deficit		(187,318)	(159,062)	(187,315)	28,256	28,253
TOTAL EQUITY		**3,318,681**	**3,779,474**	**3,134,106**	**460,793**	**645,368**

Notes to the Financial Statements

For the year ended 30 June 2025

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

9.12.3 Statement of Cash Flows variances

	Variance note	Estimate 2025 $000	Actual 2025 $000	Actual 2024 $000	Variance between estimate and actual $000	Variance between actual results for 2025 and 2024 $000
CASH FLOWS FROM STATE GOVERNMENT						
Income from public sector entities		2,372,226	2,435,836	2,230,718	63,610	205,118
Capital appropriations administered by the Department of Health	(g)	132,902	16,357	28,588	(116,545)	(12,231)
Royalties for Regions Fund	(h)	168,695	207,575	130,493	38,880	77,082
Net cash provided by State Government		**2,673,823**	**2,659,768**	**2,389,799**	**(14,055)**	**269,969**
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits		(1,678,504)	(1,683,886)	(1,589,706)	(5,382)	(94,180)
Supplies and services	(i)	(943,969)	(1,047,508)	(938,501)	(103,539)	(109,007)
Finance costs		(351)	(2,016)	(1,480)	(1,665)	(536)
Receipts						
Receipts from customers		88,795	102,445	88,893	13,650	13,552
Commonwealth grants	(j)	-	89,009	79,231	89,009	9,778
Other grants		22,316	16,397	16,202	(5,919)	195
Donations received		463	430	515	(33)	(85)
Other receipts		22,005	9,398	14,872	(12,607)	(5,474)
Net cash used in operating activities		**(2,489,245)**	**(2,515,731)**	**(2,329,974)**	**(26,486)**	**(185,757)**
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Purchase of non-current physical assets	(k)	(175,683)	(116,077)	(28,875)	59,606	(87,202)
Receipts						
Proceeds from sale of non-current physical assets		-	12	136	12	(124)
Net cash used in investing activities		**(175,683)**	**(116,065)**	**(28,739)**	**59,618**	**(87,326)**
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Principal elements of lease		(8,895)	(24,573)	(18,692)	(15,678)	(5,881)
Net cash used in financing activities		**(8,895)**	**(24,573)**	**(18,692)**	**(15,678)**	**(5,881)**
Net increase / (decrease) in cash and cash equivalents		0	3,399	12,394	3,399	(8,995)
Cash and cash equivalents at the beginning of the period		77,460	77,460	65,066	-	12,394
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD		**77,460**	**80,859**	**77,460**	**3,399**	**3,399**

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

Major estimate and actual (2025) variance narratives and/or major actual (2025) and comparative (2024) variance narratives:

9.12.1 Statement of Comprehensive Income variances

(a) Patient support costs

Patient support costs increased by $75.0m (11.0%) compared to estimate due to budgets and funding received following finalisation of the s40 Estimates. These issues include various Commonwealth and other programs that were not confirmed at the time the s40 Estimates were prepared (Multi-Purpose Services $58.5m and Commonwealth Home Support Programme $9.8m), ABF activity growth of 1.7% beyond initial targets and workforce cost pressures (including from Visiting Medical Practitioners, contracted radiology and private contracted providers), as well as general cost pressures.

(b) Other expenses

Other expenses increased by $31.9m (11.2%) compared to estimate mainly due to increases in insurance costs ($19.8m), additional ICT service charges ($5.0m) and increases in short term lease expenses ($8.1m) being essential in retention and attraction of staff in rural and remote areas.

(c) Commonwealth grants

Commonwealth grants increased by $94.4m (100.0%) compared to estimate due to revenues not being recognised in the initial 2024-25 Service Agreement. During 2024-25, funding of specific Commonwealth programs was received including Multi-Purpose Services, Commonwealth Home Support Programme, Nursing Home Benefits and Indigenous Australians' Health Program. Refer to Note 4.2.1 Commonwealth grants.

(d) Changes in asset revaluation reserve

Changes in asset revaluation reserve increased by $498.7m (100.0%) compared to estimate and increased by $384.5m (336.9%) compared to comparative due to an amendment to AASB 13 Fair Value Measurement, effective in 2024-25. The amendment requires the buildings measured on the current use value to include the Project Management and Professional Fees (PPF). The revaluation values are a product of the traditional Landgate assessed values plus the assessed value for PPF. The impact of PPF is calculated at $337.8m significantly contributing to the overall revaluation increase.

9.12.2 Statement of Financial Position variances

(e) Property, plant and equipment

Property, plant and equipment increased by $459.4m (20.0%) compared to estimate and increased by $546.8m (24.7%) compared to comparative due to a significant total asset revaluation of land and buildings ($521.6m). After offsetting the impact of revaluations, estimate was lower due to some budgeted capital works not being achieved, mainly the Bunbury redevelopment, with the comparative increasing following additional expenditure related to large redevelopment works at both Bunbury ($31.7m) and Geraldton ($56.0m).

(f) Reserves

Reserves increased by $498.7m (135.5%) compared to estimate and compared to comparative due to unbudgeted net land and building revaluation increments that were not recognised as income as set out in Note 9.10 Reserves.

Notes to the Financial Statements

For the year ended 30 June 2025

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

Major estimate and actual (2025) variance narratives and/or major actual (2025) and comparative (2024) variance narratives:

9.12.3 Statement of Cash Flow variances

(g) Capital appropriations administered by the Department of Health

Capital appropriations administered by the Department of Health decreased by $116.5m (-87.7%) compared to estimate due to two main components. The estimate was derived from schedules available at the time with the mix funded capital programs funded between the Royalties for Regions Fund and the State apportioned accordingly. Both the redevelopments of Geraldton ($16.8m) and Bunbury ($41.2m) allocated in the estimate were paid by the Royalties for Regions Fund.

In addition, there were a number of capital projects that experienced delays in 2024-25 primarily due to the limited availability of suitable contractors and requirements to review project cost estimates resulting in expenditure not achieving the budget allocated. This includes the Bunbury redevelopment ($28.1m), Critical Staff Accommodation Upgrade Program ($5.9m), Newman Health Service Redevelopment ($3.6m), Silverchain Transition of Rural and Remote Health Services ($3.5m) with a range of other projects.

(h) Royalties for Regions Fund

Royalties for Regions Fund increased by $38.9m (23.0%) compared to estimate due to the mix funded capital programs between the Royalties for Regions Fund and the State. Values known at the time of preparing estimate were based on schedules available at the time. This mainly impacts on the redevelopments of Geraldton ($17.1m) and Bunbury ($27.5m) being paid from the Royalties for Regions Fund.

Royalties for Regions Fund increased by $77.1m (59.1%) compared to comparative largely due to increased expenditure for the Geraldton redevelopment ($32.3m) and Bunbury redevelopment ($56.4m) on the prior year. These two items have an offset reduction to the Capital appropriation administered by the Department of Health.

(i) Supplies and services

Supplies and services increased by $103.6m (11.0%) compared to estimate and increased by $109.0m (11.6%) compared to comparative due to payments relating to services and cost pressures for which budgets and funding were received following finalisation of the s40 Estimates, including various Commonwealth (Multi-Purpose Services $58.5m, Commonwealth Home Support Programme $9.8m and other Commonwealth programs $26.1m), ABF activity growth of 1.7% beyond initial targets, Visiting Medical Practitioners, contracted radiology and private contracted providers and general cost pressures ($58.3m). 58.7% of the additional funding relates to supplies and services.

(j) Commonwealth grants

Commonwealth grants increased by $89.0m (100.0%) compared to estimate due to budgets and funding received following finalisation of the s40 Estimates such as Multi-Purpose Services, Commonwealth Home Support Programme and Nursing Home Benefits. Refer to Note 4.2.1 Commonwealth grants.

(k) Purchase of non-current physical assets

Purchase of non-current physical assets payments decreased by $59.6m (-33.9%) compared to estimate. This is due to the estimate being based on the approved 2024-25 capital works schedule for which there were a number of capital projects that experienced delays in 2024-25 primarily due to the limited availability of suitable contractors and requirements to review project cost estimates resulting in expenditure not achieving the budget allocated. This includes the Bunbury redevelopment ($28.1m), Critical Staff Accommodation Upgrade Program ($5.9m), Newman Health Service Redevelopment ($3.6m) and Silverchain Transition of Rural and Remote Health Services ($3.5m) with a range of other projects.

Purchase of non-current physical assets payments increased by $87.2m (302.0%) compared to comparative. The comparative to 2023-24 is primarily related to the Redevelopment of Bunbury ($32.3m) and Geraldton ($55.6m) and the progress on these programs.

9.13 Trust accounts

Funds held in these trust accounts are not controlled by WA Country Health Service and are therefore not recognised in the financial statements.

WA Country Health Service administers trust accounts for the purpose of holding patients' private moneys.

A summary of the transactions for these trust accounts is as follows:

	2025 $000	2024 $000
Balance at the start of period	834	825
Add Receipts	132	121
	966	946
Less Payments	(87)	(112)
Balance at the end of period	879	834

Certification of key performance indicators

WA COUNTRY HEALTH SERVICE CERTIFICATION OF KEY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2025

We hereby certify the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the WA Country Health Service's performance and fairly represent the performance of the health service for the financial year ending 30 June 2025.

Dr Neale Fong
Board Chair
23 September 2025

Ms Wendy Newman
Deputy Board Chair
23 September 2025

Key performance indicators

All HSPs are required to comply with the **Outcome-Based Management (OBM) Policy Framework**, which outlines mandatory requirements to ensure consistency and integrity in performance measurement across the WA health system.

This policy framework is designed to:

- Define clear governance and defined roles in OBM.
- Ensure consistent application of OBM across the WA health system.
- Align performance reporting with State Government strategic goals.
- Standardise the presentation of key performance indicators (KPIs) in annual reports and Government Budget Statements.
- Promote accurate and reliable KPI data reporting.

OBM provides a structured approach to measuring the WA health system's performance against agreed government outcomes through outcomes, services, and key performance indicators (KPIs).

The framework is guided by the following principles:

Transparency
Open and clear reporting of performance against established outcome targets.

Accountability
Clearly defined roles and responsibilities to support the achievement of outcomes.

Recognition
Acknowledgement of performance in relation to agreed targets.

Consistency
Uniform systems and processes to ensure reliable performance measurement.

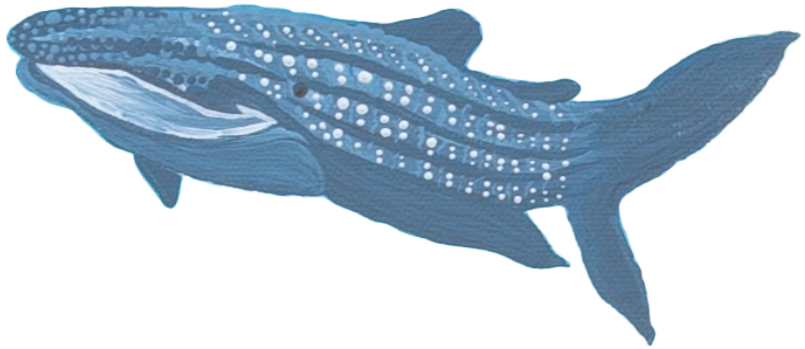
Integration
Harmonised systems and policies that support outcome achievement.

WA Country Health Service reports performance against KPIs for:

- **Outcome one:** Public hospital based services that enable effective treatment and restorative healthcare for Western Australians.
- **Outcome two:** Prevention, health promotion, and aged and continuing care services that help Western Australians to live healthy and safe lives.

The full KPIs in the following pages supports the assessment and monitoring of progress toward achieving government outcomes.

Due to the availability of data, some indicators reflect performance for the full 2024–25 financial year, while others are limited to the 2024 calendar year where complete financial year data is not yet available. The data time span will be specified.



OUTCOME ONE: PUBLIC HOSPITAL-BASED SERVICES THAT ENABLE EFFECTIVE TREATMENT AND RESTORATIVE HEALTHCARE FOR WESTERN AUSTRALIANS

Effectiveness KPI: Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1,000 separations)

Rationale

Unplanned hospital readmissions may reflect less than optimal patient management and ineffective care pre-discharge, post-discharge and/or during the transition between acute and community-based care. These readmissions necessitate patients spending additional periods of time in hospital as well as utilising additional hospital resources.

Readmission rate is considered a global performance measure, as it potentially points to deficiencies in the functioning of the overall healthcare system. Along with providing appropriate interventions, good discharge planning can help decrease the likelihood of unplanned hospital readmissions by providing patients with the care instructions they need after a hospital stay and helping patients recognise symptoms that may require medical attention.

The seven surgeries selected for this indicator are based on those in the current National Health Agreement Unplanned Readmission performance indicator (NHA PI 23).

Target

The 2024 targets for unplanned readmissions for each procedure (per 1,000 separations) are outlined below. Improved or maintained performance is demonstrated by a result below or equal to target:

(a) Knee replacement
≤ 21.0

(b) Hip replacement
≤ 19.4

(c) Tonsillectomy and adenoidectomy
≤ 84.4

(d) Hysterectomy
≤ 45.8

(e) Prostatectomy
≤ 40.0

(f) Cataract surgery
≤ 2.3

(g) Appendicectomy
≤ 29.7

Results

(a) Knee replacement

YEAR	TARGET	ACTUAL
2024	**≤ 21.0**	**15.9**
2023	≤ 18.7	13.6
2022	≤ 19.6	23.7

(b) Hip replacement

YEAR	TARGET	ACTUAL
2024	**≤ 19.4**	**40.0**
2023	≤ 17.1	36.7
2022	≤ 17.1	24.4

(c) Tonsillectomy & adenoidectomy

YEAR	TARGET	ACTUAL
2024	**≤ 84.4**	**112.0**
2023	≤ 77.3	108.8
2022	≤ 85.0	79.9

(d) Hysterectomy

YEAR	TARGET	ACTUAL
2024	**≤ 45.8**	**15.0**
2023	≤ 42.4	62.2
2022	≤ 42.3	54.4

(e) Prostatectomy

YEAR	TARGET	ACTUAL
2024	**≤ 40.0**	**16.9**
2023	≤ 34.5	42.4
2022	≤ 36.1	33.9

(f) Cataract surgery

YEAR	TARGET	ACTUAL
2024	**≤ 2.3**	**3.6**
2023	≤ 1.5	3.5
2022	≤ 1.5	1.8

(g) Appendicectomy

YEAR	TARGET	ACTUAL
2024	**≤ 29.7**	**32.5**
2023	≤ 23.9	28.4
2022	≤ 25.7	32.9

Commentary

The unplanned hospital readmission rate for the patients undergoing selected surgical procedures was within target for knee replacement, hysterectomy and prostatectomy procedures. Significant improvements in performance were achieved for hysterectomy and prostatectomy compared to the previous years. These results are based on a small number of cases which can contribute to year-on-year variation with individual case reviews identifying improvements to preoperative and postoperative care delivery, particularly in relation to the consistent application of surgical antimicrobial prophylaxis and discharge planning for post-operative pain management.

Unplanned readmissions are monitored and discussed at the monthly safety and performance meetings. For procedures where the target is not met, individual clinical case reviews are completed and may identify other variation in care and outcomes and inform changes to future practice.

Performance for hip replacement, tonsillectomy and adenoidectomy, cataract surgery, and appendicectomy, while over target, remain associated with small numbers of cases, across multiple health sites. Case reviews have indicated the readmissions were related to known complications with no system issues identified. These reviews also identified that readmissions often occur in patients of high complexity with existing co-morbid conditions or diseases. WA Country Health Service (WACHS) will continue to monitor performances of these indicators and learn from these cases.

Effectiveness KPI: Percentage of elective wait list patients waiting over boundary for reportable procedures

Rationale

Elective surgery refers to planned surgery that can be booked in advance following specialist assessment that results in placement on an elective surgery waiting list.

Elective surgical services delivered in the WA health system are those deemed to be clinically necessary. Excessive waiting times for these services can lead to deterioration of the patient's condition and/or quality of life, or even death. Waiting lists must be actively managed by hospitals to ensure fair and equitable access to limited services, and that all patients are treated within clinically appropriate timeframes.

Patients are prioritised based on their assigned clinical urgency category:

- **Category 1** – procedures that are clinically indicated within 30 days.
- **Category 2** – procedures that are clinically indicated within 90 days.
- **Category 3** – procedures that are clinically indicated within 365 days.

Target

The 2024-25 target for patients waiting over boundary for all urgency categories is 0 per cent. A result equal to target is desired.

Results

Category 1:

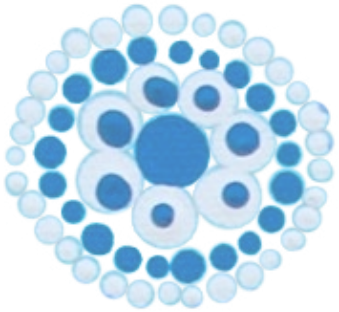
YEAR	TARGET	ACTUAL
2024-25	**0%**	**8.3%**
2023-24	0%	8.0%
2022-23	0%	13.4%

Category 2:

YEAR	TARGET	ACTUAL
2024-25	**0%**	**15.2%**
2023-24	0%	12.1%
2022-23	0%	16.5%

Category 3:

YEAR	TARGET	ACTUAL
2024-25	**0%**	**4.9%**
2023-24	0%	5.3%
2022-23	0%	10.6%



Commentary

In 2024-25, WACHS continued to strive towards reducing over boundary cases and improve the timeliness of access to care for elective surgery waitlisted patients.

Emergency surgery demand and workforce challenges in rural and remote communities continued to have an impact on elective surgery waitlist over boundary initiatives. Despite these challenges, WACHS has managed to reduce the number of over boundary patients for the Category 3 patients from 10.6 per cent (financial year 2022-23) to 4.9 per cent in financial year 2024-25.

Challenges impacting on WACHS' capacity to meet the elective surgery targets include demand exceeding theatre and inpatient bed capacity. In addition, ongoing medical workforce attraction and theatre efficiency remain key challenges and are an ongoing priority for WACHS to address.

Several improvement actions have been progressed to improve the elective surgery waitlist this financial year including:

- Improved business intelligence tools to support real-time monitoring of waitlist performance for proactive implementation of solutions including efficient theatre utilisation and planning for additional theatre lists.
- Expanded access to theatres with additional operating hours including introduction of weekend lists to offset impact of increased demand for emergency surgery in rural and remote communities.
- Partnering with private providers to purchase additional surgical activity and increasing access for country WA residents including metropolitan service providers.
- Progression of exploratory work to address surgical preadmission assessment and optimisation to support improved patient flow and manage demand.
- Exploration of alternative models of medical practitioner engagement including expanded scope of practice as part of the rural generalist pathway.

Some of the theatre team at Kununurra District Hospital who were named finalists for Health Team of the Year in the 2025 WA Rural Health Excellence Awards.

Effectiveness KPI: Healthcare-associated Staphylococcus aureus bloodstream infections (HA-SABSI) per 10,000 occupied bed-days

Rationale

Staphylococcus aureus bloodstream infection is a serious infection that may be associated with the provision of health care. Staphylococcus aureus is a highly pathogenic organism and even with advanced medical care, infection is associated with prolonged hospital stays, increased healthcare costs and a marked increase in morbidity and mortality (SABSI mortality rates are estimated at 20-25 per cent).

HA-SABSI is generally considered to be a preventable adverse event associated with the provision of health care. Therefore, this KPI is a robust measure of the safety and quality of care provided by WA public hospitals.

A low or decreasing HA-SABSI rate is desirable, and the WA target reflects the nationally agreed benchmark.

Target

The 2024 target is ≤ 1.0 per 10,000 bed days. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024	**≤ 1.0**	**0.52**
2023	≤ 1.0	0.58
2022	≤ 1.0	0.54

Commentary

WACHS has sustained performance in this indicator meeting target for the last three years with a similar rate of HA-SABSI per 10,000 occupied bed days from the previous year. Notably the performance in 2024 has shown further improvements compared to the previous year.

WACHS participates in a statewide surveillance program and has robust processes for the review of all cases of HA-SABSI by infection control specialists and treating clinicians, to identify the factors that contributed to the individual cases and closely monitor infection rates.

Effectiveness KPI: Survival rates for sentinel conditions

Rationale

This indicator measures performance in relation to restoring the health of people who have suffered a sentinel condition – specifically a stroke, acute myocardial infarction, or fractured neck of femur.

These three conditions have been chosen as they are leading causes of hospitalisation and death in Australia for which there are accepted clinical management practices and guidelines. Patient survival after being admitted for one of these sentinel conditions can be affected by many factors including the diagnosis, the treatment given, or procedure performed, age, co-morbidities at the time of the admission, and complications which may have developed while in hospital. However, survival is more likely when there is early intervention and appropriate care on presentation to an emergency department (ED) and on admission to hospital.

By reviewing survival rates and conducting case-level analysis, targeted strategies can be developed that aim to increase patient survival after being admitted for a sentinel condition.

Target

Please see the target for each condition noted in the results per age group. Improved or maintained performance is demonstrated by a result equal to or exceeding target.

Results – Stroke

0 – 49 years:

YEAR	TARGET	ACTUAL
2024	**≥ 95.4%**	**95.0%**
2023	≥ 95.6%	94.3%
2022	≥ 95.2%	92.0%

50 – 59 years:

YEAR	TARGET	ACTUAL
2024	**≥ 94.8%**	**94.2%**
2023	≥ 95.1%	97.2%
2022	≥ 95.3%	88.1%

60 – 69 years:

YEAR	TARGET	ACTUAL
2024	**≥ 94.5%**	**96.0%**
2023	≥ 94.7%	96.3%
2022	≥ 94.4%	97.1%

70 – 79 years:

YEAR	TARGET	ACTUAL
2024	**≥ 92.6%**	**94.2%**
2023	≥ 92.7%	93.6%
2022	≥ 92.5%	95.9%

80+ years:

YEAR	TARGET	ACTUAL
2024	**≥ 87.6%**	**86.7%**
2023	≥ 87.6%	86.1%
2022	≥ 87.1%	88.1%

Effectiveness KPI: Survival rates for sentinel conditions (cont'd)

Commentary – Stroke

Effective clinical engagement and coordination of care between the neurology, emergency and acute medical teams continues to result in excellent survival rates for patients experiencing a stroke. The WA Stroke Services rural clinical care pathway for stroke, developed in line with best practice standards, prompts for time critical escalation to quaternary stroke specialist services inclusive of telestroke consultations in larger regional centres, where applicable.

WACHS' performance in the survival rate for stroke improved compared to the previous year in majority of the age cohorts. Age groups where the performance was slightly below the target, were represented by a small number of complex cases. All deaths are the subject of a peer review as part of a morbidity and mortality review process to identify opportunities for quality improvement and organisational learning and findings are shared with clinical teams.

Results – Acute myocardial infarction

Acute myocardial infarction – results

0 – 49 years:

YEAR	TARGET	ACTUAL
2024	**≥ 98.9%**	**100%**
2023	≥ 98.9%	100%
2022	≥ 99.0%	100%

50 – 59 years:

YEAR	TARGET	ACTUAL
2024	**≥ 98.8%**	**100%**
2023	≥ 99.0%	98.9%
2022	≥ 98.9%	98.9%

60 – 69 years:

YEAR	TARGET	ACTUAL
2024	**≥ 98.2%**	**96.3%**
2023	≥ 98.1%	98.1%
2022	≥ 98.1%	99.1%

70 – 79 years:

YEAR	TARGET	ACTUAL
2024	**≥ 97.0%**	**93.8%**
2023	≥ 97.1%	93.9%
2022	≥ 97.0%	94.3%

80+ years:

YEAR	TARGET	ACTUAL
2024	**≥ 93.1%**	**88.2%**
2023	≥ 92.7%	92.5%
2022	≥ 92.2%	91.4%

Effectiveness KPI: Survival rates for sentinel conditions (cont'd)

Commentary – Acute myocardial infarction

WACHS' performance in the survival rate for acute myocardial infarction achieved 100 per cent survival rate in two age cohorts where other age groups remained within the acceptable target range. This result can be largely attributed to the timely screening and assessment of patients presenting with chest pain using the WACHS developed standardised chest pain pathway, driving effective inter-hospital patient transfer coordination from on country to metropolitan cardiac specialist services.

Age groups where performance was slightly below target, all impacted patients were found to have comorbidities complicating outcomes. Monitoring will continue throughout 2025, with all deaths subject to a peer review as part of a morbidity and mortality review process. Actions will be taken to address issues and lessons learnt are shared with clinical teams.

Results – Fractured neck of femur

70 – 79 years:

YEAR	TARGET	ACTUAL
2024	**≥ 98.8%**	**96.6%**
2023	≥ 98.9%	98.7%
2022	≥ 99.0%	98.9%

80+ years:

YEAR	TARGET	ACTUAL
2024	**≥ 97.3%**	**95.9%**
2023	≥ 97.5%	97.8%
2022	≥ 97.4%	97.6%

Commentary – Fractured neck of femur

WACHS' performance in the survival rate for fractured neck of femur patients was slightly below targets, primarily representing a small number of complex cases. Monitoring will continue throughout 2025, with all deaths subject to a peer review as part of a morbidity and mortality review process. Actions will be taken to address issues and lessons learnt are shared with clinical teams.

Effectiveness KPI: Percentage of admitted patients who discharged against medical advice

Rationale

Discharge against medical advice (DAMA) refers to patients leaving hospital against the advice of their treating medical team or without advising hospital staff (i.e., absconding or missing and not found). Patients who do so have a higher risk of readmission and mortality and have been found to cost the health system 50 per cent more than patients who are discharged by their physician.

This indicator provides a measure of the safety and quality of inpatient care. Reporting the results by Aboriginal status measures the effectiveness of initiatives within the WA health system to deliver culturally secure services to Aboriginal people. While the aim is to achieve equitable treatment outcomes, the targets reflect the need for a long-term approach to progressively closing the gap between Aboriginal and non-Aboriginal patient cohorts.

Target

The 2024 target for admitted patients who DAMA are:

- Aboriginal patients: ≤ 2.78%
- Non-Aboriginal patients: ≤ 0.99%

Results

(a) Aboriginal patients:

YEAR	TARGET	ACTUAL
2024	**≤ 2.78%**	**6.4%**
2023	≤ 2.78%	6.3%
2022	≤ 2.78%	5.7%

(b) Non-Aboriginal patients:

YEAR	TARGET	ACTUAL
2024	**≤ 0.99%**	**0.9%**
2023	≤ 0.99%	0.8%
2022	≤ 0.99%	0.7%

Commentary – DAMA

WACHS continues to favourably perform against the target for the percentage of admitted patients who DAMA for non-Aboriginal patients in 2024. Performance for Aboriginal patients who DAMA did not achieve the target in 2024 and was comparable to those reported in previous years.

WACHS continues to work to reduce the proportion of patients who DAMA from our services. Key strategies supporting DAMA performance across WACHS include:

- Continued implementation of the WACHS Aboriginal Cultural Governance Framework to improve cultural competence across the WACHS workforce staff, including commencement of the Aboriginal Health Champions Program.
- Increasing availability of the Aboriginal Health Liaison Officer workforce across our services.
- Exploration of an alternative model of care to support patient-initiated discharge, including criteria-led discharge processes, to reduce the need for patients to wait for longer periods to be assessed by medical staff prior to discharge.

Effectiveness KPI: Percentage of live-born term infants with an Apgar score of less than seven at five minutes post delivery

Rationale

This indicator of the condition of newborn infants immediately after birth provides an outcome measure of intrapartum care and newborn resuscitation.

The Apgar score is an assessment of an infant's health at birth based on breathing, heart rate, colour, muscle tone and reflex irritability. An Apgar score is applied at one, five and (if required by the protocol) ten minutes after delivery to determine how well the infant is adapting outside the mother's womb. Apgar scores range from zero to two for each condition with a maximum final total score of ten. The higher the Apgar score the better the health of the newborn infant.

This outcome measure can lead to the development and delivery of improved care pathways and interventions to improve the health outcomes of Western Australian infants and aligns to the National Core Maternity Indicators (2023) Health, Standard 14/07/2023.

Target

The 2024 target for the percentage of live-born term infants with an Apgar score of less than seven at five minutes post-delivery is ≤ 1.9 per cent. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024	**≤ 1.9%**	**1.8%**
2023	≤ 1.8%	2.0%
2022	≤ 1.9%	1.4%

Commentary – Apgar Score

In 2024, WACHS continued to provide high quality of care for maternity and neonatal services in rural and remote communities and have met the target achieving a performance better than the previous year.

Despite the challenges such as higher rates of late presentation of women with minimal or no antenatal care and higher rates of pre-existing medical conditions and social factors in rural and remote areas, such as smoking, WACHS continues to put proactive measures and practices in action, which is evident in the improvement of performance.

Effectiveness KPI: Re-admissions to acute specialised mental health inpatient services within 28 days of discharge

Rationale

Readmission rate is considered to be a global performance measure as it potentially points to deficiencies in the functioning of the overall mental healthcare system.

While multiple hospital admissions over a lifetime may be necessary for someone with ongoing illness, a high proportion of readmissions shortly after discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was not adequate to maintain the patient's recovery out of hospital.

These readmissions mean that patients spend additional time in hospital and utilise additional resources. A low readmission rate suggests that good clinical practice is in operation. Readmissions are attributed to the facility at which the initial separation (discharge) occurred rather than the facility to which the patient was readmitted.

By monitoring this indicator, key areas for improvement can be identified. This can facilitate the development and delivery of targeted care pathways and interventions aimed at improving the mental health and quality of life of Western Australians.

Target

The 2024 target for readmissions to acute specialised mental health inpatient services within 28 days of discharge is ≤ 12.0 per cent. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024	**≤ 12.0%**	**13.6%**
2023	≤ 12.0%	13.5%
2022	≤ 12.0%	13.7%

Commentary

WACHS performance in 2024 for this indicator was closely aligned with previous year's performance with a slight 0.1 per cent increase in readmissions to acute specialised mental health inpatient services within 28 days of discharge.

WACHS has identified that due to limited options and access to other primary or secondary care service providers and supported step down or sub-acute accommodation in rural and remote WA, readmissions may be the only option for some patients. Analysis of readmissions for this period have identified the majority cohort of people needing readmission are people with an emotionally unstable personality disorder and people affected by substance misuse with complex social problems. These people experience repeated crises and as part of appropriate care and treatment are encouraged to return and receive short term readmissions prior to the emotional crises escalating (which may otherwise result in increased self-harming behaviours).

WACHS Mental Health ensures that readmissions are monitored closely and occur where clinically appropriate and not as the primary response. Intensive post discharge follow-up continues to be offered to patients however readmission will occur for highly complex patients, including those with a mood disorder and co-morbid substance misuse.

Effectiveness KPI: Percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services

Rationale

Discharge from hospital is a critical transition point in the delivery of mental health care. People leaving hospital after an admission for an episode of mental illness have increased vulnerability and, without adequate follow up, may relapse, or be readmitted.

The standard underlying this measure is that continuity of care requires prompt community follow-up in the period following discharge from hospital. A responsive community support system for persons who have experienced a psychiatric episode requiring hospitalisation is essential to maintain their clinical and functional stability and to minimise the need for hospital readmissions. Patients leaving hospital after a psychiatric admission with a formal discharge plan that includes links with public community-based services and support are less likely to need avoidable hospital readmissions.

Target

The 2024 target percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services is ≥ 75.0 per cent. Improved or maintained performance is demonstrated by a result equal to or above target.

Results

YEAR	TARGET	ACTUAL
2024	**≥ 75.0%**	**87.0%**
2023	≥ 75.0%	83.9%
2022	≥ 75.0%	86.4%

Commentary

WACHS has consistently exceeded the target of 75 per cent over the past seven years. In 2024 the performance improved further and have demonstrated best result within last three years. Improved communication between the mental health inpatient units and the community mental health teams has contributed to this sustained performance of community care follow-up within seven days post discharge from a Mental Health Inpatient Unit. This demonstrates WACHS' continued commitment to support our mental health consumers through care transition.

Effectiveness KPI: Average admitted cost per weighted activity unit

Rationale

This indicator is a measure of the cost per weighted activity unit (WAU) compared with the state (aggregated) target, as approved by the Department of Treasury, and published in the 2024-25 Budget Paper No. 2, Volume 1.

The measure ensures a consistent methodology is applied to calculating and reporting the cost of delivering inpatient activity against the state's funding allocation. As admitted services received nearly half of the overall 2024-25 budget allocation, it is important that efficiency of service delivery is accurately monitored and reported.

Target

The 2024-25 target is $7,899 per WAU.

Results

YEAR	TARGET	ACTUAL
2024-25	**$7,899**	**$8,273**
2023-24	$7,461	$7,853
2022-23	$7,314	$7,817

Commentary

In 2024–25, WACHS reported an average admitted cost per WAU of $8,273, which is $374 above the target of $7,899 and $420 higher than the previous year (2023–24).

During this period, admitted patient activity increased by 0.8 per cent, while expenditure rose by 6.2 per cent from the previous financial year.

WACHS continues to experience high operating costs and the growth in expenditure this year reflects the recent Enterprise Bargaining Agreement increases for salaries. However, strategic initiatives to improve recruitment and retention have helped to moderate agency utilisation and contract payments.

Effectiveness KPI: Average Emergency Department cost per weighted activity unit

Rationale

This indicator is a measure of the cost per weighted activity unit (WAU) compared with the state (aggregated) target as approved by the Department of Treasury, which is published in the 2024-25 Budget Paper No. 2, Volume 1.

The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering ED activity against the state's funding allocation. With the increasing demand on EDs and health services, it is important that ED service provision is monitored to ensure the efficient delivery of safe and high quality care.

Target

The 2024-25 target is $7,777 per WAU.

Results

YEAR	TARGET	ACTUAL
2024-25	**$7,777**	**$7,856**
2023-24	$7,243	$8,405
2022-23	$7,074	$8,565

Commentary

The average ED cost per WAU was $7,856, which is $79 above the 2024–25 target of $7,777, but $549 lower than the previous financial year.

ED activity increased by 10.7 per cent and expenditure increased by 3.5 per cent compared to the previous financial year.

The overall cost reduction is largely due to:

- Improved use of emergency telecare services across WACHS health centres.
- Enhanced direct access to ED services for local communities.

Effectiveness KPI: Average non-admitted cost per weighted activity unit

Rationale

This indicator is a measure of the cost per weighted activity unit (WAU) compared with the state (aggregated) target, as approved by the Department of Treasury, which is published in the 2023-24 Budget Paper No. 2, Volume 1.

The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering non-admitted activity against the state's funding allocation. Non-admitted services play a pivotal role within the spectrum of care provided to the WA public; therefore, it is important that non-admitted service provision is monitored to ensure the efficient delivery of safe and high quality care.

Target

The 2024-25 target is $7,903 per WAU.

Results

YEAR	TARGET	ACTUAL
2024-25	**$7,903**	**$4,689**
2023-24	$7,325	$4,980
2022-23	$6,982	$5,345

Commentary

In 2024–25, WACHS delivered non-admitted services at an average cost of $4,689 per WAU, which is $292 lower than in 2023–24 and $3,214 below the target.

In the non-admitted there was an increase of 16.2 per cent in activity, while expenditure rose by only 9.5 per cent from the previous financial year.

WACHS achieved greater efficiency through:

- Expanded use of virtual care settings, and
- Improved access to services for local communities.

Effectiveness KPI: Average cost per bed-day in specialised mental health inpatient services

Rationale

Specialised mental health inpatient services provide patient care in authorised hospitals and designated mental health units located within hospitals. In order to ensure quality of care and cost effectiveness, it is important to monitor the unit cost of admitted patient care in specialised mental health inpatient services. The efficient use of hospital resources can help minimise the overall costs of providing mental health care and enable the reallocation of funds to appropriate alternative non-admitted care.

Target

The 2024-25 target is $2,287 per bed-day.

Results

YEAR	TARGET	ACTUAL
2024-25	**$2,287**	**$2,816**
2023-24	$2,236	$2,401
2022-23	$2,132	$2,493

Commentary

In 2024–25, WACHS' average cost per bed-day increased, which is $529 above the target.

Service volumes increased by 0.6 per cent and operating cost pressures particularly staffing continue to impact performance reflected in 18 per cent increase in expenditure.

Rising costs for essential supplies, food, utilities, and security services, combined with a reliance on agency staff have further pushed actual expenditure above target levels. Despite these pressures, the services remained focused on delivering safe, high quality, and person-centred care. The organisation continues to implement strategies to improve operational efficiency, optimise bed utilisation, and support sustainable service delivery, while maintaining its commitment to clinical excellence and recovery-oriented care.

Effectiveness KPI: Average cost per treatment day of non-admitted care provided by mental health services

Rationale

Public community mental health services consist of a range of community-based services such as emergency assessment and treatment, case management, day programs, rehabilitation, psychosocial, residential services, and continuing care. The aim of these services is to provide the best health outcomes for the individual through the provision of accessible and appropriate community mental health care. Efficient functioning of public community mental health services is critical to ensure that finite funds are used effectively to deliver maximum community benefit.

Public community-based mental health services are generally targeted towards people in the acute phase of a mental illness who are receiving post-acute care. This indicator provides a measure of the cost effectiveness of treatment for public psychiatric patients under public community mental healthcare (non-admitted/ ambulatory patients).

Target

The 2024-25 target is $672 per treatment day.

Results

YEAR	TARGET	ACTUAL
2024-25	**$672**	**$686**
2023-24	$595	$647
2022-23	$577	$624

Commentary

In 2024–25, WACHS recorded an average cost of $686, which is $14 above the target of $672. This represents a 2.1 per cent increase from the target, remaining within the inflationary margin.

Despite this, WACHS continues to face operating cost pressures, particularly related to staffing.

OUTCOME TWO: PREVENTION, HEALTH PROMOTION AND AGED AND CONTINUING CARE SERVICES THAT HELP WESTERN AUSTRALIANS TO LIVE HEALTHY AND SAFE LIVES

Effectiveness KPI: Response times for emergency air-based patient transport services (Percentage of emergency air-based inter-hospital transfers meeting the statewide contract target response time for priority 1 calls)

Rationale

To ensure Western Australians receive the care and medical transport services they need, when they need it, WACHS has entered a contractual relationship to deliver emergency air-based patient transport services to the WA public. This collaboration ensures that patients have access to an effective aeromedical and inter-hospital patient transfer service to ensure the best possible health outcomes for patients requiring urgent medical treatment through rapid response.

Response times for patient transport services have a direct impact on the speed with which a patient receives appropriate medical care and provide a good indication of the efficiency and effectiveness of patient transport services. Adverse effects on patients and the community are reduced if response times are reduced.

Transfers are assigned a clinical priority (1 to 5) via the WACHS Acute Patient Transfer Coordination (APTC) Service, to ensure that conflicting flight requests are dealt with in order of medical need and to allow operations coordinators to task aircraft and crews in the most efficient means possible to meet these needs. The priority system in place is as follows:

- Priority 1 refers to immediate life-threatening emergencies.
- Priority 2 refers to emergency medical transfer.
- Priority 3 refers to urgent transfer.
- Priority 4 refers to semi-urgent transfer.
- Priority 5 refers to non-urgent transfer or repatriation.

Through surveillance of this measure over time, the effectiveness of 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 urgent medical care.

Target

The 2024-25 target is 90 per cent of referrals for Priority 1 patients result in arrival at the nearest airstrip to sending healthcare facility, crewed and ready to load patient within four hours.

Results

YEAR	TARGET	ACTUAL
2024-25	**≥ 90%**	**90.0%**
2023-24	≥ 80%	73.3%
2022-23	≥ 80%	68.0%

Commentary

In 2024-25 the response time performance target of 90 per cent for Priority 1 cases was met. The total number of Western Australians requiring aeromedical retrieval in regional WA increased by 5 per cent in 2024-25. Overall, aeromedical retrieval patient numbers have remained at elevated levels since 2020.

WACHS continues to have a productive partnership with the contracted provider for emergency air-based patient transfers to ensure the best care is provided to rural and remote communities.

Note:
- In 2024-25, new target and indicator definition was established in collaboration with the contracted provider effective 1 July 2024.
- Changes and improvements in the prioritisation classifications and timepoint references used to calculate this indicator has resulted in the results preceding 2023-24 inclusive not being comparable to the current result.
- Priority categories changed from Priority 1-3 to Priority 1-5 in alignment with WA Health clinical priority objectives and measured by reference to the point in time that WACHS Acute Patient Transfer Coordination (APTC) issues a transfer referral as opposed to when the referral is accepted by the air-based transport service.

Effectiveness KPI: Percentage of patients who access emergency services at a small rural or remote Western Australian hospital and are subsequently discharged home

Rationale

Small country hospitals provide emergency care services, residential aged care services and limited acute medical and minor surgical services in locations close to home for country residents and the many visitors to the regions.

This indicator measures whether small rural and remote hospital emergency services provide the level of care required to meet the needs of the community. Accessing health services with the outcome of returning home (where clinically justified) is indicative of effective service delivery.

Target

The 2024-25 target is ≥ 84.8 per cent.

Results

YEAR	TARGET	ACTUAL
2024-25	**≥ 84.8%**	**84.8%**
2023-24	≥ 84.8%	84.4%
2022-23	≥ 84.9%	84.4%

Commentary

WACHS met the target for this indicator for 2024-25 financial year sustaining a similar level of performance from previous financial years.

Improved visibility of this indicator for place-based services has enabled early detection of factors influencing performance. This has supported implementation of proactive actions to continue to deliver care on country as part of the broader WACHS place-based care strategy to ensure we are meeting the needs of rural and remote communities.

Effectiveness KPI: Average cost per bed-day for specialised residential care facilities, flexible care (hostels) and nursing home type residents

Rationale

WACHS provides long-term care facilities for rural patients requiring 24-hour nursing care. This healthcare service is delivered to high and low dependency residents in nursing homes, hospitals, hostels, and flexible care facilities, and constitutes a significant proportion of the activity within the WACHS jurisdictions where access to non-government alternatives is limited.

Target

The 2024-25 target is $475.

Results

YEAR	TARGET	ACTUAL
2024-25	**$475**	**$814**
2023-24	$437	$792
2022-23	$371	$877

Commentary

In 2024–25, WACHS recorded an average cost of $814 per bed-day, which is $339 above the target of $475. This performance variance is attributed to the target for this KPI being determined based on Commonwealth funding received for the six months to December of each year, while the actual results are reported for the whole financial year. This corresponds with the actual results consistently reported as approximately double the KPI targets for the current and preceding years.

Further cost drivers influencing performance include the ongoing regulatory requirements stemming from the Royal Commission into Aged Care Safety and Quality, and the implementation of the new *Aged Care Act 2024*.

To meet these obligations and maintain safe, high-quality care aligned with the Aged Care Quality Standards and the National Safety and Quality Health Service (NSQHS), WACHS continues to rely on agency staff, contributing to workforce-related cost pressures.

WACHS is also registered as a National Disability Insurance Scheme (NDIS) provider for residential care services only. This status requires compliance with the NDIS Quality and Safeguards Commission, which adds further cost burdens through NDIS worker screening and audit requirements.

Effectiveness KPI: Average cost per person of delivering population health programs by population health units

Rationale

Population health units deliver a comprehensive range of prevention and early intervention services designed to promote health and wellbeing for individuals, families, and communities. These services are primarily delivered outside hospital settings and focus on empowering people and communities to take greater control over their health outcomes.

Population health acknowledges the profound influence of social, cultural, and economic factors on health. By developing community capacity and collaborating across sectors, population health initiatives prioritise those most in need to achieve health equity.

Target

The 2024-25 target is $329.

Results

YEAR	TARGET	ACTUAL
2024-25	**$329**	**$340**
2023-24	$282	$333
2022-23	$272	$353

Commentary

WACHS' average cost of $340 which is an increase of 3.2 per cent above the target. WACHS saw a 2.7 per cent increase in activity from the previous year.

WACHS provides the full breadth of population health services across the lifespan including primary health, child and school (community) health, public health and health promotion services. Providing these services across a large geographical area, including areas of significant remoteness, attracts significantly larger workforce and other goods and services costs. In many areas, WACHS is the only provider of these services.

Effectiveness KPI: Cost per trip of patient emergency air-based transport, based on the total accrued costs of these services for the total number of trips

Rationale

To ensure Western Australians in rural and remote areas receive the care they need, when they need it, strong partnerships have been forged within the healthcare community through a collaborative agreement between WACHS and the contracted service provider. This collaboration ensures that patients in rural and remote areas have access to an effective emergency air-based transport service that aims to ensure the best possible health outcomes for country patients requiring urgent medical treatment and transport services.

Target

The 2024-25 target is $7,781.

Results

YEAR	TARGET	ACTUAL
2024-25	**$7,781**	**$10,012**
2023-24	$7,508	$7,990
2022-23	$7,798	$7,508

Commentary

WACHS reported an average cost that was $2,231 above the 2024–25 target, driven primarily by an increase in contract pricing with the Royal Flying Doctor Service (RFDS). A new contemporary contract for provision of aeromedical patient transfer services commenced on 1 July 2024, which delivers improved value for money and patient care from fiscal year 2024-25 through economies of scale embedded within the new payment model; increased accountability for performance against KPIs; and increased equity of access through defined minimum service capability across regional WA. 2024-25 being the first year of the new contract, contract adjustments will start applying from 2025-26 which will lower the average cost per trip in future years.

The number of patients transferred increased by 5.1 per cent over the previous year.

As the sole health service provider in remote and rural Western Australia, WACHS continues to ensure equitable access to healthcare for these communities, despite rising costs. WACHS continues to have a productive partnership with the contracted provider for emergency air-based patient transfers to ensure the best care is provided to rural and remote communities.

Effectiveness KPI: Average cost per trip of Patient Assisted Travel Scheme (PATS)

Rationale

The WA health system aims to provide safe, high quality healthcare to ensure healthier, longer, and better-quality lives for all Western Australians.

PATS provides a subsidy towards the cost of travel and accommodation for eligible patients travelling long distances to seek certain categories of specialist medical services. The aim of PATS is to help ensure that all Western Australians can access safe, high quality healthcare when needed.

Target

The 2024-25 target is $558.

Results

YEAR	TARGET	ACTUAL
2024-25	**$558**	**$688**
2023-24	$499	$673
2022-23	$528	$687

Commentary

WACHS' average cost of $688 is $130 above the 2024-25 target of $558. The number of PATS trips grew by 8.9 per cent, with an expenditure increase of 11.4 per cent. The PATS mileage subsidy was increased by 62 per cent in 2024-25, resulting in a significant increase in expenditure.

PATS costs remain subject to relatively high costs of regional airfares and the increase to the mileage subsidy. A significant number of reimbursements and invoices were processed for payment early 2024-25 for trips that occurred in the prior financial year.

Effectiveness KPI: Average cost per rural and remote population (selected small rural hospitals)

Rationale

The WA health system aims to provide safe, high quality healthcare to ensure healthier, longer, and better-quality lives for all Western Australians.

The Independent Health and Aged Care Pricing Authority (IHACPA) key role is to determine the annual National Efficient Price (NEP) and National Efficient Cost (NEC) for Australian public hospital services. The NEC is used when activity levels are not sufficient for funding based on activity, such as in the case of small rural hospitals. In these cases, services are funded by a block allocation based on size and location. Public hospitals are block funded where there is an absence of economies of scale that mean some services would not be financially viable under Activity Based Funding.

Small rural hospitals provide an essential level of access to services for rural and remote communities. These hospitals have relatively low patient activity and have high fixed costs therefore it is appropriate to measure efficiency based on population numbers as opposed to unit of patient activity.

In the calculation of this indicator, 'rural and remote' population has been calculated using the total WACHS population.

Target

The 2024-25 target is $578.

Results

YEAR	TARGET	ACTUAL
2024-25	**$578**	**$557**
2023-24	$497	$545
2022-23	$465	$546

Commentary

In 2024–25, the average cost per rural and remote population (served by small rural hospitals) was $557, a slight increase from the previous year and below the target of $578. The activity increase from the previous financial year was less than 2 per cent.

As the sole health service provider in remote and rural Western Australia, WACHS continues to ensure equitable access to healthcare for these communities.

Act of grace payments

No Act of Grace or Ex Gratia payments pursuant to authorisations given under Section 80(1) of the *Financial Management Act 2006* were made in the 2024-25 financial year.

Advertising

In accordance with section 175Z of the *Electoral Act 1907*, WA Country Health Service incurred a total advertising expenditure of $120,960 in 2024-25.
There was no expenditure in relation to direct mail, polling and market research organisations.

TABLE 8 – ADVERTISING EXPENDITURE 2024-25

Expenditure	Organisation	Amount ($)	Total ($)
Advertising	Goolarri Media Enterprises Pty Ltd	8,000	**15,410**
	Quality Press WA	5,180	
Direct mail	Nil	0	**0**
Media advertising	Acemedicine	9,502	**76,434**
	Australian College of Rural and Remote Medicine	17,491	
	British Medical Journal (BMJ) Publishing Group Limited	16,874	
	Facebook	7,454	
	Royal Australian and New Zealand College of Gynaecologists	4,000	
	Sage Publications Ltd	9,050	
	Royal Australian College of General Practitioners	4,540	
	Yourmembership.Com Inc	7,523	
Market research	Nil	0	**0**
Polling	Nil	0	**0**
Grand Total			*120,960

Note: * All costs with a value of less than $2,500.00 are not listed, although the amount is included in the total

Capital works

TABLE 9 - CAPITAL WORKS IN PROGRESS IN 2024-25

Project Name	Expected date of completion	Estimated total cost of project 2024-25 ($'000)	Estimated total cost to complete reported 2023-24 ($'000)	Variance ($'000)	Explanation to the variation
Bunbury Hospital[2]	To be advised	451,147	277,910	173,237	See footnote
Geraldton Health Campus – Redevelopment[2]	2026	166,069	122,664	43,405	See footnote
Geraldton Hospital – Co-location	Ongoing	2,000	2,000	0	
Meekatharra Hospital	To be advised	48,987	48,987	0	
Renal Dialysis Centre in Halls Creek	2028	920	920	0	
Critical Staff Accommodation Upgrade Program[2]	Ongoing	20,857	13,155	7,702	See footnote
Laverton Hospital	2026	26,810	26,810	0	
Renal Dialysis and Support Services[3]	Ongoing	43,789	43,815	-26	See footnote
Tom Price Hospital Redevelopment	To be advised	32,822	32,822	0	
Albany Health Campus Carpark	2025	2,125	2,125	0	
Pilbara Renal Service[4]	2025	2,300	0	2,300	See footnote
Primary Health Centres Demonstration Program[5]	2026	31,612	31,612	0	
Geraldton Radiation Oncology	Planning	9,000	9,000	0	
Hedland Health Campus MRI[4]	2027	15,000	0	15,000	See footnote
Rural and Remote Nursing Posts[4]	Ongoing	5,030	0	5,030	See footnote
WACHS PACS Regional Resource Centre	2027	6,241	6,241	0	
Nurse call systems replacement program[4]	Ongoing	2,380	0	2,380	See footnote
Critical Health ICT Infrastructure Program (CHIIP)[2]	Ongoing	97,205	23,712	73,493	See footnote
Urgent mental health anti-ligature works[1]	Ongoing	2,600	1,700	900	See footnote

Capital works

TABLE 10 - CAPITAL WORKS COMPLETED IN 2024-25

Project Name	Total cost of project 2024-25 ($'000)	Total cost of project reported in 2023-24 ($'000)	Variance ($'000)	Explanation to the variation
Dongara Aged Care	3,300	3,300	0	
Harvey Health Campus – Redevelopment	12,252	12,252	0	
Newman Health Service[2]	62,920	61,601	1,319	See footnote
Carnarvon Aged and Palliative Care	17,413	17,413	0	
Country Ambulance Initiative	1,606	1,606	0	
Collie Hospital – Upgrade	14,740	14,740	0	
Albany Radiation Oncology	13,125	13,125	0	
Busselton Health Campus[3]	114,764	114,791	-27	See footnote
Newman Renal Dialysis Service	1,300	1,300	0	

Notes: The above information is based upon the:
(i) 2024-25 published budget papers.
(ii) 2023-24 published budget papers.

The footnotes that apply to individual projects are:

1. Transfer of funding between projects.
2. Approved injection of additional capital funding - State Contribution.
3. Transfer budget from AIP to BEC.
4. New project appeared in 2024-25 published budget papers.
5. Main hospital portion.

Freedom of Information

The *Freedom of Information Act 1992 (WA)* provides all Western Australians with the right to access information held by WA Country Health Service. This includes a wide range of documents such as:

- reports on health programs and projects
- health circulars, policies, standards and guidelines
- health articles and discussion papers
- newsletters, 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
- administrative correspondence
- legislative reporting and compliance documents
- health infrastructure records
- financial and budget reports
- staff personnel records, and
- patient records created from episodes of care

Some of this information is publicly available on our **WA Country Health Service website.** Members of the public who do not have internet access can obtain hard copy documents for free or a nominal fee outside of the Freedom of Information (FOI) process.

Requests for access under the FOI Act must be submitted in writing, either via email or post. The application should include - sufficient detail to identify the requested documents, contact information and an Australian postal address for correspondence.

In the case of an application for amendment or annotation of personal information it is required that the request include:

- detail of the matters in relation to which the applicant believes the information is inaccurate, incomplete, out-of-date or misleading;
- the applicant's reasons for holding that belief; and
- detail of the amendment that the applicant wishes to have made.

For applications seeking non-personal information there is a fee payable at the time of submission.

All requests for information can be granted, partially granted or may be refused in accordance with the FOI Act. The applicant can appeal if dissatisfied with the process in the event of an adverse access decision.

We have a dedicated Release of Information team who can assist the applicants in making a request. Contact details can be sourced from this **Healthy WA site.**

For the year ended 30 June 2025, we dealt with 2,388 FOI applications for information. Of those, 2,239 applications were granted full or partial access and 77 were refused.

TABLE 11: APPLICATIONS FOR INFORMATION UNDER THE FOI ACT IN 2024-25

Number of valid applications carried over from 2023-24	532
Number of valid applications received in 2024-25	2,817
Total valid applications active in 2024-25	**3,349**
Number of applications granted – full access	2,239
Number of applications granted – partial or edited access	4
Number of applications withdrawn by applicant	68
Number of applications refused	77
Total applications dealt with in 2024-25	**2,388**
Number of valid applications in progress	961
Other	0

Indemnity insurance

As at 30 June 2025, insurance premiums of $96,445 (GST exclusive) had been paid to indemnify any WA Country Health Service Directors, as defined in Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996,* against a liability incurred under sections 13 or 14 of that Act.

Ministerial directives

Treasurer's Instruction 3.1 requires disclosing information about Ministerial directions relevant to the setting of desired outcomes or operational objectives, investment activities and financing activities.

Pursuant to section 61(1)(f) of the *Financial Management Act 2006,* the Minister for Health directed all to disclose all gifts and payments over $100,000 made under section 36(5) of the *Health Services Act 2016* within their Annual Reports. The direction was applied from 1 July 2020.

We have not made any payments that require disclosure under this directive. *(Liability of Directors) Act 1996,* against a liability incurred under sections 13 or 14 of that Act.

Pecuniary interests

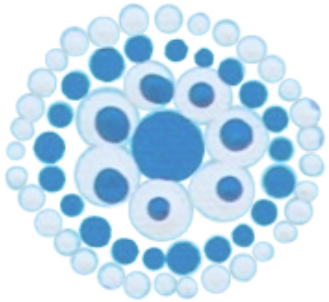
For the 2024-25 reporting period, no senior officer or Board member, or firms of which senior officers or Board members are members, or entities in which senior officers or Board members have substantial interest, held any shares as a nominee or beneficiary in WA Country Health Service or its subsidiary bodies.

Pricing policy

WA Country Health Service charges for goods and services rendered on a partial or full cost recovery basis and complies with the *Health Insurance Act 1973:*

- the Addendum to National Health Reform Agreement 2020-25;
- the *Health Services Act 2016 (HSA 2016);* and
- the WA Health Funding and Purchasing Guidelines 2016-17.

These fees and charges are determined though the WA Health costing and pricing authorities and approved by the Minister for Health. Guidelines for rules in relation to fees and charges are outlined in the WA Health Fees and Charges Manual. This is a mandatory document in the WA Health Financial Management Policy Framework and binding to all HSPs under the HSA 2016.



Recordkeeping plans

In compliance with the requirements of the *State Records Act 2000,* we have a comprehensive Recordkeeping Plan approved by the State Records Commission (SRC). This addresses the areas of proper and adequate records, policies and procedures, language control, preservation, retention and disposal, compliance, and outsourced functions.

In March 2025, the Plan was reviewed and the SRC was notified of our intent to amend it. In its response to the review report, the SRC acknowledged our 'evidence of progress towards better practice' in recordkeeping.

Numerous improvements were made and implemented by WA Country Health Service during 2024-25, and subsequently captured in the amended Plan submitted to the SRC in June 2025.

These improvements include:

- Updating all relevant retention and disposal schedules in our Electronic Document and Records Management System (EDRMS).
- A major upgrade of the EDRMS.
- Development of a new e-learning course and other training materials to support the upgrade.
- Updated Corporate Recordkeeping Compliance Policy and Corporate Records Management Procedure.
- Implementation of information classification labels in the EDRMS, in-house corporate applications, and templates, in readiness for Privacy and Responsible Information Sharing legislation.
- Routine monthly compliance reporting.
- Enhancements to relevant intranet pages.
- Inclusion of recordkeeping in our induction course.
- Bi-monthly recordkeeping information sessions and newsletters accessible to all staff.

In March 2025, an employee survey was conducted to evaluate the efficiency and effectiveness of our recordkeeping program. The survey results indicated that employees overall had a positive assessment of the recordkeeping program, showed a good understanding of their recordkeeping responsibilities, and identified a range of needs regarding system and training enhancements, including the availability of advanced EDRMS training materials. The development of such materials is one of our priorities for the second half of 2025.

We offer training courses in relation to recordkeeping for our staff. The Recordkeeping Awareness Training course, which addresses the roles and responsibilities of individual employees complying with the Plan and relevant policies, forms part of the mandatory learning program for all staff and is usually completed upon induction. In 2024-25, 1,879 staff completed this training.

All staff with corporate duties are also required to complete the EDRMS e-learning course. This course provides an interactive learning experience comprising separate modules for folder creation, saving, managing, sharing, and searching records. In 2024-25, 808 staff completed this training, with feedback encouraged and reviewed annually.

WA Country Health Service has an extensive collection of records, the majority of which is electronic. 2024-25 saw the highest ever number of electronic records captured in the EDRMS. However, due to its vast geographical expanse, we continue to discover and take care of our most precious historical paper records. For example, in 2024-25 we catalogued the historical admission and discharge registers from Busselton and Bunbury hospitals offering an insight into the lives of the South West communities over 100 years ago.

Unauthorised use of credit cards

Purchasing cards to streamline the procurement of goods and services are used to enhance administrative efficiency and optimise cash management.

Purchasing cards are issued to employees whose roles necessitate their use. They are for official business purposes and must not be used for personal expenses. If a cardholder inadvertently used the card for personal transactions, they are required to complete a Notice of Non-Compliant Transaction (Form 625-3) and submit it to the accountable authority within five working days of identifying the transaction. The full amount must also be refunded.

During the reporting period, there were 40 transactions where purchasing cards were unintentionally used for personal purposes.

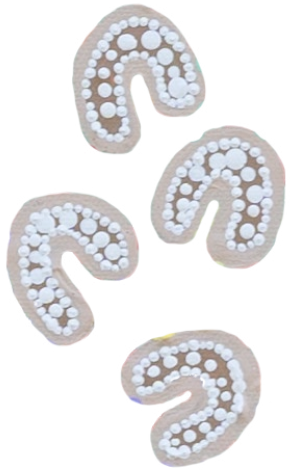
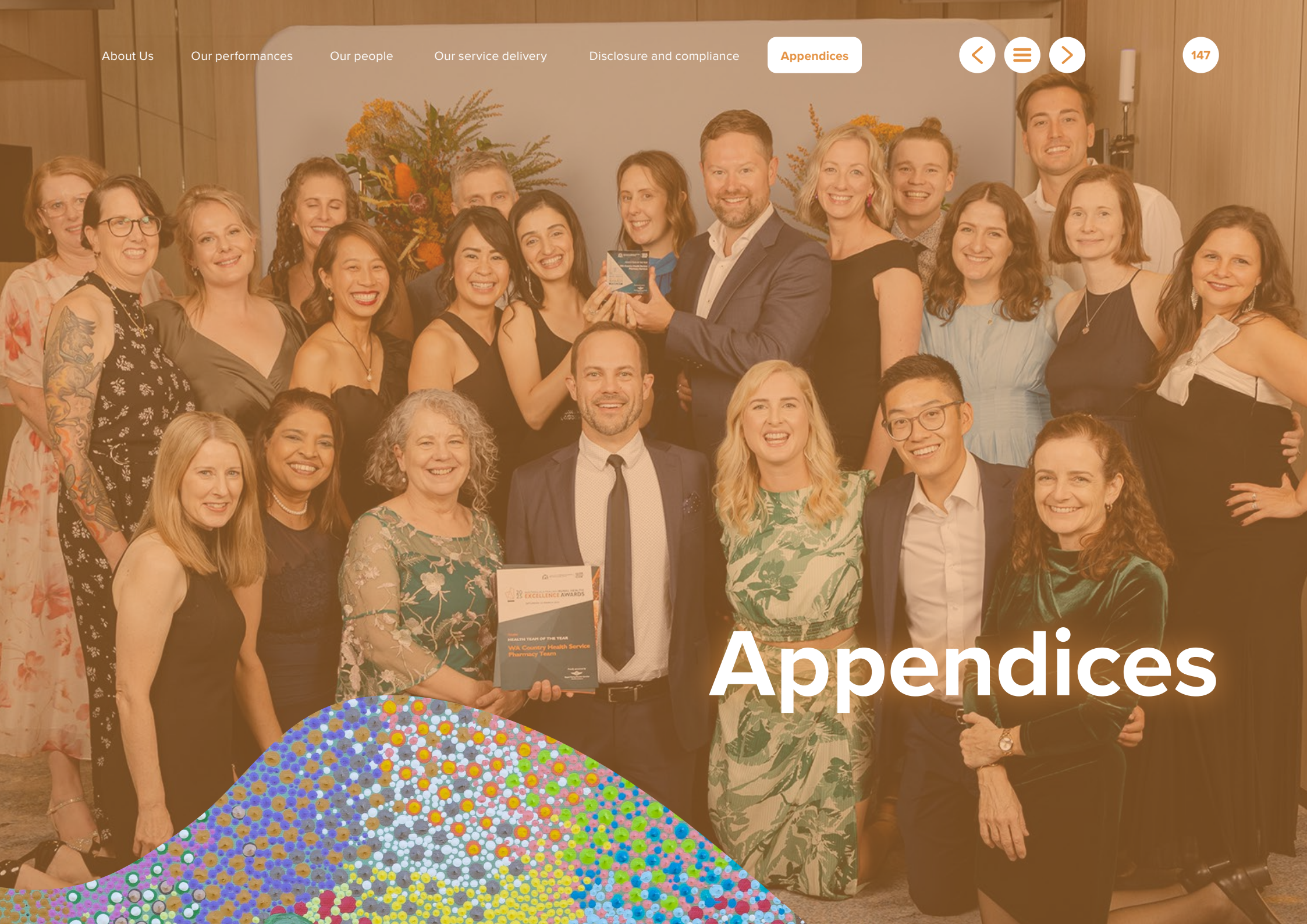


TABLE 12: UNAUTHORISED USE OF CREDIT CARDS 2024-25

Credit card personal use expenditure	1 July 2024 to 30 June 2025 ($)
Aggregate amount of personal use expenditure for the reporting period.	3,838.79
Aggregate amount of personal use expenditure settled by the due date (within five working days).	3,695.65
Aggregate amount of personal use expenditure settled after the period (after five working days).	123.35
Aggregate amount of personal use expenditure outstanding at the end of the reporting period.	19.79
Number of referrals for disciplinary action instigated by the notifiable authority during the reporting period.	Nil


EXCELLENCE AWARDS
HEALTH TEAM OF THE YEAR
WA Country Health Service
Pharmacy Team

Appendices

Appendix 1: Board and committee remuneration

TABLE 13: BOARD REMUNERATION 2024-25

Position title	Member name	Type of remuneration	Period of membership	Term of appointment / tenure	Base salary/sitting fees	Gross/actual remuneration for financial year #
Chair	Dr Neale Fong	Annual	12 months	9 years	$75,986.56	$84,724.90
Deputy	Wendy Newman	Annual	12 months	9 years	$41,791.88	$46,597.98
Member	Lorraine Anderson [1]	Annual	12 months	3 years	$40,184.50	$44,805.75
Member	Dr Peter Campbell	Annual	12 months	3 years	$41,791.88	$46,597.98
Member	Alan Ferris [2]	Annual	4 months	8 years	^0.00	^0.00
Member	Paul Fitzpatrick	Annual	12 months	6 years	$41,791.88	$46,597.98
Member	Jarrad Gardner [3]	Annual	8 months	2.8 years	^0.00	^0.00
Member	Colin Holt	Annual	12 months	3 years	$41,791.88	$46,597.98
Member	Jodi Johnston	Annual	12 months	3 years	$41,791.88	$46,597.98
Member	Dr Catherine Stoddart	Annual	12 months	3 years	$41,791.88	$46,597.98
Member	Shaneane Weldon [4]	Annual	5 months	2 years	$19,770.77	$22,044.42
Total					**$386,693.11**	**$431,162.95**

Notes:
1 Commenced as a Board member on 1 July 2024.
2 Ceased as a Board member on 1 November 2024.
3 Commenced as a Board member on 2 November 2024.
4 Ceased as a Board member on 4 December 2024.

Includes superannuation.
^ Alan Ferris and Jarrad Gardner are not eligible to receive remuneration for their role on the WACHS Board, as they are government employees as per Premier's Circular-2023/02.

Appendices section cover: WA Country Health Service Pharmacy team – finalists for Health Team of the Year in the 2025 WA Rural Health Excellence Awards.

Appendix 2: Board meeting attendance

Full Board Meeting

TABLE 14: BOARD MEMBER ATTENDANCE FOR 2024-25

Name	Number of meetings	Number of meetings attended
Dr Neale Fong (Chair)	9	7
Wendy Newman	9	9
Dr Lorraine Anderson[1]	9	9
Dr Peter Campbell	9	9
Alan Ferris[2]	3	3
Paul Fitzpatrick	9	8
Jarrad Gardner[3]	6	6
Colin Holt	9	9
Jodi Johnston	9	9
Catherine Stoddart	9	9
Shaneane Weldon[4]	3	3

Notes:
1 Commenced as Board Member on 01/07/2024.
2 Ceased as Board Member on 01/11/2024.
3 Commenced as Board Member on 02/11/2024.
4 Ceased as Board Member on 04/12/2024.

Audit and Risk Committee

TABLE 15: BOARD MEMBER ATTENDANCE FOR 2024-25

Name	Number of meetings	Number of meetings attended
Paul Fitzpatrick (Chair)	7	6
Wendy Newman	7	7
Jodi Johnson	7	7

Finance Committee

TABLE 16: BOARD MEMBER ATTENDANCE FOR 2024-25

Name	Number of meetings	Number of meetings attended
Alan Ferris (Chair)[1]	6	2
Wendy Newman (Chair)[2]	6	6
Colin Holt	6	5
Jarrad Gardner[3]	4	4

Notes:
1 Ceased as Finance Committee Chair on 01/11/2024.
2 Commenced as Finance Committee Chair on 02/11/2024.
3 Commenced as Finance Committee member on 02/11/2024.

Safety and Quality Committee

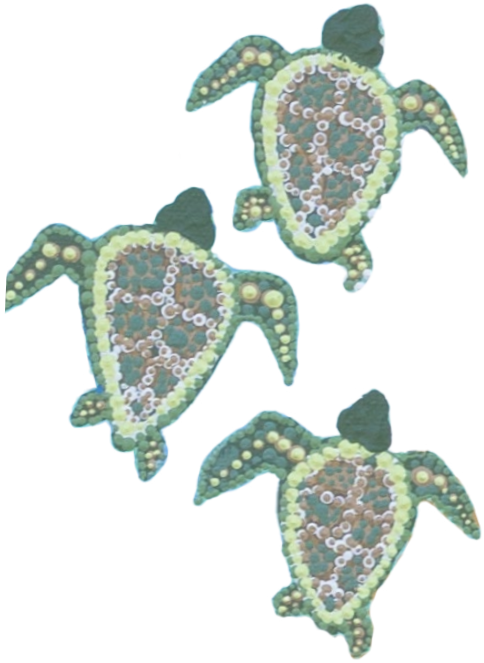
TABLE 17: BOARD MEMBER ATTENDANCE FOR 2024-25

Name	Number of meetings	Number of meetings attended
Peter Campbell (Chair)[1]	7	6
Catherine Stoddard	7	6
Lorraine Anderson[2]	7	6
Shaneane Weldon[3]	4	4

Notes
1 Commenced as Safety and Quality Committee Chair on 01/07/2024.
2 Commenced as Safety and Quality Committee Member on 01/07/2024.
3 Ceased as Safety and Quality Committee Member on 04/12/2024.

Appendix 3: References and data sources

- Australian Bureau of Statistics, Estimated Resident Population 2023, extracted 13/08/25.
- Emergency Department Data Collection
- Hospital Morbidity Data System, Department of Health, extracted 13/08/2025
- Human Resources Data Warehouse 2023-24 and 2024-25
- Midwifes Notification System July 2025
- Non Admitted Data Collection extracted 22/07/25
- Psychiatric Services On-line Information System extracted 21/07/25
- Secure Health and Record Exchange Demographic Report, extracted 04/08/2025
- WA Country Health Service Command Centre telehealth activity extracted 05/07/25
- WA Country Health Service Emergency Department collection
- WA Country Health Service Inpatient Collection
- WA Country Health Service Outpatient Collection
- WA Country Health Service Talent Acquisition Recruitment Data, 31/03/25



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