



Government of Western Australia
WA Country Health Service



Annual Report

2025-26

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, present, and emerging.

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

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

The artwork featured throughout this report is by Nhanda and Wajarri artist and WA Country Health Service staff member Leeann Kelly-Pedersen.

Front cover image: Derby midwife Emma Medling with baby Jahzai Till.



Read more about
the artwork



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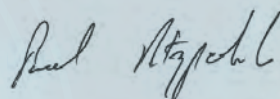
Statement of compliance

For year ended 30 June 2026

Hon Meredith Hammat MLA
Minister for Health; Mental Health

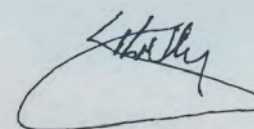
In accordance with Section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the WA Country Health Service for reporting period ended 30 June 2026.

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



Mr Paul Fitzpatrick
Board Chair

15 September 2026



Dr Shane Kelly
Deputy Board Chair

15 September 2026



Welcome to our 2025-26 Annual Report

This Annual Report outlines the operations and performance of WA Country Health Service for the 2025-26 financial year. It has been prepared in accordance with Parliamentary reporting obligations and relevant legislative requirements.

Our story

An overview of our achievements and activities throughout the 2025–26 reporting year. It includes an Executive Summary highlighting key accomplishments, outcomes and milestones. The section also outlines our ministerial and legislative accountability obligations, governance framework, and leadership structures, including our Board and Executive.

Our strategic direction

Our Strategic Plan 2025-30 sets the direction for the future. This section highlights how we are turning our five priorities into action and demonstrating progress along the way.

Our workforce

We shine a spotlight on our people, showcasing staff profiles and celebrating awards and achievements across 2025-26.

Our performance

Details on our performance during the year, including the number of patients cared for and key demographic and service delivery information. It also provides a summary of our financial performance, progress against key performance indicators, and other measures that demonstrate our effectiveness, efficiency and impact.

Compliance and statutory reporting

This section outlines our compliance and statutory reporting obligations, including the Auditor General's opinion, certifications of our financial statements and key performance indicators, governance disclosures, and compliance with applicable government policies, legislation, and other regulatory requirements.

Appendices

Additional information and data to support the Annual Report content.



Mr Paul Fitzpatrick
Board Chair

Board Chair Message

Country Western Australia (WA) is unlike any other health jurisdiction in the world.

Spanning more than 2.55 million square kilometres, we serve communities as diverse as the landscapes themselves.

But their right to access safe, high quality healthcare remains universal.

It's a principle that underpins every decision the WA Country Health Service Board makes.

It has shaped our **Strategic Plan 2025-30**, informs our investment decisions and guides the work of thousands of staff each day. And it's no simple task.

It requires balancing local needs with statewide priorities, making decisions that serve today's communities while planning for tomorrow's, and ensuring every investment delivers the greatest benefit for country Western Australians.

It demands clear strategy, sound governance and disciplined investment – factors that have remained central to the Board's work throughout the year.

Together, and alongside Chief Executive Jeff Moffet, we have remained focused on ensuring the future of our business goes beyond clinical excellence.

We've continued to embrace new and emerging technologies and well and truly expanded care beyond the four walls of our hospitals and health services.

The expansion of Hospital in the Home, for example, is seeing more patients than ever before receive acute care in the comfort of their own home.

While simple in concept, the program is having a transformative impact and enabling those who require emergency or inpatient care to access it quicker.

That same commitment to reimagining healthcare delivery is now evident in the farthest corners of our State through initiatives like our Infant, Child and Adolescent Health Service Hub.

For the first time in the State's history, country children and young people in the most remote areas of WA can access specialist mental health care locally.

But innovation alone is not enough.

The Board has continued to advocate for, and support, investment in modern health infrastructure right across country WA.

This past year has seen the \$192 million transformation of Geraldton Health Campus reach completion.

The redevelopment is the biggest undertaken in the Midwest in two decades and significantly increases hospital capacity – including specialist intensive care services for the first time.

More broadly, we're also completing major upgrades at Albany Health Campus, Bunbury Health Campus and hospitals in Tom Price and Meekatharra.

Today, WA Country Health Service is more accessible, more connected and more sustainable than ever before. But no organisation achieves success in isolation.

For that reason, I'd like to acknowledge the collective efforts of those who lead, govern, support and deliver care every day.

Few organisations operate at the scale and complexity of WA Country Health Service. We've achieved a lot against a backdrop of increasing demand, recruitment and retention challenges and transformation across the health system.

With a clear strategic direction, a dedicated workforce and strong partnerships, I am confident WA Country Health Service is well placed to continue delivering safe, sustainable and innovative healthcare into the future.

Country WA is built on resilience so too is the health service that supports it.



Jeffrey Moffet
Chief Executive

Chief Executive Message

In regional WA, hospitals and health services are more than just places people go when they're unwell. They are an important part of their communities – relied on, deeply valued and often a source of enormous local pride.

But no two country communities are the same. Distances are long, needs are different and the solution in one place won't always work in another.

That means we must be practical about how we deliver care – building strong local services, supporting our people, using technology well and knowing when we can achieve more by

working in partnership.

We're making good ground.

This past year, we welcomed more doctors, nurses and midwives to country WA than ever before and created more opportunities to learn, grow and build a career in the bush.

We have continued to strengthen the hospitals and health services our communities depend on, while looking beyond the walls of our facilities at how we can provide more care closer to home.

We've focused on the everyday work – reducing waits, improving patient flow, expanding services and doing more to keep people well and out of hospital in the first place.

We have worked alongside Aboriginal communities, health partners and local organisations because some of the biggest gains in country health come when we tackle them together.

There are plenty of individual achievements in the pages that follow - and while they deserve to be celebrated, healthcare provision in the bush is a team sport.

Whether it's in our hospitals and health services, on the road, in the air, online or behind the scenes – the commitment and sheer effort our people bring to the job every day is extraordinary.

Our Board and Executive help set the direction for that work, and I thank them for keeping us focused on our priorities and on what country communities need from us.

Across our business, we are particularly focused on workforce attraction and retention, improving elective access and making sure our services are culturally responsive and respectful.

But what matters is that we keep learning, improving and remain focused on the reason we are here – making sure country people get good healthcare.

For me, that's what this job comes back to.

Country people should always be able to count on us when it matters most. That's the standard we set for ourselves every day.



Our story



Executive summary

As one of the largest and most diverse health services in the world, we are proud to provide exceptional, patient-centred care to communities that stretch across an area comparable to the size of western Europe and home to almost 600,000 people.

Across this broad and unique space, we operate six large regional hospitals, 15 medium sized district hospitals, 51 small hospitals and 43 health centres and nursing posts, along with four dedicated mental health inpatient units and 24 dedicated mental health services.

We manage over 170 facilities where population health teams are based, with outreach services that visit communities in some of WA's most remote locations.

Almost 95 per cent of our workforce is located outside the metropolitan area – that's nearly 13,000 people living and working in the communities they serve.

And at each one of our hospitals and health services we work hand-in-hand with communities and partner organisations to deliver exceptional care when and where it's needed most.

Assisting our staff on-the-ground are a dedicated team of specialists providing centralised 24/7 support, enabling clinicians to assess and treat more emergency patients close to home and reducing the need for transfer.

This year we have equipped more regional health sites with access to virtual support –

delivered through our award-winning Command Centre – and we continue to drive innovation by harnessing new technologies and supporting new programs designed to improve equity and access for the people of country WA.

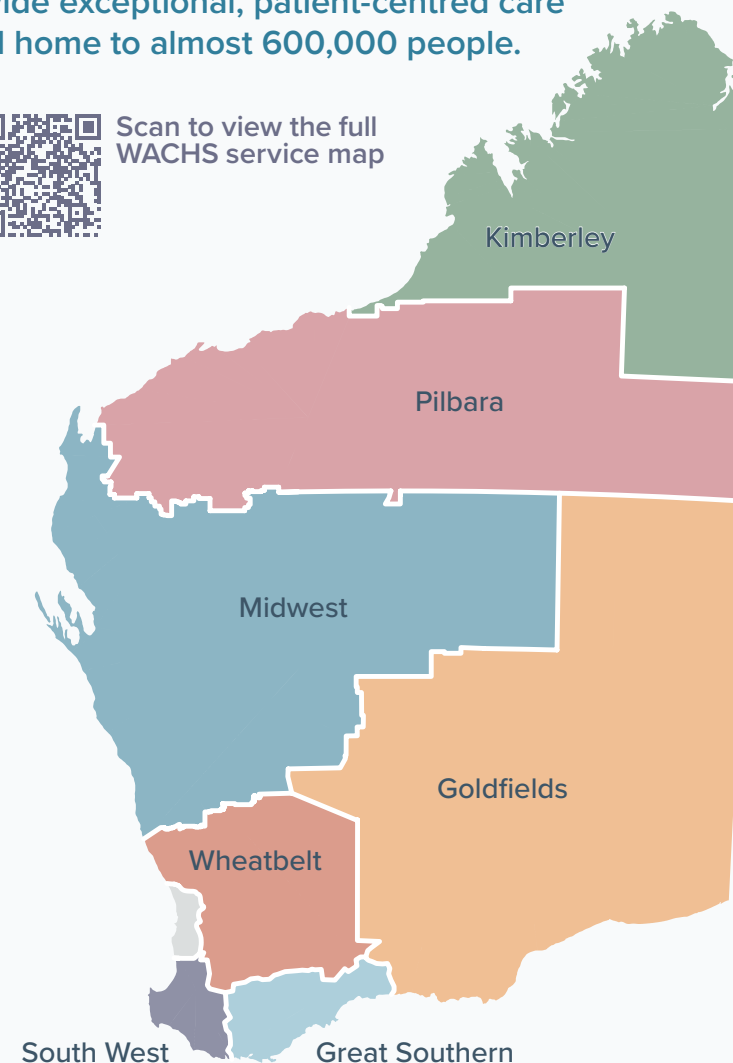
Elsewhere, our efforts in this space have seen a successful expansion of our Virtual Security Centre to more than 60 sites, utilising specialised closed-circuit television (CCTV) technology to enable real-time support for regional hospitals and health services.

As part of the expansion, we also integrated a new specialist role – the Mental Health Transport Officer – tasked with ensuring the safety of patients experiencing mental health issues and staff during transfers between country and metropolitan hospitals.

Throughout 2025-26 and in the face of unique challenges, our staff remained steadfast in their support of the people of country WA.



Scan to view the full WACHS service map



6

large regional
hospitals

15

medium sized district
hospitals

51

small hospitals

43

health centres

24

community based
mental health services

4

dedicated mental
health inpatient units

170+

facilities where population
health teams are based

Delivering healthcare
to more than

575,000

Employing more than

13,000

Our workforce represents the very best in healthcare and service delivery, and each year we continue to develop strategies that attract and retain staff in country WA – a strategy that year on year is seeing more and more early career clinicians choosing to commence their professional lives in our regional services.

This year we employed yet another record number of recently graduated nurses and midwives as well as a record-sized cohort of medical interns.

At the same time, growing and supporting our Aboriginal workforce remains both an area of focus and one of our key challenges.

We acknowledge that employing more Aboriginal staff will result in a safer, stronger health services and better, more culturally appropriate care for Aboriginal people.

Through our Aboriginal Mentorship Program, we're striving to make meaningful change in Aboriginal employment and workplace culture – supporting Aboriginal employees to grow professionally in a culturally safe and respectful environment and fostering a workplace culture that values trust, openness, and shared learning to strengthen recruitment and retention strategies.

These are closely linked to improved school engagement, career participation and long-term wellbeing – all key priorities of the Close the Gap agenda.

We are working to increase the cultural capabilities of our non-Aboriginal workforce through cultural awareness training and the Aboriginal Health Champions program –

strategies designed to reduce the burden of cultural load on Aboriginal staff.

We recognise in this, that there is still significant work ahead of us.

We know that by providing dynamic, agile and unwavering support for our staff – as well as investment in programs, infrastructure and new technology – we're doing all we can to promote longer, better and healthier lives for people in the bush.

Strategic Plan 2025-30

This past year we launched the [WA Country Health Service Strategic Plan 2025-30 \(the Plan\)](#), a bold and innovative overview that guides our efforts toward our vision to be a global leader

in rural and remote care supporting healthier country communities.

Building upon a consolidated approach to our strategic priorities, the Plan provides a roadmap for the delivery and advancement of patient-centred healthcare in country WA over the next five years – aligned with systemwide policy direction and collaborative efforts, and reaffirming our position as a leading healthcare provider within WA health.

Following an extensive consultation process that commenced in late 2024 and was informed by the WA Country Health Service Board, consumers, staff, partner organisations and health service providers, the Plan was launched on 30 September 2025 by Minister for Health Meredith Hammat as the second of a three-part series of planned strategic steps over a 15-year horizon.



Chief Executive Jeff Moffet with the WACHS Board and Minister for Health Meredith Hammat at the Strategic Plan launch.

Clinical trials pushing the envelope for country communities

This year, the WA Country Health Service Trial Centre worked to expand the reach of clinical research trials to patients receiving care in regional WA, as well identifying opportunities for researchers to work with rural and remote specialists.

The service delivers local access to clinical trial treatments, directly addressing geographical inequity to emerging therapies. With over 300 patients enrolled to date, including over 200 Aboriginal patients our Trial Centre successfully supported trials across multiple clinical settings, including geriatrics, endocrinology, and medical oncology and has saved country participants over 100,000 kilometres of travel that would have otherwise been required for trial participation in metropolitan centres.

Key milestones achieved by the service this year include the first commercially sponsored clinical trial for regional WA, working with international oncology research company Eli Lilly and Company to deliver a clinical trial evaluating the efficacy of a new medicine to treat chemotherapy-induced nausea and vomiting.

Earlier in the year, a collaboration between the WA Country Health Service Trial Centre, Fiona Stanley Medical Oncology, and the Albany Health Campus Cancer Centre, enabled access for trial participants to genetic testing to guide chemotherapy dosing.

Other previous clinical trials conducted in Albany include the Flash GM trial of continuous blood glucose monitoring for Aboriginal patients living with type 2 diabetes, and the Vitafoot study which trialled vitamin supplementation for diabetic foot ulcers.

In June 2026, the team welcomed the first participant into the STOPNET clinical trial following patients with low or intermediate grade neuroendocrine tumours in the middle or lower bowel. It explores the impact of continuing or stopping synthetic hormones (known as somatostatin analogue therapy) after starting Peptide Receptor Radionuclide Therapy (PRRT) on health and cancer related outcomes.

Each of these projects is a significant step forward in improving access to critical clinical trials, supporting country patients to participate in groundbreaking medical research closer to home.

Strategic partnerships

This past year, WA Country Health Service moved to build and strengthen partnerships with academic and industry sectors, and community and locally based health services to improve healthcare access, coordination, and the patient journey.

A game-changing wastewater surveillance program providing real-time insight to support public health decisions was recognised at the 2025 Institute of Public Administration Australia WA Achievement Awards.

WA was the first jurisdiction in Australia to develop and implement wastewater-based genomic sequencing for SARS-CoV-2 variants during the COVID-19 pandemic.



L-R: PAHA Deputy CEO Winsome Henry, PAHA CEO Ashley Councillor, WACHS Executive Director Pilbara Lisa Barnes, WACHS Director of Aboriginal Health Strategy Russell Simpson, and WACHS Chief Operating Officer Remote Rob Pulsford.

The WA Wastewater Surveillance Program has since expanded to include influenza, respiratory syncytial virus (RSV), and other pathogens such as poliovirus, measles, Japanese encephalitis virus, and monkeypox virus.

This innovative surveillance method – which has been implemented across WA including regional and remote areas – can detect as few as one case in populations of hundreds and thousands.

A collaboration between WA Country Health Service, the Department of Health, PathWest, Water Corporation WA, and North Metropolitan Health Service's Boorloo Public Health Unit, the program exemplifies cross-agency collaboration at its finest.

At the 2025 Yule River Bush Meeting, we announced a new partnership with the Pilbara Aboriginal Health Alliance (PAHA) to lead the Health Priority within the Yule River Call to Action and Solutions Roadmap (CTA).

The partnership reflects our shared commitment to walking alongside Pilbara communities to drive health solutions that are culturally safe, responsive and grounded in the priorities set by Aboriginal people.

The CTA is a powerful invitation to Pilbara communities, government and industry to work together for real and lasting change. It identifies practical, place-based solutions across six priority areas: systemic reform, education, health, housing, wellbeing and community Safety.

In the Midwest, the Clinical Yarning Project, a partnership between WA Country Health Service

and the WA Centre for Rural Health (WACRH), has now delivered more than 30 Clinical Yarning workshops to over 240 healthcare professionals throughout the region.

The Clinical Yarning program provides a patient-centred communication framework that supports culturally safe, respectful conversations in Aboriginal healthcare.

The project is delivered in three phases: listening to the experiences of Aboriginal patients and healthcare professionals, providing Clinical Yarning training and support to staff, and evaluating the impact of the work.

Aboriginal voices, faces and stories are an integral part of person-centred and culturally responsive healthcare delivery.

Our Kaya, Where Are You Going? campaign in the South West is one way we're helping reduce emergency department disengagement among Aboriginal patients. Using local voices to encourage patients to stay and speak with staff, the campaign was developed by South West staff and co-designed with Elders and community members.

While we grapple with higher rates of Aboriginal patients who discharge against medical advice (DAMA) or did not wait (DNW) to be seen in emergency departments, delivering culturally safe care will remain in focus – and working to redress this disparity in collaboration with partner agencies and the communities we serve is helping to illuminate a pathway forward.

Expanding services for children and adolescents

We continue to drive innovative solutions to deliver on the promise of a strong and healthy future for the children and teens of rural and remote WA.

WA Country Health Service is committed to providing children and young people with safe environments and accessible services that support them to be informed, speak for themselves, make choices, grow and thrive.

Across the continuum of care this includes the expansion of the Early Years Dental Program, the innovative use of technology to deliver child health checks and a first-of-its-kind Aboriginal youth eating disorder screening tool up.

The Healthy Country Kids service – delivered by WA Country Health Service virtual child health nurse team – uses telehealth technology to bring expert child health checks directly into households via phone, tablet or computer.

During the virtual appointment, a child health nurse will assess the key areas of healthy development such as social and personal interactions, teeth, vision, hearing, language and motor skills. Parents are also given the opportunity to discuss their own health and wellbeing and will have access to resources that may support the whole family.

The service has proven especially valuable for families in remote areas, removing travel costs, avoiding appointment cancellations due to illness and allowing other family members, including Fly in Fly Out (FIFO) parents, to join from anywhere.

In an Australia-wide first, a new culturally grounded eating disorder screening tool for Aboriginal young people is progressing in the Kimberley.

‘Feelings about my body and eating’ marks a significant milestone for community-led and evidence-based healthcare in regional WA. The screening tool has been community co-designed specifically for Aboriginal young people aged 12–24 years.

From the outset, the project has been guided by Aboriginal leadership, cultural governance and community engagement, – in line with the Kimberley Aboriginal Health Research Model – with the project being developed through extensive consultation in country WA.

Over 230 stakeholders, including Aboriginal health professionals, youth services, clinicians, community members and cultural advisors helped shape how concerns about eating and body image are understood and safely identified in Aboriginal contexts.



EYP Dental Project - Alierah Connors.

A pilot project bringing vital dental screening and preventative treatment to kids in the Central Great Southern reached a major milestone in October, with more than 500 children treated.

The Early Years Partnership (EYP) Dental Health Project is a specialist dental outreach project delivering services in early childhood centres, playgroups, kindergartens and community events across Broomehill, Gnowangerup, Katanning, Kojonup, and Tambellup.

With funding from the State Government, Minderoo Foundation and Rural Health West, the project has reached more than 500 children aged four-and-under since its launch in 2023 – approximately 85 per cent of the eligible population.

The Dental Team—comprising a visiting specialist paediatric dentist and four final-year dental students from The University of WA — has made eight visits to the region, improving oral health outcomes while providing students with invaluable experience in rural practice.

In addition to the outreach service, we’ve partnered with Perth Children’s Hospital to establish a paediatric dental surgical service at Katanning Health Service.

Since September 2023, more than 70 children have received timely surgical care locally, eliminating the need for long-distance travel and reducing delays in treatment.

New pathways pay off for graduates

In 2025-26 we extended our suite of career pathway programs to further develop the skills of our workforce as we expand efforts to “grow our own”.

In December 2025, the WA Intensive Care Training Pathway (WAICTP) reached an important milestone, with two of our first trainees successfully completing the program.

Dr Ashleigh Punch and Dr David Thomson, both of whom entered as phase two trainees, have now completed all mandatory rotations required by the College of Intensive Care Medicine (CICM).

The WAICTP supports trainees from phase zero through to phase two, offering a structured and supportive training experience across accredited tertiary, outer-metropolitan and rural sites. The program provides an individualised training matrix, access to mentorship, and targeted education sessions to support clinical development and exam readiness.

December also marked the graduation of the first cohort of anaesthetic nurses trained through the nationally endorsed AnaesAssist Academy program.

The program equips nurses with advanced technical and non-technical skills to deliver safe and effective anaesthetic care and covers everything from anaesthetic pharmacology and definitive airway management, through to crisis response, day surgery care and paediatric and obstetric anaesthesia.

Delivered online with interactive tutorials and workplace logbooks, the program allows country nurses to access training while continuing to support their local communities.

A total of 10 nurses - from Broome, Karratha, Geraldton, Busselton, Kalgoorlie and Narrogin - have successfully completed the training, marking a major milestone in strengthening perioperative care across country WA.

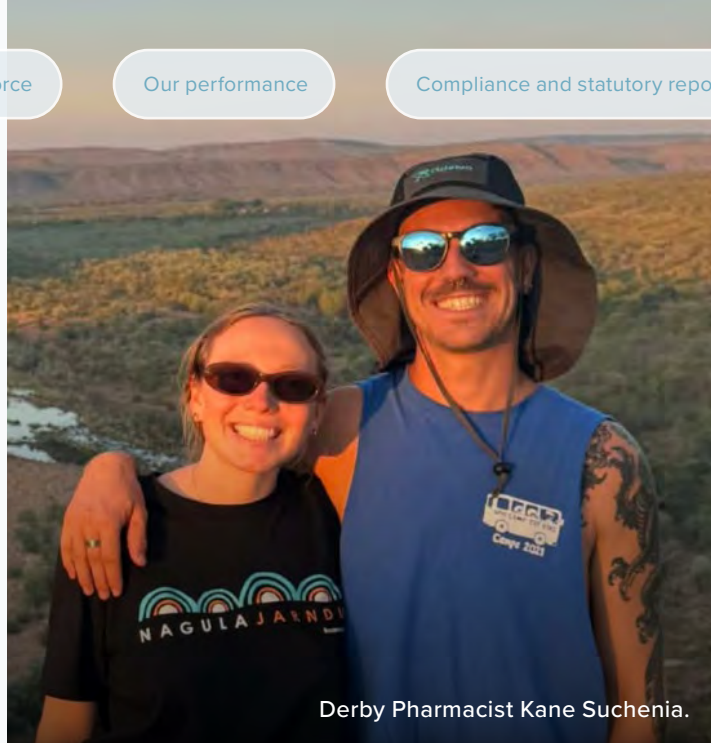
Up-and-coming allied health professionals and those newly employed in senior roles can also receive specialised career development support through our Transition to P2 Program (T2P2).

This purpose-built six-month program is designed to help new and aspiring senior allied health professionals build a range of practical knowledge and skills, understand the roles, responsibilities and expectations of a senior allied health professional and navigate WA Country Health Service processes relevant to the functions of a senior role.

The inaugural cohort commenced in August 2025 with 30 participants, including 25 new to senior roles in the past 12 months, and five future senior staff.

Earlier this year, we also had the first pharmacist to complete the WA Country Health Service Resident Training Program – Kimberley-based Kane Suchenia undertook the Advanced Pharmacy Australia two-year Resident Training Program at Broome Regional Hospital.

It's an important milestone on the road to building a pharmacist workforce capacity throughout rural and remote WA.



Derby Pharmacist Kane Suchenia.



Karratha Speech Pathologist Niamh Doherty.



Narrogin AnaesAssist graduates - Dr Brendon Parmar, Registered Nurse Aletta le Roux and Clinical Nurse Manager Ciba Aijin.

2025-26 highlights



- WA Country Health Service recognised as a Carer Friendly Employer
- Statewide rollout of Charm Oncology Management System completed
- Fitzroy Crossing Renal Health Centre expansion completed
- 2026 Institute of Public Administration WA Achievement Award for contribution to WA Wastewater Surveillance Program

Jan

Feb

- Welcomed record intake of 250 newly qualified nurses and midwives
- Specialised mental health transport service began in country WA
- Appointed new District Directors across the regions
- Meekatharra Hospital and Albany Health Campus early contracts awarded

- First oncology clinical trial commenced at Albany Health Campus
- Wins in eight categories at 2026 WA Rural Health Excellence Awards
- Welcomed 35 new medical interns
- New Aboriginal Health Champions Program inducted first cohort of participants

Mar

Apr

- Welcomed record intake of 22 newly qualified midwives
- First WA Country Health Service pharmacist completes Resident Training Program
- Expansion of Virtual Security Centre to enhance safety across rural and remote sites

- First of its Aboriginal youth eating disorder screening tool launches in the Kimberley
- Clinical Yarning Project delivered more than 30 workshops to over 240 healthcare professionals in the Midwest
- Two category wins and Board Member Dr Catherine Stoddart receives Lifetime Achievement Honour at the 2026 WA Nursing and Midwifery Excellence Awards

May

Jun

- Geraldton Health Campus redevelopment reaches practical completion
- First commercially sponsored clinical trial for regional WA commenced
- Command Centre expanded to include six new Kimberley population health units

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 575,000.

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.

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 and Department of Health.

Board Chair Paul Fitzpatrick is the Reporting Officer for WA Country Health Service in 2025-26.

Enabling legislation

WA Country Health Service was 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.

Our Board



Mr Paul Fitzpatrick
Chair



Hon Colin Holt



Dr Lorraine Anderson



Dr Shane Kelly
Deputy Board Chair



Dr Peter Campbell



Mr Jarrad Gardner



Dr Catherine Stoddart



Mrs Caroline Robinson



Mrs Jodi Johnston



Dr Divya-Jyoti Sharma

Board overview

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

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

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.

Across 2025–26, the Board worked closely with the Executive team to progress key initiatives supporting service delivery, service development, risk management and innovation. This work was undertaken in a complex operating environment, including ongoing workforce and resource challenges not dissimilar to those faced by rural and remote Health Service Providers across the world.

Some of this year's key drivers were:

- Our new Strategic Plan 2025–2030 – which reflects on progress achieved over the past five years, challenges overcome and learnings applied and considers how we will effectively keep the momentum going to meet our Vision, Mission and new strategic priorities in the coming years.

- Strengthening Local Health Services reform program – a plan to modernise the way our health service is designed with the aim of reducing variation and supporting local decision-making and safer, more connected care for our communities.
- Recruitment strategies and workforce initiatives supporting Aboriginal staff including the Aboriginal Mentorship Program, and implementation planning for the WA Country Health Service Cultural Governance Framework – delivering structural guidance to embed culture and cultural legitimacy across all organisational aspects of power, authority, and decision-making.

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 advice and recommendations to the Board, and support decision-making to ensure the health service remains responsive to emerging challenges and opportunities. In December 2025, a new People and Engagement Committee was established to strengthen oversight of workforce, culture and employee engagement matters.

Board member recognition



Board member Dr Catherine Stoddart's outstanding contributions to healthcare was recognised with a

Lifetime Achievement Honour Award at this year's WA Nursing and Midwifery Excellence Awards (WANMEA).

The prestigious award acknowledges those who have contributed more than 40 years of service to healthcare and nursing leadership in WA.

With a commitment to social justice and improving the lives of vulnerable and at-risk communities – a focus of many of her roles within the health sector – Dr Stoddart provides guidance through her role on the Board on how we deliver safe, effective and compassionate health care aligned with country community needs.

The WANMEA Lifetime Achievement Award adds to Dr Stoddart's already impressive accolades including the 2011 Telstra Western Australia Businesswoman of the Year Award and the 2013 Australian Public Service Medal.

Audit and Risk Committee

Chair: Dr Shane Kelly
Members: Mrs Jodi Johnson
 Mrs Caroline Robinson

Key focus areas

- 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 System Governance, Risk and Assurance Policy Framework.
- Providing oversight of WA Country Health Service internal and external audit functions, including the implementation and monitoring of audit recommendations.
- 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.
- Monitoring the progress of the 2025-26 WA Country Health Service Annual Internal Audit Plan and Office of the Auditor General audit activities and recommendations.

Finance Committee

Chair: Mr Jarrad Gardner
Members: Hon Colin Holt
 Dr Shane Kelly
 Mrs Caroline Robinson

Key focus areas

- Providing oversight and assurance on the implementation of, and adherence to, the Financial Management Policy Framework.
- Providing oversight of budget development, monitoring and forecasting processes to ensure alignment with WA Country Health Service strategic priorities and service delivery requirements.
- Monitoring WA Country Health Service's financial performance in 2025-26, service agreements and capital infrastructure program.
- Providing advice to the Board in relation to service agreements, Department of Health budget processes, financial performance, stewardship and sustainability, and budget efficiency strategies to inform engagement with the System Manager.
- Providing oversight of WA Country Health Service capital infrastructure priorities including the Geraldton Health Campus commissioning.

People and Engagement Committee

Chair: Dr Catherine Stoddart
Members: Mrs Jodi Johnson
 Hon Colin Holt

Key focus areas

- Providing assurance to the Board on WA Country Health Service' workforce capability, workforce safety, compliance, industrial relations, staff engagement and organisational culture.
- Providing oversight of workforce strategies including workforce sustainability initiatives and workforce development.
- Monitoring workforce performance, organisational culture and engagement indicators to support the Board's oversight of people-related risks.
- Monitoring WA Country Health Service' leadership and management development initiatives, community engagement activities and Aboriginal workforce and cultural governance priorities.

Safety and Quality Committee

Chair: Dr Peter Campbell
Members: Dr Catherine Stoddart
 Dr Lorraine Anderson
 Dr Divya-Jyoti Sharma

Key focus areas

- 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 areas of importance to country communities including aged care and WA Country Health Service' Older Adult Programs, hospital access and patient flow, and the WA Country Health Service Cultural Information Gathering Tool.



Dr Neale Fong and Ms Wendy Newman.

Farewell to inaugural Board Chair and Deputy Board Chair

In September last year, after nine years of outstanding leadership and guidance, Dr Neale Fong and Ms Wendy Newman completed their tenures as WA Country Health Service Board Chair and Deputy Board Chair respectively.

Neale has been an instigator of innovation and lasting change for our health service during his time on the Board. From the challenges, opportunities and successes presented by a once-in-a-lifetime pandemic to the advent of virtual care technology, Neale has overseen a period of significant growth and change and has driven innovation in service delivery and improvement through digital care solutions and workforce engagement, recruitment and retention strategies.

As an inaugural member of the WA Country Health Service Board, Wendy has been a steadfast advocate for both staff and country communities, providing governance, leadership, cultural focus, energy, expert knowledge of country communities, strategic and practical guidance, support and passion throughout the past nine years.

Neale and Wendy – along with the Board – have travelled many thousands of kilometres across the State, visiting staff, patients, and communities as part of the Board's regional engagement program.

Each Board visit provided an opportunity to develop positive connections and deliver greater insights into the needs, challenges and opportunities in country care as well as identifying new ways to build on the scope of services delivered.

For a health service spanning more than 2.5 million square kilometres – unequalled in size and complexity – the task of ensuring staff and communities were regularly engaged in decisions affecting their health services is worthy of special recognition.

We are grateful for their tireless commitment to all aspects of our health service – from financial oversight and strategic policy direction – to stakeholder and community engagement and driving excellence in change management, patient safety and quality, and staff recognition.

On behalf of the organisation, executive and staff, we acknowledge and value Neale and Wendy's contributions to the success and sustainability of healthcare delivery in country WA, that has left our health service well-positioned for the future.

We thank them for their passion and commitment over nine years of dedicated service and wish them both every success in their future endeavours.



Regional engagement

As part of its ongoing commitment to regional engagement, the Board regularly travels to rural and remote sites to support and consolidate local connections and inform strategic decision-making.

The Board's regional engagement program is a well-established and highly valued initiative that is essential in enabling Board members to see how priority initiatives are progressing and ensuring Board priorities are aligned to the needs of regional communities and health service staff.

This year, themes discussed included novel workforce attraction and retention strategies and programs (including security and accommodation), innovative service models and localised decision-making, governance and oversight.

August 2025 – Pilbara

The Board visited Paraburdoo, Tom Price, Roebourne and Karratha and saw first-hand the strong engagement and partnerships between WA Country Health Service, local communities and key partners across the region.

The Board met with staff, toured the Paraburdoo hospital (constructed in 1972) and viewed the area planned for the new hospital build, before heading to the site location for the new Tom Price hospital. The Board then visited the Tom Price hospital (constructed in 1967) and met with local staff and community stakeholders, including St John Ambulance staff and the Chief Executive Officer of the Nintirri Centre.

The Board noted delivery of the new Paraburdoo and Tom Price Hospitals are now included in the regional health projects managed by the Department of Transport and Major Infrastructure.

The Board then travelled to Roebourne hospital to tour the six-bed facility and meet with local staff. Prior to the Board meeting the following day, members met with staff and community stakeholders at the Karratha Health Campus.



Roebourne



Millstream Chichester National Park, Pilbara

November 2025 – Midwest

For their Midwest visit, the Board split into two groups to visit local staff and stakeholders across the region. Collectively, the Board visited Northampton, Mullewa, Morawa, Three Springs, Mingenew and Dongara before returning to Geraldton.

Throughout the regional visit, the Board saw firsthand the value of Multi-Purpose Service (MPS) models in providing improved access to health and aged care services – demonstrated well in Morawa, Northampton and Three Springs, areas which have an innovative, flexible and integrated service delivery model.



Stakeholders joined the Board at various sites and welcomed discussion on local experiences from representatives from District Health Advisory Councils, St John Ambulance staff and volunteers, police, education, community and other organisations. The Board's commitment to connecting with country communities remains a vital component of the regional engagement program.

In Geraldton, St John of God Hospital Executive staff welcomed the Board with a presentation that highlighted the value of partnerships in healthcare, followed by a tour of the hospital. The Board met with Geraldton Hospital staff and local stakeholders following their Board meeting and then undertook a tour of the Geraldton Health Campus redevelopment.



Morawa



Mullewa



Mingenew



Laverton Hospital redevelopment.



Bunbury Regional Hospital Director Jeff Calver and WA Country Health Service Chief Executive Jeff Moffet at the redevelopment site.



Members of staff and Executive getting their flu vaccination. L-R: Shona Mills, Robert Pulsford, Colette Young, John Quinn, Melissa Vernon, Mel Goode, Jeff Moffet, Matthew Bartlett, Jaimy Wisse and Michelle Nurkowski.



Our Executive



Front row (L-R)

John Quinn
Chief Operating Officer Rural
Jeffrey Moffet
Chief Executive
Robert Pulsford
Chief Operating Officer Remote

Middle row (L-R)

Colette Young
Executive Director People, Capability and Culture
Evelyn Quinn
Executive Director Great Southern

Melissa Vernon
Executive Director Strategy and Change
Dr Samir Heble
Executive Director Medical Services
Brooke van Blommestein
A/Director Office of the Chief Executive
James Thomas
Executive Director Business Services
Russell Simpson
Director Aboriginal Health Strategy

Back row (L-R)

Jody Rolston
A/Executive Director Midwest

Danny Rogers
Executive Director Wheatbelt
Jeffrey Calver
A/Executive Director South West
Jodie Omodei
A/Executive Director Pilbara
Christopher How
Executive Director Program Delivery Geraldton
Sonia Ferla
Executive Director Infrastructure and Environment
James Sherriff
A/Executive Director Kimberley
Paula Chatfield
Executive Director Mental Health and Aboriginal Health Strategy

Matthew Bartlett
Chief Finance Officer
Alison Weatherstone
Executive Director Nursing and Midwifery

Absent

Dr Helen Van Gessel
Executive Director Clinical excellence
Lisa Barnes
Executive Director Kimberley
Sean Conlan
Executive Director Major Projects
Alicia Michalanney
Executive Director Goldfields

Our strategic direction



Our strategic direction

The WA Country Health Service Strategic Plan 2025-30 (the Plan) was launched by the Minister for Health on 30 September 2025 and continues our 15-year journey towards reimagining the delivery of healthcare in rural and remote WA, a journey that commenced with the launch of our previous strategy in 2019.

The Plan introduced five strategic priorities that are guiding the delivery of exceptional, person-centred care for country communities for the next five years and beyond. These priorities provide a clear roadmap for organisational improvement, system-wide reform and positive outcomes for the communities we serve.

The refreshed Plan is driving organisation-wide improvement, system-wide reform and community-wide impact, ensuring WA Country

Health Service is a community-focussed, sustainable and innovative country health service. The Plan retains our Vision, Mission and Values that have served us so well and defined us as a contemporary, world-class health service provider.

The Plan evolved through months of consultation with key country health decision-makers, our staff, stakeholders, health partners and District Health Advisory Council (DHAC) members.

During the consultation phase of the Strategy's development we received more than 500 responses from staff and stakeholders through the online survey phase. Feedback received contributed to the development of the Plan and will also inform the development of our Operational Plan.

The launch of our new Plan provided an opportunity to reflect on progress achieved, challenges overcome and lessons learnt since the introduction of the previous plan in 2019. Shortly after, the health landscape shifted significantly and permanently, requiring us to meet the challenges of a once-in-a-generation pandemic.

Guided by our core values and shared commitment to delivering and advancing high quality care, WA Country Health Service has continued to adapt and innovate while meeting the evolving needs of country communities. We remain committed to providing exceptional healthcare services to regional Western Australians and improving health outcomes across the State.



Our Values



Community

We live and work in country communities. We are invested in the health, wellness and viability of country communities and the vibrancy, diversity and future of country WA.



Compassion

We are inclusive, respectful and considerate. We care deeply about the people in our care and country communities.



Quality

We provide safe, high quality care, constantly striving to innovate, improve and achieve trust in our care.



Integrity

We bring honesty, collaboration and professionalism to everything that we do.



Equity

We are passionate about healthcare for all Western Australians, especially the most vulnerable and disadvantaged people and communities.



Curiosity

We continually enquire and seek to understand, using the best evidence, insight and research to improve care.

Strategic Plan 2025-30

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 Strategic Priorities



Advancing quality, access and equity

Improved health outcomes through increased access to local and virtual services.



Valuing our people

A highly skilled and valued workforce supported by a safe, inclusive workplace and environment.



Driving excellence and innovation

Excellence supported by a commitment to research, innovation and improvement.



Collaboration, partnerships, and community connection

Partnerships and local collaboration improve healthcare access, coordination, and the patient journey.



A trusted and sustainable health service

Strong relationships and governance support an adaptable, trusted, and sustainable health service.

The following stories showcase our achievements and progress in advancing our strategic priorities.

Priority 1

Advancing quality, access and equity



Improved health outcomes through increased access to local and virtual services.

Throughout the year, WA Country Health Service advanced quality, access and equity across country WA through targeted investments in patient support, expanded specialist services and innovative models of care.

Improvements to the Patient Assisted Travel Scheme (PATS), include an increase in the fuel subsidy to reduce financial barriers and improved equitable access to essential healthcare for country residents who need to travel for treatment.

Access to high quality specialist care closer to home was strengthened through major service developments across the State. The opening of the Specialist Care Nursery in the Great Southern enhanced local care for preterm babies and newborns with complex health needs, supporting better outcomes for infants and families while reducing the need for transfer to metropolitan services.

The completion of the Fitzroy Crossing Renal Health Centre expansion increased local capacity for dialysis and renal care, improving access for renal patients in the Kimberley and supporting culturally appropriate care within the community.

Innovative service delivery models continued to improve both access and quality of care. The

expansion of virtual pharmacy services in the Kimberley enhanced cardiology care through timely specialist medication support and clinical advice, helping overcome geographic barriers to care.

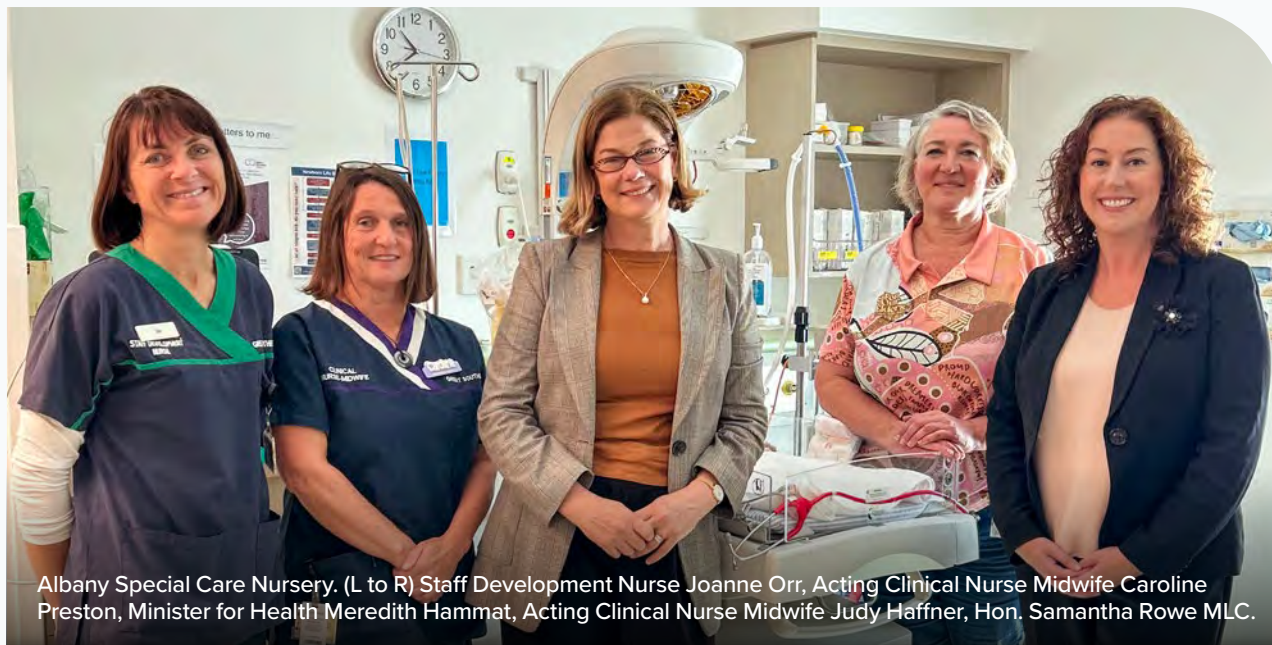
Progress was also made in delivering more responsive and equitable care for vulnerable and priority populations. A specialised mental health transport service commenced across country WA, providing safer and more appropriate transport options for people requiring mental health care at metropolitan services.



Some of the Mental Health Transport Officer workforce.



Carnarvon Paramedic Ford Henderson and Station Officer Mitch Hibbott.



Albany Special Care Nursery. (L to R) Staff Development Nurse Joanne Orr, Acting Clinical Nurse Midwife Caroline Preston, Minister for Health Meredith Hammat, Acting Clinical Nurse Midwife Judy Haffner, Hon. Samantha Rowe MLC.

Early Years Partnership Dental Health Project treated more than

500 children

Delivered preventive and treatment services to more than 500 children across five Great Southern communities, reaching approximately 85 per cent of children aged four and under.

Country Patient Health Support (Country PaTHS) reaches

1,000 referrals

This service supports patients from the Kimberley, Pilbara, Midwest and Goldfields who travel to Perth for specialist care, the service provides practical, culturally safe assistance through partnerships with regional and metropolitan health providers, Aboriginal organisations, accommodation services and homelessness support agencies.

Heart Health Support Service reaches

1,000 referrals

Providing virtual cardiac rehabilitation across the Wheatbelt, South West and Goldfields, helping country patients access specialist support closer to home and reduce their risk of repeat cardiac events.

Closing the Gap

In 2025-26, WA Country Health Service strengthened its contribution to the National Agreement on Closing the Gap through initiatives led by Aboriginal Health Strategy and Aboriginal Workforce. Following extensive consultation and co-design with Aboriginal staff, the Cultural Governance Implementation Framework 2025-2030 was finalised, identifying eight priority actions to embed cultural governance alongside clinical and corporate governance. Five dedicated positions were also endorsed to support implementation.

Significant progress was made in advancing partnerships, promoting shared decision-making and system transformation. Key achievements included delivery of the Aboriginal Health Champions Program, development of district Aboriginal governance arrangements, enhancement of Aboriginal Health Impact

Statement and Declaration processes, and co-design of a WA Country Health Service-wide Aboriginal cultural and reflective practice model. Partnerships with Aboriginal Community Controlled Health Services and other Aboriginal organisations further supported collaborative models of care and strengthened the community-controlled sector. Integrated planning and reporting arrangements were also established to support transparent monitoring and future data sharing.

Aboriginal workforce initiatives focused on advancing the Aboriginal Health Practitioner profession, expanding cadetship pathways, refreshing the Aboriginal Mentoring Program, and delivering the Aboriginal Employee Experience Project. Collectively, these initiatives contributed to Closing the Gap Outcome 1 (long and healthy lives), Outcomes 7 and 8 (education, employment and economic participation), and Outcome 14 (social and emotional wellbeing).

Progress was monitored through consultation and co-design outcomes, implementation milestones, program participation data, workforce and service indicators, and integrated reporting under the WA Country Health Service Aboriginal Health and Wellbeing Action Plan and Cultural Governance Implementation Framework. While several initiatives remain in the early stages of implementation, early results indicate stronger governance systems, increased participation and positive signs of organisational change. Ongoing implementation will be supported by the development of longer-term outcome measures and Aboriginal-led evaluation approaches.

A range of initiatives improved culturally secure care and supported progress against Closing the Gap targets. In the Midwest, the Clinical Yarning Project reached a significant milestone, delivering more than 30 workshops to over 240 health professionals and improving skills,



The third cohort of Aboriginal Health Champion Program participants.

knowledge and confidence in culturally safe communication. In the Pilbara, the Baby Coming You Ready? initiative equipped midwives with culturally responsive tools to address communication barriers and enhance maternity care for Aboriginal families. The Yurla Biriny Wangga project provided culturally secure men's yarning circles focused on social and emotional wellbeing, cultural identity and health, while positive participant feedback and growing engagement demonstrated strong community support.

Further innovation was achieved through the launch of Australia's first Aboriginal youth eating disorder screening tool in the Kimberley. Developed through Aboriginal leadership, cultural governance and consultation with more than 230 stakeholders, including Aboriginal Community Controlled Health Services, the tool supports culturally safe early identification, education and referral pathways for Aboriginal young people. The initiative represents an important step in addressing social and emotional wellbeing and improving access to appropriate mental health support.

Collectively, these initiatives have improved access to healthcare, improved the quality and coordination of services, and advanced health equity for country communities by ensuring more Western Australians can access the right care, at the right time, closer to home.



Baby Coming You Ready? training workshop at Murdoch University.

L-R: Caitlin Pickery, Danielle Tuffley, Keryn Tyson, Sonia Dawson, Alicia Bellotti, Sian Skillcorn, Tarryn Sharp, Meredie Garrett and Sandra Rasmussen.

Priority 2

Valuing our people



A highly skilled and valued workforce supported by a safe, inclusive workplace and environment.

The WA Country Health Service has strengthened its commitment to rural and remote healthcare through a series of workforce, training and service delivery initiatives aimed at improving patient care across country WA.

Workplace inclusiveness

We are committed to fostering an equitable, diverse and inclusive workplace where all employees feel respected, valued and empowered to contribute. We recognise the strength of our diverse workforce across our service.

In 2025–26, WA Country Health Service continued to support diversity and inclusion through recognition of key events, including National Reconciliation Week, National Sorry Day, NAIDOC Week, International Day against Homophobia, Biphobia, Interphobia and Transphobia (IDAHOBIT), Wear it Purple Day, Pride Month and the Perth Pride Parade. Both local and statewide activities helped raise awareness, encourage inclusion and strengthen staff connection.

To support disability inclusion, the Access for All training package was introduced to the learning management system ahead of the 2025 International Day of People with Disability. Developed by CheckUP and promoted through Allied Health, the training strengthens disability awareness and improves understanding of the barriers people with disability may face when accessing healthcare services.

We continued to promote Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and/or Questioning, Asexual + Sistergirls and Brotherboys (LGBTIQA+SB) inclusion and allyship across WA Country Health Service through training, engagement and system-wide

collaboration. Mental Health delivered online inclusion training, supported the WA Country Health Service LGBTIQA+ Community of Interest, and represented us on the WA Health LGBTIQA+SB Strategic Partnership Group to help progress priorities under the WA LGBTIQA+ Inclusion Strategy 2025–35.

In the Midwest, the Mental Health and Community Alcohol and Drug Service Pride in Health working group met monthly to advance workplace inclusion initiatives. The service was also recognised at the 2026 Pride in Health + Wellbeing Awards, achieving Bronze Service Provider status for its commitment to LGBTQ+ inclusion.



Narrogin Health Service staff celebrating Wear it Purple Day.

Aboriginal cultural capability and workforce development

In the Goldfields, a local Aboriginal Cultural Facilitator delivered face-to-face cultural awareness workshops throughout the year to increase our staff's understanding of Aboriginal history and cultural practices.

Aboriginal Mental Health coordinated cultural learning opportunities for Central Office staff, including Campfire Talking Cultural Sessions featuring regional Aboriginal staff who shared information about their roles. Feedback from attendees informed session topics and will continue to guide the delivery of future sessions, ensuring learning remains responsive to staff needs.

Alongside these cultural learning activities, Aboriginal Workforce progressed the WA Country Health Service-wide Aboriginal Mentorship Program as a key initiative under the WA Country Health Service Aboriginal Employment Strategy 2023–2026. Scheduled to launch later in 2026, the program aims to strengthen the attraction, engagement and retention of Aboriginal employees through culturally informed mentoring relationships and professional development opportunities. Following the opening of expressions of interest in March 2026, applications were received from staff across multiple regions. Prospective mentors and our mentees have since undertaken initial training in preparation for their roles.

Disability access and inclusion

WA Country Health Service developed our Disability Access and Inclusion Plan 2024-27 in consultation with consumers, staff and key stakeholders. The plan outlines strategies to improve accessibility, independence, participation and inclusion for people with disability across country health services.

We are committed to ensuring people with disability, along with their families and carers, can access the full range of services and facilities available. This includes providing information in accessible formats, particularly for people with intellectual disability, and making reasonable adjustments where required to support the delivery of safe, high quality and person-centred care.

For more information on our disability access and inclusion priorities for 2025-26, refer to page 120 in the Compliance and statutory reporting section.

WA Multicultural Policy Framework

Our Multicultural Plan has now been refreshed. The WA Country Health Service Multicultural Plan 2026–2029 continues our commitment to implementing the WA Multicultural Policy Framework (WAMPF) and builds on previous work undertaken across country health services in alignment with the Framework's three policy priorities.

To view examples demonstrating progress against these priorities go to page 124 under our Compliance and statutory and reporting section.

Training and development

The WA Country Health Service Education Centre has successfully achieved Enterprise Registered Training Organisation (RTO) status following approval by the Training Accreditation Council on 11 September 2025. The registration was granted after a successful compliance audit, which highlighted several strengths in WA Country Health Service's quality assurance and assessment practices.

This achievement represents a significant milestone in developing the regional health workforce and supporting career development opportunities.

The accreditation follows a year-long project focused on expanding training opportunities for current and future healthcare workers in rural and remote communities.

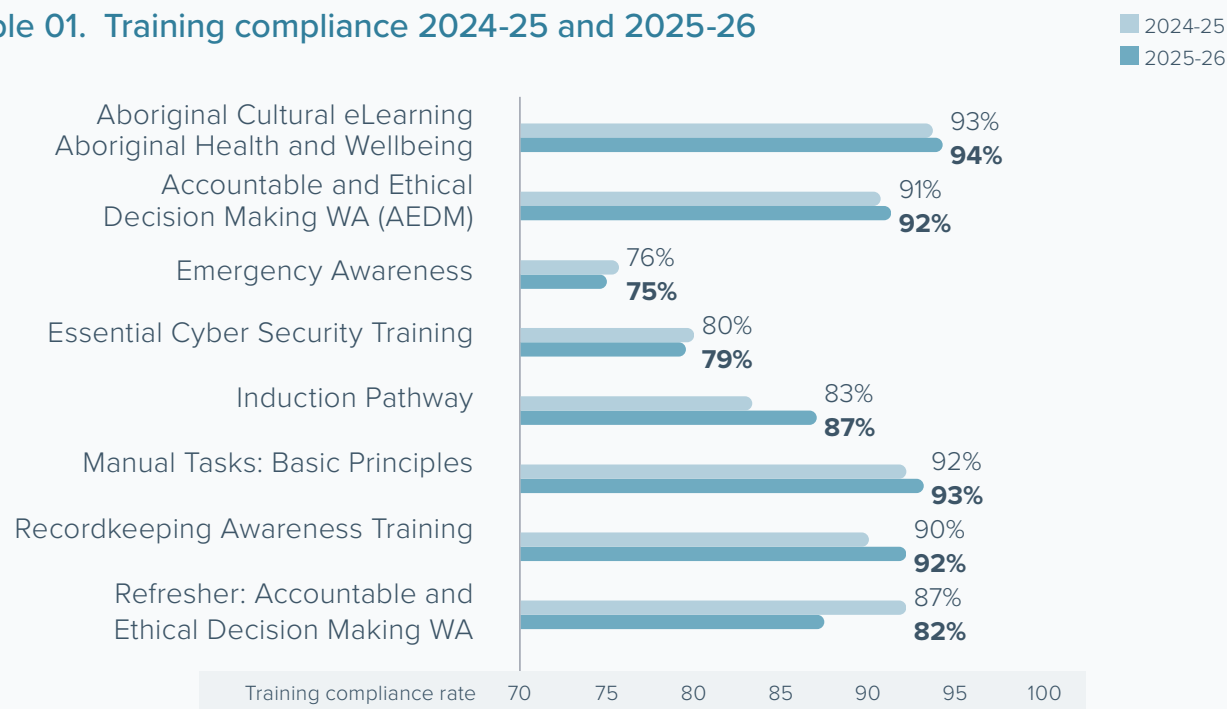
The initiative was driven by a strategic priority of the WA Country Health Service Board Committee to “grow our own” workforce and build a sustainable pipeline of skilled health professionals for regional WA.

Over the course of the project, 18 students commenced training, and several new qualifications were developed to enhance workforce capability. These initiatives have improved access to training in regional and remote areas while also supporting the growth and development of the Aboriginal workforce.

Mandatory training compliance was further enhanced through improved reporting systems, providing greater visibility of site compliance and supporting consistent performance across the organisation. Workforce safety remained a key focus, with 7,617 staff completing Aggression Prevention and Management training and 487 staff undertaking Emergency Response training.

To support injury prevention and safe work practices, 1,475 staff completed Load Handling training and 4,252 staff completed Patient Handling training. Together, these programs strengthen workforce capability, safety and wellbeing across our services.

Table 01. Training compliance 2024-25 and 2025-26



Manager Learning and Development Matthew Connell, CHSP Coordinator Cherie Zagorianos and Coordinator Learning and Development Edie Nicholls.

Program development and instructional design

Our commitment to develop staff further means development of programs such as eLearning and simplified access to external learning programs has increased. We have developed or updated 97 training programs to support the workforce with essential learning programs.

These resources ensure that both new and existing employees have access to the information they need, supports staff safety, enhance clinical practice and increase corporate capability across our organisation. Instructional Design has been extended to support the high standard of accredited training the WA Country Health Service RTO is delivering.

Examples of training that has been created and is now in MyLearning, our learning management system, include:

- Introduction to Child Safeguarding
- Emergency Management Training Package
- Additional Clinical Teletrial Learning Modules
- Strengthened Aged Care Quality Standards Training
- Paediatric Sepsis Education Pathway in partnership with Child and Adolescent Health Service

In the new learning resource for parents were also produced, including:

- Promoting Early Communication
- Caring for your baby's head shape
- Developing Language in the Preschool Years

Leadership development

The WA Country Health Service Leadership Exploration and Development Program saw 16 staff graduate and another 18 staff orientated into the Program. This means 71 senior leaders across our organisation have benefited from Professional Development from this program.

The WA Country Health Service Management Development Program has also delivered strong and measurable outcomes, with 22 staff successfully completing their Diploma of Leadership and Management. Another 35 participants are actively progressing through the program which indicates sustained engagement and commitment to leadership development across the organisation. Results reflect a positive return on investment for leadership development at WA Country Health Service.



ACHSM graduation ceremony.

Vocational work placement

WA Country Health Service Learning and Development commits to progress with entry level training exposure through RTO work placement and coordinate high school work experience opportunities. Vocational and high school positions have been provided for:

37	External RTO or TAFE student placements
6	Aboriginal school-based traineeships through group training organisations
3	School-based traineeships through group training organisations
3	Support services traineeships through group training organisations
144	High school students

A vocational, school-based trainee hosted at Hedland Health Campus has progressed to the semi-finals at the State Training Awards. This outcome reflects the commitment and supportive environment of the local team and highlights the strong opportunities that training pathways provide to emerging talent. Accolades such as this, position WA Country Health Service as an employer of choice in regional WA.

Work health and safety

The safety, health and wellbeing of our workforce are essential to delivering safe, high quality healthcare. During 2025–26, we continued to strengthen work health, safety and security through initiatives focused on preventing harm, supporting staff working in challenging environments, and fostering a strong safety culture.

Key achievements

Workplace violence and aggression

Preventing and responding to workplace violence and aggression remained a key priority. In December 2025, we introduced the Prevention and Management of Workplace Violence and Aggression Policy, providing a consistent framework for prevention, reporting and response across the organisation.

In June 2026, a dedicated Violence and Aggression Nurse Educator was appointed to lead training and workforce capability development across regional and remote settings.

Working in isolation and safe driving

To support staff who travel and work alone, we introduced a new Working in Isolation Policy and established a dedicated Safe Driving Governance and Compliance Officer role. Development also commenced on a WA Country Health Service-wide Safe Driving Strategy to strengthen driver safety, minimise risks and support staff delivering care across regional WA.

Security services

The Virtual Security Centre expanded from an eight-site pilot to support more than 60 sites across regional WA. During the reporting period, it delivered more than 120,000 staff safety touchpoints through virtual patrols and welfare checks, providing real-time support and enhancing incident response.

The Mental Health Transport Officer (MHTO) Program safely transported more than 150 mental health patients from country locations to metropolitan facilities and continued to support staff working in community and remote settings. Together, these initiatives strengthen workforce safety by addressing workplace violence, aggression and working-in-isolation risks.

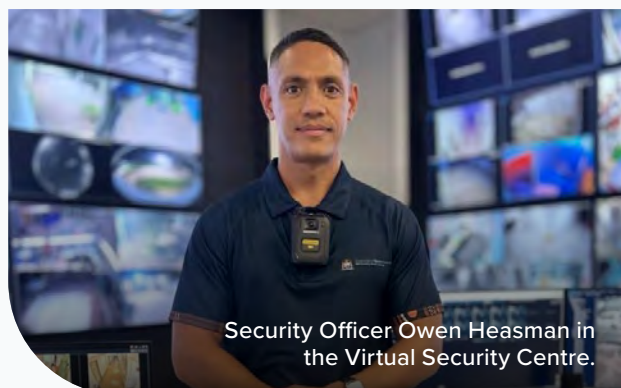
Future focus 2026–27

In 2026–27, we will continue to strengthen workforce safety and wellbeing through the development of a Workforce Wellbeing Strategy and the introduction of psychosocial risk management resources to support mentally healthy workplaces.

Work will also continue to enhance workplace violence and aggression prevention through a contemporary, trauma-informed training program led by the Violence and Aggression Nurse Educator.

Security services will further expand the Virtual Security Centre, invest in technology-enabled solutions such as Body-Worn Cameras, and continue developing capability within the MHTO Program to support safe, responsive healthcare delivery.

To view Workers Compensation and Injury Management reporting please go to page 130 of our Compliance and statutory reporting section.



Security Officer Owen Heasman in the Virtual Security Centre.



First cohort of participants in the Aboriginal Health Champions Program - Ruth Monck, Ceinwen Gearon, Tracy Waddell, Dale Broderick and Daniella Brown.

A major milestone was reached with the launch of the Aboriginal Health Champions Program, which inducted its first cohort of participants. The initiative is designed to support and develop Aboriginal health leaders across the organisation, helping improve cultural capability and health outcomes for Aboriginal communities throughout regional WA.

Expanding professional development opportunities:

- Launch of the Transition to P2 program for senior allied health professionals to advance their careers.
- First Cohort of anaesthetic nurses graduated.
- First WACHS pharmacist successfully completed the Resident Training Program.

Leadership appointments and workplace recognition

New District Directors were appointed across the regions, strengthening leadership teams and supporting the delivery of high quality healthcare services throughout the state.

Record intake of nurses, midwives and medical interns in 2026

250 newly qualified nurses

22 midwives

35 new medical interns

Carer Friendly employer accreditation level 1

WA Country Health Service achieved Level 1 (Activate) Carer Friendly Workplace accreditation through the Carers + Employers program, recognising its commitment to supporting employees with caring responsibilities through flexible work practices, supportive policies and staff education. Work is now underway towards Level 2 accreditation.

Priority 3

Driving excellence and innovation



Excellence supported by a commitment to research, innovation and improvement.

During 2025-26, we strengthened our leadership in regional healthcare through major investments in digital transformation, research and innovative models of care. These initiatives improved patient safety, expanded access to clinical trials and supported better healthcare outcomes for country communities.

A landmark achievement was reached with the successful completion of the eight-year Digital Medical Record (DMR) transfer program, delivering a modernised digital platform that supports safer, more connected patient care across our services.



Broome Occupational Therapist
Marnie Oliver using DMR.

What has been achieved:

110 sites DMR ready

A consistent, reliable and accessible
clinical documentation system

A transition from
paper-based to digital records
across WA health

Improved
clinical workflows

enhanced
patient safety, data integrity
and continuity of care

A strong foundation
for our next major step
the Electronic Medical Record

Further advancing digital capability, the statewide rollout of the award-winning Charm Oncology Management System was completed. The system provides clinicians with improved tools to manage cancer treatment and patient

information, enhancing the quality, safety and coordination of oncology services across regional WA.

Six WA Country Health Service Kimberley Population Health Unit sites, including One Arm Point, Wangkatjungka, Noonkanbah, Looma, Lombadina and Kalumburu, have recently been connected to the Command Centre. The expansion enhances support for frontline clinicians through access to specialist advice and services, helping ensure safe, timely care for people living in remote communities.

Primary health care in the Kimberley is delivered through a partnership between WA Country Health Service and Aboriginal Community Controlled Organisations. This milestone supports improved access to care and greater health equity for remote Aboriginal people.

Nine remote Kimberley communities are now linked to the Command Centre, including Balgo, Billiluna and Mulan, which were onboarded through Kimberley Aboriginal Medical Services (KAMS) in December. These sites are also being enabled with Emergency Telehealth Service (ETS) capabilities, providing clinicians with 24/7 specialist support, clear escalation pathways for deteriorating patients, and coordination of urgent transfers when required.

These digital health advancements are transforming healthcare delivery across our services by bringing specialist support closer to

communities while enhancing workforce capability and confidence.

We continue to build regional WA's reputation as a centre for clinical research and innovation, with Albany Health Campus commencing its first oncology clinical trial. The milestone provides local cancer patients with opportunities to participate in cutting-edge research closer to home while contributing to advances in cancer treatment.

Research and innovation by the numbers

400+

patients enrolled in clinical trials

200+

Aboriginal clinical trial participants

11

active clinical trials

8

clinical specialties

100+

telehealth-enabled sites supporting research

4

successful research and innovation grants

\$3.84
million

secured to support research, innovation and clinical trials



Clinical Research Nurse Natalie Rudling.

Bringing global cancer research to regional WA

The YAAD clinical trial, sponsored by Eli Lilly, became the first commercially sponsored clinical trial in regional WA, expanding access to new chemotherapy-support treatments for country patients and positioning WA Country Health Service as a partner of choice for industry sponsored research.

Faster access to palliative care medicines

The Enabling Access: Essential Medications for Palliative Patients Accessing Treatment at Home (EMPPATH) project partnered with South West community pharmacies to improve access to essential palliative care medicines, reducing delays and helping patients receive symptom relief sooner while remaining at home.

FITTEST trial helping older adults stay well

Delivered in Bunbury and Busselton, the FITTEST trial supports older adults to prevent and manage frailty through coordinated multidisciplinary care and evidence-based interventions.

Priority 4

Collaboration, partnerships, and community connection



We have reinforced our commitment to community engagement, Aboriginal health and inclusive healthcare through a series of partnerships, events and initiatives across regional Western Australia.

We continued to work in partnership with Aboriginal Community Controlled Health Services (ACCHSs) and Aboriginal organisations to support community-led approaches to health and wellbeing. In the Pilbara, collaboration with the Pilbara Aboriginal Health Alliance formal partnership arrangements and supported implementation of the health priorities identified through the Yule River Call to Action and Solutions Roadmap. These partnerships have enhanced shared decision-making, supported the community-controlled sector and established stronger foundations for integrated planning, monitoring and accountability.

In support of a more inclusive healthcare system, WA Country Health Service partnered with the Disability Health Network to co-host a public event marking the International Day of People with Disability. The successful event brought together community members, advocates, healthcare professionals and people with disability to celebrate inclusion, promote accessibility and raise awareness of the importance of equitable health services for all Western Australians.

Consumer engagement and experience

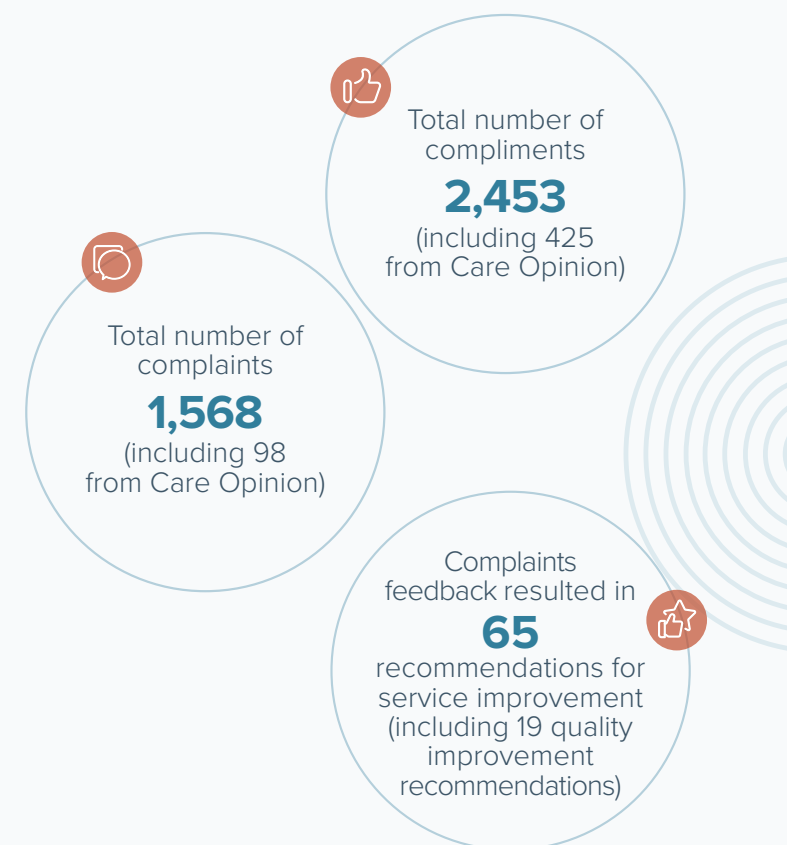
The benefits of receiving feedback from consumers, their families, and carers are well recognised. We provide a range of ways for consumers to share their experiences and contribute to service improvement.

During 2025-26, we introduced the [Giving Feedback Easy Read booklet](#), making the feedback process more accessible and inclusive for people with a disability.

In 2025–26, we continued to utilise Care Opinion, an online platform that enables members of the public to share feedback about their healthcare experiences and interaction with our services. Feedback received through Care Opinion informs service improvements and provides an opportunity to recognise staff and teams who consistently exceed patient expectations.

Consumer feedback is managed in accordance with the WA Health Complaints Management Policy. All complaints are acknowledged, investigated, and responded to within appropriate timeframes. Where necessary, improvement actions are implemented to address identified issues and support ongoing service enhancement.

In 2025-26, we received 4,021 compliments and complaints from patients, carers and families:



You spoke, we listened

Feedback from consumers highlighted challenges associated with the increased distance between the car park and the emergency department entrance during the Geraldton Hospital redevelopment, including concerns about wheelchair availability.

In response, additional wheelchairs were purchased and clear, visible signage was introduced to direct consumers to support and assistance services.

By listening to consumer feedback and taking action, we improved accessibility and helped ensure a more positive experience for consumers with mobility needs during the redevelopment period.

Care opinion leading the way in listening forum

Our staff were honoured in five of eight categories recognising outstanding achievement at the 2026 Care Opinion Forum: Leading The Way In Listening. This forum marked 10 years of Care Opinion across Western Australia's public health system.



An example of new signage to support consumers to access our services.

Consumer and community engagement



East Pilbara District Health Advisory Council member Gloria Jacob.

2025 District Health Advisory Council forum

District Health Advisory Council Chairs attended a Perth forum focused on key WA Country Health Service initiatives, consumer engagement, diversity and inclusion. The forum also included a tour of our Command Centre, which participants identified as a highlight, and helped strengthen their capacity to support meaningful community engagement in their communities.

'What Matters to You?'

WA Country Health Service has made a commitment to embed 'What Matters to You?' into clinical practice, strategies and activities, in line with **Improving Safety and Quality in Healthcare – a Strategic Plan for all Western Australians 2024-2026.**

Launched in 2026 the 'What Matters to You?' initiative, a global movement across healthcare, encourages meaningful conversations between patients, families, carers and staff and reminds us to see the person behind the patient.

Small conversations can shape care in ways that support dignity, builds trust and strengthen relationships.

We know that by acting on what we hear, we can continue to build a health service culture of kindness, partnership and person-centred care.

Priority 5

A trusted and sustainable health service



Strong relationships and governance support an adaptable, trusted, and sustainable health service.

WA Country Health Service has marked a year of significant progress, launching its new strategic plan while advancing major infrastructure projects and service improvements.

As part of our commitment to creating safe and welcoming health environments, we have launched a dedicated web page for children and young people. The new online resource supports the organisation's commitment as a child safe organisation and provides age-appropriate information to help children, teenagers and families navigate healthcare services.

Infrastructure and capital projects ►

Our investment in healthcare infrastructure continues to improve access to care closer to home for country communities. Major hospital redevelopments, new healthcare facilities and expanded specialist services are helping to build a more sustainable and connected country health system for patients, families and staff.



Midwest

Geraldton Health Campus

The \$192 million Geraldton Health Campus redevelopment was completed in June 2026, delivering a modern, fit-for-purpose facility with expanded clinical services to support the growing healthcare needs of the Geraldton and Midwest community.



Midwest

Mullewa Hospital

The new Mullewa Hospital also moved closer to completion, with opening anticipated later in 2026. The facility will provide a 24/7 emergency department, primary and outpatient healthcare services, overnight patient accommodation, dialysis services and enhanced telehealth capability, improving access to care closer to home for residents across the region.



South West

Bunbury Hospital

The \$572 million Bunbury Hospital redevelopment, the largest health infrastructure investment ever undertaken in regional WA, reached significant milestones during 2025-26. Major construction progressed on the new clinical tower, emergency department and acute psychiatric unit, with new facilities being delivered in stages to maintain uninterrupted healthcare services while increasing capacity for the South West region.



Laverton Hospital

Construction is nearing completion on the new Laverton Hospital, which will bring emergency, outpatient and visiting specialist services together within a modern purpose-built facility designed to meet the current and future healthcare needs of the local community.

Broome Renal Hostel | Halls Creek Renal Dialysis Centre

Specialist renal infrastructure continued to expand across northern WA. A tender was released for the new Broome Renal Hostel, with construction expected to commence later in 2026. The 20-bed facility will support patients requiring dialysis treatment away from home. Meanwhile, the Halls Creek Renal Dialysis Centre continues to progress and will deliver eight dialysis chairs, patient accommodation and staff housing, helping more patients access treatment on country and close to home.

Hedland Health Campus MRI Unit

The Hedland Health Campus MRI Unit also progressed through design, with construction expected to commence later in 2026. The new facility will enhance access to advanced diagnostic imaging services in the Pilbara, reducing the need for patients to travel long distances for specialist scans and supporting earlier diagnosis and treatment.



Albany Health Campus

Planning continues for the Albany Health Campus expansion, which will deliver a new 32-bed medical ward to support growing demand for healthcare services in the region. Early contractor involvement and design activities progressed during the year, supporting expanded inpatient capacity and improved access to care for the local community.

Tom Price Hospital

In the Pilbara, planning advanced for the new Tom Price Hospital, which will deliver a contemporary hospital with modern emergency, inpatient and outpatient facilities, supporting improved access to healthcare services for local families and surrounding communities.

WA Country Health Service environment and sustainability highlights 2025-26

Guided by the WA Country Health Service Environment and Sustainability Framework 2020-2030

WA Country Health Service continued to strengthen its commitment to environmental sustainability by integrating it into planning, operations and decision making across the organisation. Progress was made across key priority areas detailed below.

Key enablers for long-term impact



Sustainable healthcare network

- Growing sustainability ambassadors across regions
- Supporting collaboration and knowledge sharing

Stronger systems, data governance and reporting

- Strengthened systems and reporting to improve environmental performance
- Enhanced environmental data capability

Practical tools and resources

- Toolkits and resources developed to support staff and sites
- Supporting consistent implementation

Waste management



Pause the plastics campaign



WasteSmart toolkit series

The first toolkit focused on remanufacturing single-use medical devices



Waste audit

Audits carried out to:

- Improve waste segregation
- Increase diversion from landfill
- Strengthen staff education



Waste data and reporting

An organisation-wide waste data dashboard is being developed

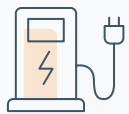
Our focus

- Reduce single-use plastics
- Increase resource segregation
- Support circular economy outcomes

Sustainable transport



EV fleet 20



Charging infrastructure



Portable charging



Staff education and support



Performance

Monitoring trial sites for EV utilisation rates

Our focus

Supporting the transition to a lower-emissions fleet and promoting alternative transport.

Energy and emission



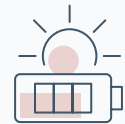
48,429t CO₂-e

Greenhouse gas emissions reported for 2025-26



Better data and reporting

Ongoing improvements to emissions data collection



Renewable energy

Solar photovoltaic systems planning and development as part of new and redeveloped healthcare facilities



Nitrous oxide decommissioning program

Our focus

Strengthening our understanding of energy use and greenhouse gas emissions.

Sustainable procurement



Stronger procurement practices

Procurement processes reviewed to better understand environmental impacts associated with goods and services



Embedding sustainability

Sustainability considerations integrated into purchasing and procurement activities to support more sustainable decisions



Priority areas for future improvement

- Water management and disposal
- Chemical
- Sterilisation products
- Water and wastewater services
- Pharmaceuticals and medicines

Our focus

Reducing environmental impact and building resilient supply chains through sustainable procurement.

Our workforce



Our workforce at a glance

Medical salaried* ** ***

836

791 in 2024-25 ▲

Nursing

3,931

3,716 in 2024-25 ▲

Medical support

1,132

1,103 in 2024-25 ▲

Agency nursing

389

484 in 2024-25 ▼

Hotel and site services

1,499

1,473 in 2024-25 ▲

Admin and clerical

2,205

2,120 in 2024-25 ▲

Agency

298

284 in 2024-25 ▲

Other categories

139

143 in 2024-25 ▼

Total

10,429

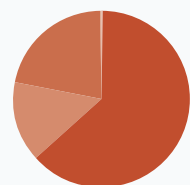
10,114 in 2024-25 ▲

* The source data for 2024-25 and 2025-26 statistics are from the Workforce Services Data Warehouse.

** 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. Some employees may hold a casual contract in addition to a fixed-term or permanent contract. In these instances, they will be counted in both categories.

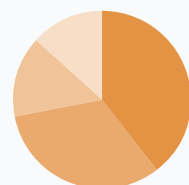
*** For workforce category definition please refer to Appendix 3.

Employment type



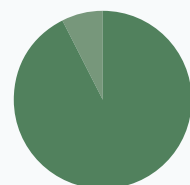
- Permanent 9,204
- Casual 3,121
- Fixed term contract 2,177
- Sessional 18
- Board member 10

Generational profile



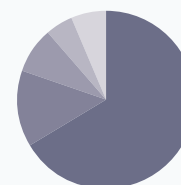
- Millennials 39.72%
- Generation X 32.23%
- Generation Z 14.76%
- Baby boomers 13.29%

Workforce composition



- WACHS 92.63%
- Agency 7.37%

Length of service



- 5 years or less 66.5%
- 5 to 10 years 13.8%
- 10 to 15 years 8.5%
- 15 to 20 years 5.0%
- More than 20 years 6.2%

Workforce diversity

3.18% Aboriginal/Torres Strait Islander*

20.15% CALD**

* Employees identified as Aboriginal and/or Torres Strait Islander through EEO survey responses, or employees occupying a position designated under Section 50D.

** Employees identified as culturally and linguistically diverse based on country of birth classifications.

Celebrating our people

Awards and recognition

Our people continue to be recognised at state and national levels for their leadership, innovation and commitment to delivering exceptional healthcare outcomes. Notable achievements during the year included:

WA Nursing and Midwifery Excellence Awards 2026

- Excellence in Midwifery Award – Melanie Woodhams, Wheatbelt
- Excellence in Rural and Remote Nursing – Nicky Duncan, South West

WA Mental Health Awards 2025

- Mental Health Employee Excellence Award – Vernon Dann, Kimberley

Institute of Public Administration Australia WA Achievement Awards 2026

WA Wastewater Surveillance Program (Category 1)

- Award for Best Practice in Collaboration across Government Agencies
- Silver Award for Best Practice in Innovation

Institute of Hospitality in Healthcare Awards

- 2025 Excellence Award – Raghav Sridhara
- 2025 National Leadership Award – Raghav Sridhara

WA Health Excellence Awards 2025

- Minister for Health's award – Deanne Brooks
- Excellence in Aboriginal Health – Kaya, Where you Going? Project, Midwest
- Excellence in Safety and Quality – Charm Oncology Management System Project, South West
- Excellence in Rural and Remote Health Care – Virtual Clinical Pharmacy Service

Healthway Aboriginal Research Training Scholarship 2025

- Sharon Lockyer, Aboriginal Health Practitioner, Pilbara

Australian College of Health Service Management (ACHSM)

- Anthony Suleau Prize – Chantelle Pears, Pilbara

Royal Australasian College of Physicians (RACP) Medal for Clinical Service in Rural and Remote Areas

- Dr Jaye Martin, Consultant Physician, Kimberley

WA Rural Health Excellence Awards 2026

- Health Team of the Year – Older Person Complex Care Team, South West
- Specialist (Non-GP) of the Year – Jacinta Cover, South West
- WA Country Health Service Intern of the Year – Celia Wong, Midwest
- WA Country Health Service RMO of the Year – Catherine Daly, South West
- Aboriginal Health Professional of the Year – Vernon Dann, Kimberley Mental Health and Drug Service
- Clinical Leader of the Year – Kim Tracey, South West
- Nurse or Midwife of the Year – Jane Darlington, Kimberley
- Chairs' Award – Older Person Complex Care Team, South West

Australasian Rehabilitation Outcomes Centre (AROC) awards

- National Award for Ortho-Geriatric/Fracture Rehabilitation Excellence - Busselton Rehabilitation team
- National Award for Most Improved Outcomes – Busselton Rehabilitation team

Staff in the spotlight



Older Person Complex Care Team



Nicky Duncan

Raghav Sridhara



Sharon Lockyer

Deanne Brooks



L-R: WACHS Chief Executive Jeff Moffet, Dr John Rosser Davies from Manjimup and Rural Health West Board Chair Gary Smith.

WA Rural Health Long Service Awards

Hosted by Rural Health West and WA Country Health Service, the annual awards recognise the incredible contribution of long-serving medical professionals who help sustain the health, wellbeing and resilience of rural communities.

This year's cohort includes a remarkable 50-year milestone for Dr John Rosser Davies, as well as 40 years of service by resident rural doctors Dr Chris Hartley and Dr Clyde Jumeaux.

50 years of service

Tony Boschman

Clinical Nurse Manager of Mental Health Patient Flow, Command Centre

Beverley (Bev) Crudeli,

Register Nurse, Mullewa Health Centre

Glenda Williams

Senior Aboriginal Health Worker, Great Southern Aboriginal Health Service

Other staff celebrating milestones this year include:

- **Dianne Rogers**, Clinical Nurse Community Health, Wheatbelt – 30 years of service
- **Steven Douglas**, Accommodation and Fleet Coordinator, Wheatbelt – 40 years of service
- **Jenny Yarran**, Senior Aboriginal Health Worker, Wheatbelt – 35 years of service
- **Suzann Franklin**, Project Officer, Wheatbelt Aboriginal Health Service – 30 years of service

Our performance



Performance overview 2025-26

4,409

Babies delivered



6,390

Lifesaving and life-enhancing surgeries were performed



28,154

Elective surgeries performed



470,956

Emergency department presentations



822,160

Outpatient appointments



43,266

People accessed the Patient Assisted Travel Scheme





Telehealth 2025-26

Non-admitted services



224,919

Outpatient telehealth appointments*



15,589

Video telehealth appointments



209,291

Phone telehealth appointments

Community and Mental Health Services**

23,021

Mental health appointments

1,949

Community health appointments

* Data source NADC, extracted 20/07/2026.

** Data source PSOLIS, extracted 20/7/2026. Includes clinical activity delivered by video conference in which the patient may or may not be present. Data source CHIS, extracted 9/7/2026. Includes number of finished telehealth video services.

Top five video telehealth services*

Antenatal

Oncology

Palliative medicine

Ophthalmology

Occupational medicine

* Based on category and Tier 2 clinic.

Emergency Telehealth Service (ETS)*



40,096

Command Centre consultations

79%

of patients avoided transfer

115

ETS enabled sites statewide

304,977

consultations since ETS began in 2012

Mental Health Emergency Telehealth Service (MHETS)

3,063

emergency mental health consultations

86%

of patients avoided transfer

Palliative Care Afterhours Telehealth Service (PalCATS)

1,511

consultations

Midwifery and Obstetrics Emergency Telehealth Service (MOETS)

3,222

consultations

79%

of patients avoided transfer

* Command Centre telehealth activity, extracted 27/07/2026, inclusive of video telehealth and telephone.

Inpatient Telehealth Services (ITS)*

377 patients accepted

86% of patients avoided transfer

45 sites serviced**

3,253 patients accepted since 2018

* Command Centre telehealth activity, extracted 27/07/2026, inclusive of video telehealth and telephone.

** Number of sites receiving an ITS service.

Financial summary

The total cost of providing health services to rural and regional areas in Western Australia in 2025-26 was just over \$3 billion. Results for 2025-26 against agreed financial targets (based on Budget Statements) are presented below.

Total cost of services



Variance +\$129,708

Total cost of services represents expenditure to maintain service provision and deliver new funded priorities, noting that budget adjustments were made during the course of the year including to reflect known Commonwealth and Other Grants funding that was not included in the initial target.

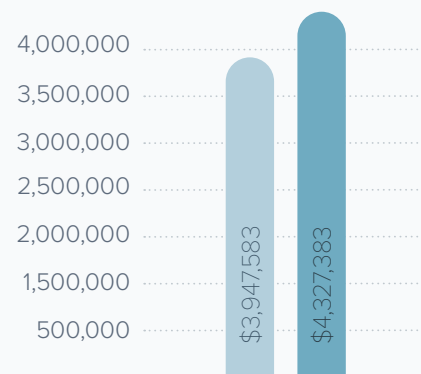
Net cost of services



Variance +\$52,151

Commonwealth and Other Grants funding received for services not included in the initial target were the subject of budget adjustments throughout the year.

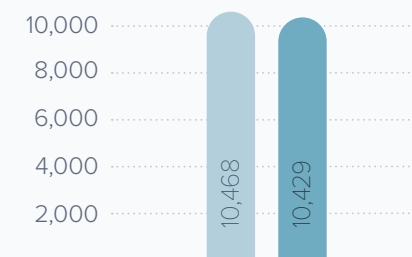
Total equity



Variance +\$379,800

Variance primarily relates to asset revaluation and capital expenditure subject to budget adjustments during the course of the year.

Approved full time equivalent staff level*



Variance -39

Variance primarily relates to delays in recruitment to funded positions.

* FTE

■ 2025-26 Target (\$'000) (FTE)
■ 2025-26 Actual (\$'000) (FTE)

Full details of WA Country Health Service financial performance during 2025-26 are provided in the *Compliance and statutory reporting* section of this report.

Key performance indicator summary

All Health Service Providers 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 performance against key performance indicators (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.



KPIs assist WA Country Health Service to assess and monitor the extent to which government outcomes are being achieved.

Effectiveness indicators provide information on the extent to which outcomes are achieved through the resourcing and delivery of services to the community.

Efficiency indicators monitor the relationship between the service delivered and the resources used to provide the service (for example activity and cost).

Due to the availability of data, some indicators reflect performance for the full 2025-26 financial year, while others are limited to the 2025 calendar year where complete financial year data is not yet available.

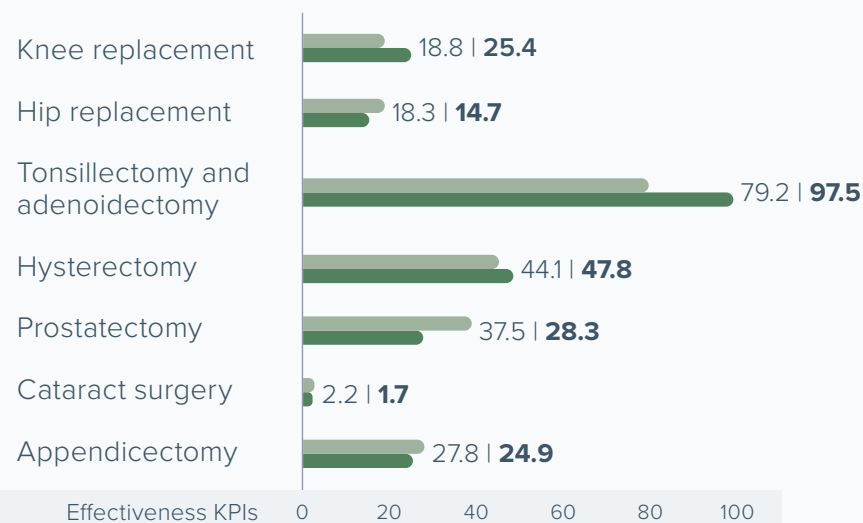
Full details of our KPI performance during 2025-26 are provided in the Compliance and statutory reporting section of this report.



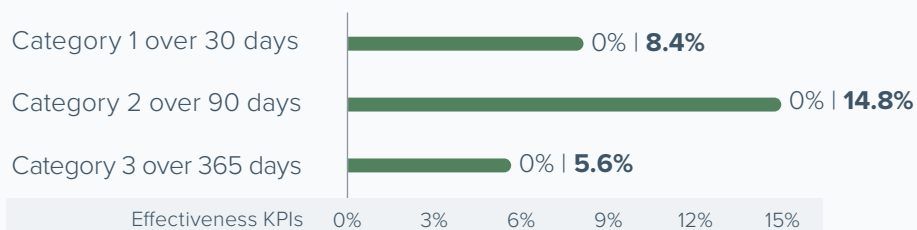
Kununurra Virtual Pharmacy Pre-Admission Clinic nurses Paula Retter (left) and Kelly Walburn (right) with Virtual Clinical Pharmacist Queena Truong (centre).

Outcome one

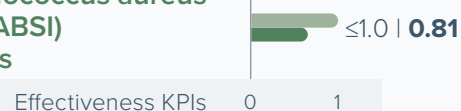
Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1,000 separations)



Percentage of elective wait list patients waiting over boundary for reportable procedures

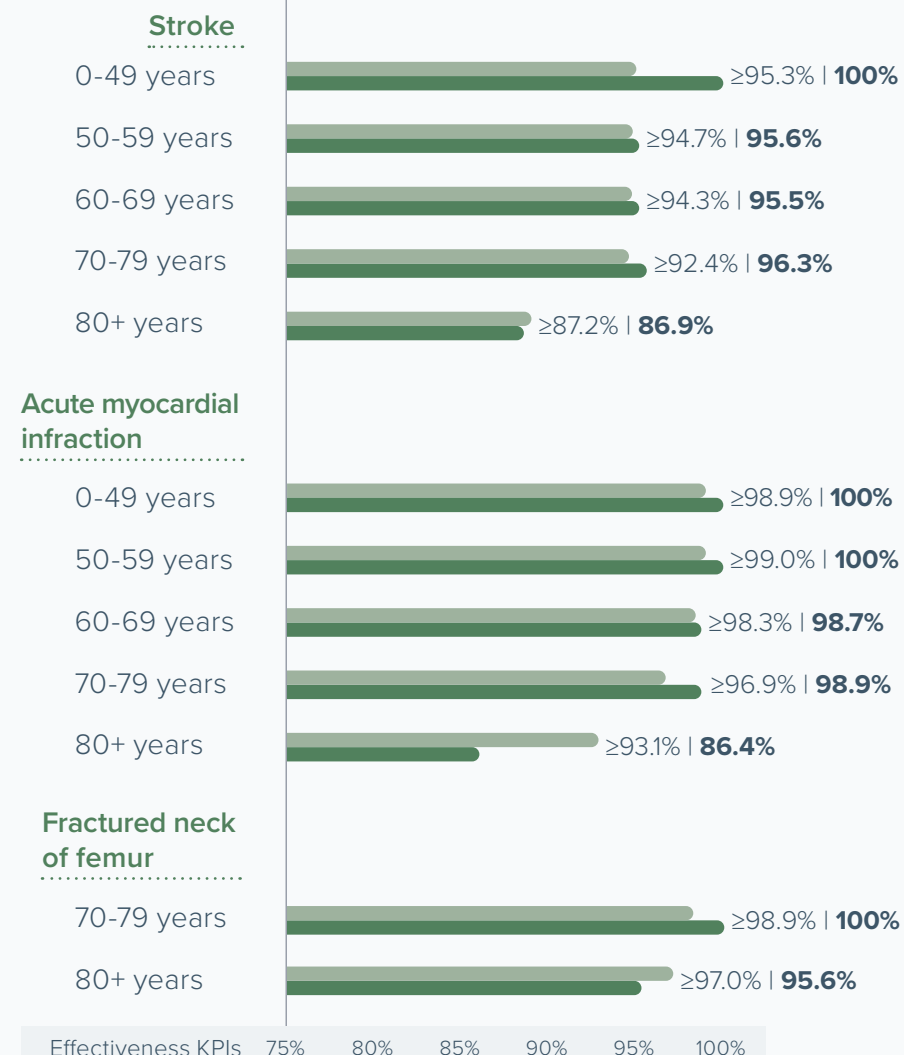


Healthcare-associated staphylococcus aureus bloodstream infections (HA-SABSI) per 10,000 occupied bed-days



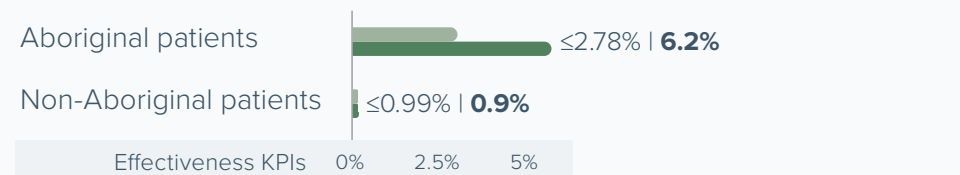
Survival rates for sentinel conditions

Target
Actual



Outcome one

Percentage of patients who discharged against medical advice



Percentage of live-born term infants with an Apgar score of less than seven at five minutes post-delivery

Target ≤1.9% | Actual 1.7%

Readmissions to acute specialised mental health inpatient services within 28 days of discharge

Target ≤12.0% | Actual 12.0%

Post discharge community care within seven days following discharge from acute specialised mental health inpatient services

Target ≥75.0% | Actual 85.0%

Effectiveness KPIs 0% 10% 80%

Average admitted cost per weighted activity unit

Target \$8,183 | Actual \$8,514

Average emergency department cost per weighted activity unit

Target \$8,094 | Actual \$8,180

Average non-admitted cost per weighted activity unit

Target \$8,328 | Actual \$5,377

Average cost per bed-day in specialised mental health inpatient services

Target \$2,681 | Actual \$3,150

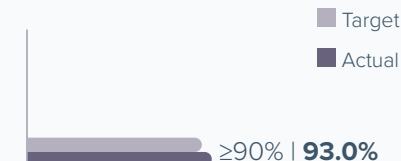
Average cost per treatment day of non-admitted care provided by mental health services

Target \$746 | Actual \$740

Efficiency KPIs \$0 \$3,000 \$6,000 \$9,000

Outcome two

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)



Percentage of patients who access emergency services at a small rural or remote Western Australian hospital and are subsequently discharged home

Target ≥84.7% | Actual 84.6%

Effectiveness KPIs 70% 80% 90%

Average cost per bed-day for specified residential care facilities, flexible care (hostels) and nursing home type residents

Target \$485 | Actual \$794

Average cost per person of delivering population health programs by population health units

Target \$353 | Actual \$373

Cost per trip of patient emergency air-based transport, based on the total accrued costs of these services for the total number of trips

Target \$10,354 | Actual \$9,184

Average cost per trip of Patient Assisted Travel Scheme (PATs)

Target \$535 | Actual \$685

Average cost per rural and remote population (selected small rural hospitals)

Target \$604 | Actual \$579

Efficiency KPIs \$0 \$400 \$800 \$10,000

Patient safety and quality

Delivering the best care possible to our patients and communities

Our clinicians and support staff bring a high level of expertise, professionalism and commitment in every interaction with patients and clients at every moment of care. The overwhelming majority of care episodes result in positive experiences and outcomes for patients, carers, and their families.

We acknowledge that adverse events in healthcare can have significant impacts on patients, families, carers, and health care staff. In these circumstances, we are committed to responding with transparency, empathy, and appropriate support for those affected.

A positive patient safety culture relies on the effective identification and reporting of clinical incidents and risks. We are committed to fostering an open and transparent environment where staff feel supported to report incidents when care does not proceed as intended. Every clinical incident is viewed as an opportunity to learn, better understand contributing factors, and implement improvements to enhance the quality and safety of care. We continue to encourage and support staff participation in incident investigations and the development of recommendations for improvement.

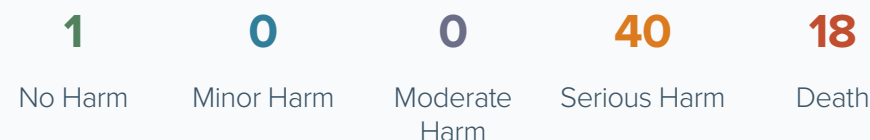
The value of consumer involvement in clinical incident investigations is recognised as a key component of transparency, accountability, and continuous improvement. Consumers provide perspectives that complement those of healthcare professionals, helping to strengthen understanding of the patient experience and identify opportunities for change. We are currently working with consumer representatives to develop guidelines, training, and support mechanisms to enable meaningful consumer participation in incident investigations.

All clinical incidents are categorised based on the severity and reviewed accordingly. A Severity Assessment Code 1 (SAC 1) is the most significant clinical incident that has, or could have, contributed to serious harm or death. All SAC1 clinical incidents are subject to a rigorous clinical incident investigation, and the reports are reviewed by members of our Executive and Board.

In the 2025-26 reporting period, 67 SAC1 clinical incidents were reported, with infection control representing the most frequently reported incident type.

Following investigation, eight incidents were approved for declassification by the WA Health Patient Safety Surveillance Unit after it was determined that there were no healthcare factors that contributed to the adverse patient outcome.

Of the remaining 59 SAC 1 investigations, 47 had been completed and 12 were in progress at time of reporting. The patient outcomes* associated with these incidents were:



* It is important to note that the patient outcome does not necessarily arise as a direct cause of the incident.

Emergency access

Emergency departments (EDs) are specialist multidisciplinary units with expertise in providing health care to acutely unwell patients in their first few hours in hospital. With demand on EDs and health services increasing, it is essential the provision of care is monitored continually to enable development of improvement strategies to ensure optimal service delivery and patient outcomes.

ED performance is reflective of challenges across our services to manage increased demand across emergency and admitted care services in rural and remote communities.

Percentage of patients seen within recommended times

The Australasian College for Emergency Medicine (ACEM) 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 WA's EDs, which can assist in driving improvements in patient access to emergency care.

Table 02. 2025-26 Triage results* **

Triage category	Description	Treatment acuity	Target	Results	† Target actual
1	Immediate life-threatening	Immediate (≤2 minutes)	100%	2025-26 2024-25 2023-24	100% 100%† 100% 100% 100% 100%
2	Imminently life-threatening or important time-critical treatment or very severe pain	≤10 minutes	≥80%	2025-26 2024-25 2023-24	80% 77.5% 80% 77.3% 80% 69.9%
3	Potentially life-threatening or situational urgency or humane practice mandates the relief of severe discomfort or distress within 30 minutes	≤30 minutes	≥75%	2025-26 2024-25 2023-24	75% 66.3% 75% 63.0% 75% 60.3%
4	Potentially serious or situational urgency or significant complexity or severity or humane practice mandates the relief of discomfort or distress within one hour	≤60 minutes	≥70%	2025-26 2024-25 2023-24	70% 73.7% 70% 70.0% 70% 68.8%
5	Less urgent or clinic-administrative problems	≤120 minutes	≥70%	2025-26 2024-25 2023-24	70% 91.1% 70% 89.3% 70% 88.5%

* Contributing sites: 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 Hospital, Northam Hospital.

** Data source: Emergency Department Data Collection

Emergency Access Key Performance Indicators

In 2023, as part of the Ministerial Taskforce on Ambulance Ramping, the Western Australian Government introduced new and expanded Emergency Access Key Performance Indicators (KPIs) to strengthen performance monitoring and improve oversight of patient access to emergency care.

Table 03. 2025-26 emergency access key performance indicator results commentary

Target	Description	2025-26	2024-25	2023-24
≥90%	Percentage of ED ambulance patients handed over (Transfer of Care) to hospital staff within 30 minutes of arrival	88.0%	87.8%	89.8%
≥80%	Percentage of ED attendances discharged within 4 hours	79.8%	79.7%	82.1%
≥80%	Percentage of ED attendances admitted within 6 hours	51.1%	49.8%	55.9%
100%	Percentage of all ED attendances with a Length of Episode less than or equal to 12 hours	95.5%	96.1%	97.1%

In 2025-26, there were 470,956 presentations to our EDs. Performance against the ATS improved in 2025-26 compared with the previous financial year across all ATS Categories 2-5. Emergency access KPIs also improved for three of the four indicators. This is noting an increase in ambulances (1.7%), older patients (2.1% for 65+ years) and mental health patients (4.4%) in 2025-26 for contributing hospitals.

This improvement has been supported by access to real-time data, enabling a more proactive approach to managing patient flow through the ED and improved oversight of performance through monthly safety and performance review meetings between our Executive and place-based leadership teams.

Referrals to the Emergency Telehealth Service (ETS) increased from 40,237 in 2024-25 to 42,990 in 2025-26, representing a 6.8 per cent increase. During the year, the ETS also expanded access to specialist emergency nursing services through direct video enabled triage across all sites. The team provided primary triage for 3,840 patients in 2025-26, a 27.2 per cent increase compared with the previous financial year.

MySay Healthcare Survey

The Australian Commission on Safety and Quality in Health Care's Australian Hospital Patient Experience Question Set (AHPEQS) provides a validated and standardised approach to capturing patient experience through an SMS-based survey following discharge.

In 2025–26, 12,297 admitted patients provided feedback from across our sites with outstanding results.

Table 04. 2025-26 AHPEQS Results

Description	%
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	93
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	95
Overall, the quality of the treatment and care I received was good or very good	95



Dr Mel Stoneham, Prof Christina Pollard and Kelly Blackburn at a health promotion course hosted by the Kimberley Community Alcohol and Drug Service team in March 2026.



Compliance and statutory reporting



Auditor General

INDEPENDENT AUDITOR'S REPORT

2026

WA Country Health Service

To the Parliament of Western Australia

Report on the audit of the financial statements

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 2026, 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 Health Service for the year ended 30 June 2026 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

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, 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 2026, and the controls were implemented as designed as at 30 June 2026.

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 2026 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 2026 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 2026.

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 Health Service'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 2026, 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 Health Service for the year ended 30 June 2026 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 Health Service to confirm the information contained in the website version.

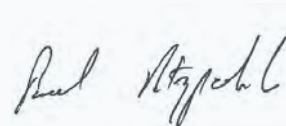
Aloha Morrissey
Acting Auditor General
Perth, Western Australia
16 September 2026

Certification of financial statements

WA COUNTRY HEALTH SERVICE CERTIFICATION OF FINANCIAL STATEMENTS FOR THE REPORTING PERIOD ENDED 30 JUNE 2026

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 2026 and financial position as at 30 June 2026.

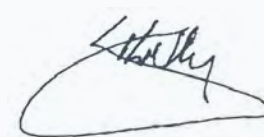
At the date of signing, we are not aware of any circumstance which would render the particulars included in the financial statements misleading or inaccurate.



Mr Paul Fitzpatrick

Board Chair

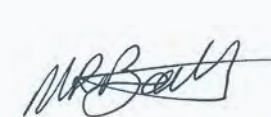
15 September 2026



Dr Shane Kelly

Deputy Board Chair

15 September 2026



Mr Matthew Bartlett

Chief Finance Officer

15 September 2026

Some of the Kununurra team wearing custom NAIDOC 2025 scrub tops.

Statement of Comprehensive Income

| For the year ended 30 June 2026

	Note	2026 \$000	2025 \$000
COST OF SERVICES			
Expenses			
Employee benefits expense	3.1	1,815,176	1,723,709
Patient support costs	3.2	784,651	756,423
Finance costs	7.1	2,784	2,016
Depreciation and amortisation expense	5.1, 5.2, 5.3, 5.4	141,835	116,116
Loss on disposal of non-current assets	5.1	1,477	1,275
Repairs, maintenance and consumable equipment	3.3	80,555	75,563
Other expenses	3.4	320,572	315,774
Total cost of services		3,147,050	2,990,876
INCOME			
Revenue			
Patient charges	4.3	110,018	105,323
Commonwealth grants	4.2	97,426	94,371
Other grants	4.2	16,342	16,063
Donation revenue		541	1,940
Asset revaluation increment	5.1	-	22,909
Other revenue	4.4	23,354	21,994
Total revenue		247,681	262,600
NET COST OF SERVICES		2,899,369	2,728,276
INCOME FROM STATE GOVERNMENT			
Income from public sector entities	4.1	2,650,264	2,540,349
Resources received	4.1	115,207	110,682
Royalties for Regions Fund	4.1	117,119	108,241
Total income from State Government		2,882,590	2,759,272
SURPLUS/(DEFICIT) FOR THE PERIOD		(16,779)	30,996
OTHER COMPREHENSIVE INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve	9.10	177,822	498,681
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		161,043	529,677

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 2026

	Note	2026 \$000	2025 \$000
ASSETS			
Current Assets			
Cash and cash equivalents	7.3	38,039	44,101
Restricted cash and cash equivalents	7.3	47,219	36,758
Receivables	6.1	39,178	40,440
Right-of-use assets	5.2	28	24
Other current assets	6.3	14,125	11,796
Total Current Assets		138,589	133,119
Non-Current Assets			
Receivables	6.1	44,932	37,227
Amounts receivable for services	6.2	1,481,840	1,375,241
Property, plant and equipment	5.1	3,193,087	2,757,986
Right-of-use assets	5.2	55,491	44,112
Intangible assets	5.3	4,374	8,474
Service concession assets	5.4	26,381	25,500
Total Non-Current Assets		4,806,105	4,248,540
Total Assets		4,944,694	4,381,659
LIABILITIES			
Current Liabilities			
Payables	6.4	201,271	219,322
Contract liabilities	6.5	16,048	7,554
Lease liabilities	7.2	20,803	14,917
Employee related provisions	3.1	285,633	271,936
Other current liabilities		2,698	1,137
Total Current Liabilities		526,453	514,866
Non-Current Liabilities			
Contract liabilities	6.5	7,360	14,931
Lease liabilities	7.2	29,740	24,359
Employee related provisions	3.1	53,758	48,029
Total Non-Current Liabilities		90,858	87,319
Total Liabilities		617,311	602,185
NET ASSETS		4,327,383	3,779,474
EQUITY			
Contributed equity	9.9	3,458,771	3,071,905
Reserves	9.10	1,044,453	866,631
Accumulated deficit		(175,841)	(159,062)
TOTAL EQUITY		4,327,383	3,779,474

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 2026

	Note	2026 \$000	2025 \$000
CONTRIBUTED EQUITY	9.9		
Balance at start of period		3,071,905	2,953,471
Transactions with owners in their capacity as owners:			
Capital appropriations administered by the Department of Health		96,258	16,357
Royalties for Regions Fund		290,608	99,334
Mental Health Commission SPA residual funds drawdown		-	2,743
Balance at end of period		3,458,771	3,071,905
RESERVES	9.10		
Asset Revaluation Reserve			
Balance at start of period		866,631	367,950
Comprehensive income for the period		177,822	498,681
Balance at end of period		1,044,453	866,631
ACCUMULATED DEFICIT			
Balance at start of period		(159,062)	(187,315)
Mental Health Commission SPA residual funds drawdown		-	(2,743)
Surplus/(Deficit) for the period		(16,779)	30,996
Balance at end of period		(175,841)	(159,062)
TOTAL EQUITY			
Balance at start of period		3,779,474	3,134,106
Comprehensive income for the period		177,822	498,681
Surplus/(Deficit) for the period		(16,779)	30,996
Transactions with owners in their capacity as owners		386,866	115,691
Balance at end of period		4,327,383	3,779,474

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 2026

	Note	2026 \$000 Inflows (Outflows)	2025 \$000 Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Income from public sector entities		2,543,849	2,435,836
Capital appropriations administered by the Department of Health		92,368	16,357
Royalties for Regions Fund		407,726	207,575
Net cash provided by State Government		3,043,943	2,659,768
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(1,789,819)	(1,683,886)
Supplies and services		(1,081,118)	(1,047,508)
Finance costs		(2,784)	(2,016)
Receipts			
Receipts from customers		106,518	102,445
Commonwealth grants		98,047	89,009
Other grants		17,501	16,397
Donations received		539	430
Other receipts		19,416	9,398
Net cash used in operating activities	7.3	(2,631,700)	(2,515,731)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current physical assets		(377,263)	(116,077)
Receipts			
Proceeds from sale of non-current physical assets		59	12
Net cash used in investing activities		(377,204)	(116,065)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease		(30,640)	(24,573)
Net cash used in financing activities		(30,640)	(24,573)
Net increase in cash and cash equivalents		4,399	3,399
Cash and cash equivalents at the beginning of the period		80,859	77,460
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	7.3	85,258	80,859

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 2026

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 15 September 2026.

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 based services and forensic services, as well as hospital in the home 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 2026

Note 2 WA Country Health Service outputs (continued)

2.2 Schedule of income and expenses by service

	Public Hospital Admitted Services	Public Hospital Emergency Services	Public Hospital Non- Admitted Services	Mental Health Services (a)	Aged and Continuing Care Services	Public and Community Health Services	Small Rural Hospital Services	Total
	2026 \$000	2026 \$000	2026 \$000	2026 \$000	2026 \$000	2026 \$000	2026 \$000	2026 \$000
COST OF SERVICES								
Expenses								
Employee benefits expense	641,137	314,642	127,058	155,539	170,889	198,912	206,999	1,815,176
Patient support costs	305,279	99,148	54,111	6,812	20,869	235,630	62,802	784,651
Finance costs	987	392	207	147	229	448	374	2,784
Depreciation and amortisation expense	56,891	18,317	9,412	1,494	13,467	11,401	30,853	141,835
Loss on disposal of non-current assets	962	216	118	7	12	42	120	1,477
Repairs, maintenance and consumable equipment	31,077	8,921	5,523	2,457	6,852	8,560	17,165	80,555
Other expenses	91,153	44,174	19,451	30,063	29,467	57,786	48,478	320,572
Total cost of services	1,127,486	485,810	215,880	196,519	241,785	512,779	366,791	3,147,050
Income								
Patient charges	44,898	6,689	27,236	377	14,888	11,248	4,682	110,018
Commonwealth grants	-	72	-	277	81,567	15,342	168	97,426
Other grants	3,036	2,690	1,500	3,506	1,864	2,964	782	16,342
Donation revenue	150	56	18	5	201	37	74	541
Asset revaluation increment	-	-	-	-	-	-	-	-
Other revenue	9,149	2,672	1,403	1,019	2,763	3,797	2,551	23,354
Total income other than income from State Government	57,233	12,179	30,157	5,184	101,283	33,388	8,257	247,681
NET COST OF SERVICES	1,070,253	473,631	185,723	191,335	140,502	479,391	358,534	2,899,369
INCOME FROM STATE GOVERNMENT								
Income from public sector entities	1,003,012	436,253	170,351	202,976	131,527	387,023	319,122	2,650,264
Resources received	49,537	21,515	9,584	4,450	5,496	11,093	13,532	115,207
Royalties for Regions Fund	4,644	9,787	4,807	-	1,207	73,878	22,796	117,119
Total income from State Government	1,057,193	467,555	184,742	207,426	138,230	471,994	355,450	2,882,590
SURPLUS/(DEFICIT) FOR THE PERIOD	(13,060)	(6,076)	(981)	16,091	(2,272)	(7,397)	(3,084)	(16,779)

(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 2026

Note 2 WA Country Health Service outputs (continued)

2.2 Schedule of income and expenses by service (continued)

	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 2026

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	2026 \$000	2025 \$000
Employee benefits expense	3.1(a)	1,815,176	1,723,709
Employee benefits provisions	3.1(b)	339,391	319,965
Patient support costs	3.2	784,651	756,423
Repairs, maintenance and consumable equipment	3.3	80,555	75,563
Other expenses	3.4	320,572	315,774

3.1(a) Employee benefits expense

Employee benefits	1,655,169	1,583,526
Termination benefits	340	28
Superannuation - defined contribution plans	159,667	140,155
Total employee benefits expense	1,815,176	1,723,709
Add: AASB 16 Non-monetary benefits	22,063	12,077
Less: Employee Contribution towards leases within scope of AASB 16	(8,511)	(4,551)
Net employee benefits expense	1,828,728	1,731,235

Employee benefits

Employee benefits include wages, salaries, accrued and paid leave entitlements, paid sick leave, and non-monetary benefits recognised under accounting standards other than AASB 16.

Termination benefits

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

Superannuation

Superannuation is the amount recognised in profit or loss of the Statement of comprehensive income comprising of employer contributions paid to the Gold State Super (concurrent contributions), West State Super, GESB Super or other superannuation funds.

AASB 16 non-monetary benefits

AASB 16 non-monetary benefits are non-monetary employee benefits predominantly relating to the provision of vehicle and housing benefits that are recognised under AASB 16 which are excluded from the employee benefits expense.

Employee contributions

Employee contributions are contributions made to WA Country Health Service by employees towards employee benefits that have been provided by WA Country Health Service under AASB 16.

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.

	2026 \$000	2025 \$000
Current		
Employee benefits provisions		
Annual leave (a)	137,770	126,514
Time off in lieu leave (a)	50,608	45,436
Long service leave (b)	88,928	92,377
Gratuities (c)	3,186	2,844
Deferred salary scheme (d)	5,141	4,765
	285,633	271,936
Non-current		
Employee benefits provisions		
Long service leave (b)	53,108	47,237
Gratuities (c)	650	792
	53,758	48,029
	339,391	319,965

Note 3 Use of our funding (continued)

3.1(b) Employee related provisions (continued)

	2026 \$000	2025 \$000
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(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	125,704	114,208
More than 12 months after the end of the reporting period	62,674	57,742
	188,378	171,950

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	18,446	20,652
More than 12 months after the end of the reporting period	123,590	118,962
	142,036	139,614

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	2,502	2,509
More than 12 months after the end of the reporting period	2,639	2,256
	5,141	4,765

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 2026

Note 3 Use of our funding (continued)

	2026 \$000	2025 \$000
3.2 Patient support costs		
Fees for visiting medical practitioners	119,995	144,094
Medical supplies and services	131,572	125,177
Domestic charges	16,294	15,935
Fuel, light and power	45,040	44,579
Food supplies	18,382	17,578
Patient transport costs	163,923	155,319
Aboriginal health services	48,163	45,608
Pathology services	80,285	76,056
Purchase of health care services	27,415	33,305
Purchase of outsourced medical services	80,945	47,939
Purchase of other outsourced services	48,952	47,997
Grant payments	3,685	2,836
Total patient support costs	784,651	756,423

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 include services provided by PathWest free of charge. The fair value of these services is recognised as patient support costs, with a corresponding amount recognised as Resources Received (Note 4.1.2).

3.3 Repairs, maintenance, consumable equipment

Repairs, maintenance and consumable equipment		
Repairs and maintenance	56,230	51,959
Consumable equipment	24,325	23,604
Total repairs, maintenance and consumable equipment expenses	80,555	75,563

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	10,470	9,879
Computer services	9,869	6,799
Workers compensation insurance	17,138	21,773
Other employee related expenses	53,812	56,938
Insurance	33,722	27,388
Legal expenses	245	192
Motor vehicle expenses	7,262	6,720
Lease expenses (a)	49,261	47,495
Printing and stationery	4,980	5,504
Expected credit losses expense (b)	3,465	2,869
Waived debts	197	355
Purchase of outsourced services	39,617	38,662
Shared services costs (c)	69,328	66,671
Other	21,206	24,529
Total other expenses	320,572	315,774

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, Tax 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 4.1.2).

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	2026 \$000	2025 \$000
Income from State Government	4.1	2,882,590	2,759,272
Commonwealth grants	4.2.1	97,426	94,371
Other grants	4.2.2	16,342	16,063
Patient charges	4.3	110,018	105,323
Other revenue	4.4	23,354	21,994

4.1 Income from State Government

4.1.1 Income from public sector entities

Indirect appropriations from the Department of Health	1,757,633	1,702,354
National Health Reform Agreement via the Department of Health	660,630	628,383
National Health Reform Agreement via the Mental Health Commission	78,205	58,441
Mental Health Commission - service delivery agreement	115,629	118,056
Mental Health Commission - specific programs	8,999	7,928
Commonwealth recurrent grants via the Department of Health	26,558	19,159
Other	2,610	6,028

Total income from public sector entities

	2,650,264	2,540,349
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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	234	226
PathWest (Note 3.2)	45,623	41,928
Health Support Services (Note 3.4)	69,328	66,671
Furniture from Department of Health	-	64
Building from Department of Health	-	1,546
Medical equipment from Department of Health and other Health Service Providers	22	247
Total resources received	115,207	110,682

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	4,168	5,165
Digital Innovation, Transport and Access to Care - Recurrent	24,347	24,347
Digital Innovation, Transport and Access to Care - Patient Assisted Travel Scheme	53,161	44,855
Cancer Strategy	1,267	1,048
Renal support team	2,155	2,212
Renal Hostels	3,398	3,398
Meet and Greet Service	118	302
Pilbara Health Initiatives	5,074	6,405
Southwest Aboriginal Medical Service Hub	150	-

Regional Infrastructure Headworks Account:

District Medical Workforce Program	23,281	20,509
Total Royalties for Regions Fund	117,119	108,241

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

Total Income from State Government	2,882,590	2,759,272
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Notes to the Financial Statements | For the year ended 30 June 2026

Note 4 Our funding sources (continued)

4.2 Grants

	2026 \$000	2025 \$000
4.2.1 Commonwealth grants		
<u>Recurrent</u>		
Multi-Purpose Service Program	58,277	58,461
Commonwealth Home Support Program	11,018	9,820
Nursing Home Benefits	7,784	7,607
Other	20,347	18,483
	<u>97,426</u>	<u>94,371</u>

4.2.2 Other grants

<u>Recurrent</u>		
Research	745	61
Other	15,597	16,002
	<u>16,342</u>	<u>16,063</u>

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

4.3 Patient charges

Inpatient charges	29,910	27,835
Outpatient charges	80,108	77,488
	<u>110,018</u>	<u>105,323</u>

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

4.4 Other revenue

Services to external organisations	6,564	8,206
Use of hospital facilities	155	150
Rent from commercial properties	1,008	1,316
Rent from residential properties	65	219
Employee contributions	12,894	10,116
Home and Community Care client fees	731	800
Other	1,937	1,187
	<u>23,354</u>	<u>21,994</u>

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	2026 \$000	2025 \$000
Property, plant and equipment	5.1	3,193,087	2,757,986
Right-of-use assets	5.2	55,519	44,136
Intangible assets	5.3	4,374	8,474
Service concession assets	5.4	26,381	25,500
Total key assets		<u>3,279,361</u>	<u>2,836,096</u>

Notes to the Financial Statements | For the year ended 30 June 2026

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 2026													
1 July 2025													
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)
Carrying amount at start of period	134,837	2,263,363	127,580	152,535	2,077	1,178	878	738	60,000	14,253	157	390	2,757,986
Additions	563	3,028	349,709	346	-	157	301	-	11,864	2,893	1,436	-	370,297
Transfers from other reporting entities	-	-	-	-	-	-	-	-	22	-	-	-	22
Transfers between asset classes	(12)	15,664	(18,334)	1,513	-	15	(90)	-	438	501	(413)	-	(718)
Other disposals	-	-	-	-	-	(38)	(55)	(24)	(1,305)	(114)	-	-	(1,536)
Revaluation increments	23,922	152,850	-	-	-	-	-	-	-	-	-	-	176,772
Depreciation	-	(87,073)	-	(9,614)	(316)	(736)	(119)	(409)	(7,634)	(2,711)	-	-	(108,612)
Write-down of assets	-	-	(676)	-	-	(80)	(128)	-	(173)	(41)	(26)	-	(1,124)
Carrying amount at 30 June 2026 (a)	159,310	2,347,832	458,279	144,780	1,761	496	787	305	63,212	14,781	1,154	390	3,193,087
Gross carrying amount	159,310	2,347,832	458,279	247,502	3,903	9,858	2,046	3,548	116,884	33,508	1,154	390	3,384,214
Accumulated depreciation	-	-	-	(102,722)	(2,142)	(9,362)	(1,259)	(3,243)	(53,672)	(18,727)	-	-	(191,127)
	159,310	2,347,832	458,279	144,780	1,761	496	787	305	63,212	14,781	1,154	390	3,193,087

(a) Of this amount for buildings, \$331.903m relates to professional and project management fees, which are included in the value of current use building assets under the current replacement cost basis.

Information on fair value measurements is provided in Note 8.3

Notes to the Financial Statements | For the year ended 30 June 2026

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 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)	-	-
Other disposals	(21)	(726)	-	-	-	(25)	(16)	-	(450)	(48)	-	(1)	(1,287)
Revaluation increments	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 (b)	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

(b) Of this amount for buildings, \$333.762m relates to professional and project management fees, which are included in the value of current use building assets under the current replacement cost basis.

Information on fair value measurements is provided in Note 8.3

Notes to the Financial Statements | For the year ended 30 June 2026

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 cost or significantly less than fair value, the cost is valued at its fair value at the date of acquisition.

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

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

Subsequent measurement

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

Land is carried at fair value and buildings are carried at fair value less accumulated depreciation and accumulated impairment

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.

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 2025, with valuations performed during the year ended 30 June 2026 and recognised at 30 June 2026.

These valuations are undertaken annually to ensure that the carrying amount of the assets do not differ materially from their fair value at the end of the reporting period.

In addition, for buildings under the current replacement cost basis, professional and project management fees estimated annually by WA Country Health Service are added to the Landgate valuation and included in the valuation of current use assets.

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 Depreciation and impairment

Charge for the period

	2026 \$000	2025 \$000
Depreciation		
Buildings	87,073	68,598
Site Infrastructure	9,614	9,604
Leasehold improvements	316	371
Computer equipment	736	767
Furniture and fittings	119	145
Motor vehicles	409	429
Medical equipment	7,634	7,089
Other plant and equipment	2,711	2,608
Total depreciation for the period	108,612	89,611

As at 30 June 2026 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 2026

Note 5 Key assets (continued)

	2026 \$000	2025 \$000
5.1.2 Revaluation decrements/(increments)		
Land	-	(22,909)
Buildings	-	-
	<u>-</u>	<u>(22,909)</u>
5.1.3 Loss on disposal of non-current assets		
<u>Net proceeds from disposal of non-current assets:</u>		
Property, plant and equipment	59	12
<u>Carrying amount of non-current assets:</u>		
Property, plant and equipment	1,536	1,287
Net loss	<u>1,477</u>	<u>1,275</u>

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 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 2026

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 2026					
1 July 2025					
Gross carrying amount	40,069	14,280	350	18,835	73,534
Accumulated depreciation	(17,635)	(4,306)	(291)	(7,166)	(29,398)
Carrying amount at start of period	22,434	9,974	59	11,669	44,136
Additions	37,877	627	375	3,106	41,985
Disposals	(1)	-	-	(77)	(78)
Depreciation	(24,686)	(2,383)	(112)	(3,343)	(30,524)
Carrying amount at 30 June 2026	35,624	8,218	322	11,355	55,519
Gross carrying amount	61,014	13,937	481	20,016	95,448
Accumulated depreciation	(25,390)	(5,719)	(159)	(8,661)	(39,929)
	35,624	8,218	322	11,355	55,519
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

Notes to the Financial Statements | For the year ended 30 June 2026

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.

	2026 \$000	2025 \$000
Current	28	24
Non-current	55,491	44,112
Total Right-of-use assets	55,519	44,136

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

Depreciation expense of right-of-use assets		
Buildings - Accommodation	24,686	17,714
Buildings - Non-accommodation	2,383	2,350
Plant and equipment	112	91
Motor vehicles	3,343	3,145
Lease interest expense	2,784	2,016
Expenses relating to variable lease payments not included in lease liabilities	309	291
Short-term leases	28,736	27,474
Low-value leases	(4)	6
Income from sub-leasing right-of-use assets (Note 3.1(a))	(8,511)	(4,551)
Total amount recognised in the statement of comprehensive income	53,838	48,536

The total cash outflow for leases in 2026 was \$64.057m (2025: \$54.359m).

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

Note 5 Key assets (continued)

5.3 Intangible assets

Year ended 30 June 2026

	Computer software \$000	Works in progress \$000	Total \$000
1 July 2025			
Gross carrying amount	26,528	2,919	29,447
Accumulated amortisation	(20,973)	-	(20,973)
Carrying amount at start of period	5,555	2,919	8,474

Additions	-	-	-
Transfers between asset classes	915	(631)	284
Amortisation expense	(2,096)	-	(2,096)
Write-down of assets	-	(2,288)	(2,288)

Carrying amount at 30 June 2026	4,374	0	4,374
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Gross carrying amount	27,443	0	27,443
Accumulated amortisation	(23,069)	-	(23,069)
	<u>4,374</u>	<u>0</u>	<u>4,374</u>

Year ended 30 June 2025

1 July 2024			
Gross carrying amount	26,549	2,444	28,993
Accumulated depreciation	(18,247)	-	(18,247)
Carrying amount at start of period	8,302	2,444	10,746

Additions	-	480	480
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)
	<u>5,555</u>	<u>2,919</u>	<u>8,474</u>

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:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- an intention to complete the intangible asset and use or sell it;
- the ability to use or sell the intangible asset;
- the intangible asset will generate probable future economic benefit;
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- 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 2026

Note 5 Key assets (continued)

5.3 Intangible assets (continued)

5.3.1 Amortisation and impairment

Charge for the period	2026 \$000	2025 \$000
Computer software	2,096	2,726
Total amortisation for the period	2,096	2,726

As at 30 June 2026 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
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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 contractors (providing medical imaging and radiation oncology services) that fall within the scope of AASB 1059.

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.

	2026 \$000	2025 \$000
Opening net carrying amount	25,500	20,779
Additions	-	-
Transfers between asset classes	434	-
Disposals	-	-
Depreciation	(603)	(479)
Revaluation increments	1,050	5,200
Closing carrying amount (a)	26,381	25,500

Initial recognition

Upon initial recognition, partial areas of the buildings were 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, \$3.736m (2025: \$4.072m) relates to professional and project management fees, which are 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	2026 \$000	2025 \$000
Receivables	6.1 84,110	77,667
Amounts receivable for services	6.2 1,481,840	1,375,241
Other current assets	6.3 14,125	11,796
Payables	6.4 201,271	219,322
Contract liabilities	6.5 23,408	22,485

6.1 Receivables

Current	39,178	40,440
Non-current	44,932	37,227
Total receivables	84,110	77,667

6.1.1 Current receivables

Trade receivables		
Patient fee debtors	12,092	10,748
Non patient fee debtors	3,582	2,473
Total trade receivables	15,674	13,221
Allowance for impairment of trade receivables	(4,260)	(3,681)
Other receivables	5,899	4,724
Contract receivables	904	1,945
Accrued revenue	12,691	13,978
GST receivable	8,270	10,253
Total current receivables	39,178	40,440

Trade receivables are recognised at original invoice amount less any allowances for uncollectible amounts (i.e. impairment). The carrying amount of net trade receivables are equivalent to fair value as they are 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	3,681	3,444
Expected credit losses expense	3,465	2,868
Amounts written off during the period	(3,105)	(2,642)
Amounts recovered during the period	219	11
Balance at end of period	4,260	3,681

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

Accrued salaries account	44,932	37,227
Total non-current receivables	44,932	37,227

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)

Non-current	1,481,840	1,375,241
Balance at end of period	1,481,840	1,375,241

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 2026

Note 6 Other assets and liabilities (continued)

	2026 \$000	2025 \$000
6.3 Other current assets		
Current		
Supply inventories	4,494	3,571
Pharmaceutical inventories	4,254	3,798
Other inventories	205	144
Prepayments	5,172	4,283
Balance at end of period	14,125	11,796

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	23,697	18,660
Accrued expenses	110,642	139,691
Accrued salaries	66,932	60,971
Balance at end of period	201,271	219,322

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 20-30 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	16,048	7,554
Non-current	7,360	14,931
Total contract liabilities	23,408	22,485

6.5.1 Movement in contract liabilities

Reconciliation of changes in contract liabilities:		
Balance at start of period	22,485	26,340
Additions	2,165	2,151
Revenues recognised in the reporting period	(1,219)	(3,311)
Funds returned to provider in the reporting period	(23)	(2,695)
Balance at end of period	23,408	22,485

6.5.2 Expected satisfaction of contract liabilities

Revenue recognition		
1 year	16,048	7,554
1 to 5 years	7,360	14,931
Over 5 years	-	-
	23,408	22,485

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

	2026 \$000	2025 \$000
7.1 Finance costs		
Lease interest expense	2,784	2,016
	2,784	2,016

7.2 Lease liabilities

Current	20,803	14,917
Non-current	29,740	24,359
Total lease liabilities	50,543	39,276

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 2026

Note 7 Financing (continued)

	Notes	2026 \$000	2025 \$000
7.3 Cash and cash equivalents			
7.3.1 Reconciliation of cash			
Cash and cash equivalents		38,039	44,101
Restricted cash and cash equivalents (a)			
Royalties for Regions Fund		260	260
Capital funding (b)		16,136	17,657
Patient receipts under section 19 (2) of the Health Insurance Act 1973		7,118	6,159
Bequests		323	405
Mental Health Commission Funding (note 9.7)		14,522	4,703
Other		8,860	7,574
Balance at end of period		85,258	80,859

(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	2026 \$000	2025 \$000
Net cost of services		2,899,369	2,728,276
Non-cash items			
Depreciation and amortisation expense	5.1.1, 5.2, 5.3.1, 5.4	(141,835)	(116,116)
Asset revaluation increment	5.1.2	-	22,909
Loss from disposal of non-current assets	5.1.3	(1,477)	(1,275)
Donation of non-current assets		-	1,511
Resources received	4.1.2	(115,184)	(108,826)
Write down of property, plant and equipment	5.1, 5.3	(3,412)	(3,398)
Increase/(decrease) in assets			
Receivables (a)		2,554	13,933
Other assets		2,329	474
(Increase)/decrease in liabilities			
Payables (a)		11,084	687
Contract liabilities		(740)	4,038
Current provisions		(13,698)	(24,251)
Non-current provisions		(5,729)	(2,272)
Other current liabilities		(1,561)	41
Net cash used in operating activities		2,631,700	2,515,731

(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

	2026 \$000	2025 \$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	383,652	266,588
Later than 1 year and not later than 5 years	75,920	267,872
Later than 5 years	-	-
	459,572	534,460

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:

	2026 \$000	2025 \$000
Financial assets		
Cash and cash equivalents	85,258	80,859
Financial assets measured at amortised cost (a)	1,557,680	1,442,655
Total financial assets	1,642,938	1,523,514
Financial liabilities		
Financial liabilities measured at amortised cost	251,814	258,598
Total financial liability	251,814	258,598

(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 2026

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 2026						
Expected credit loss rate		2%	6%	13%	21%	60%
Estimated total gross carrying amount at default	15,674	4,520	3,108	1,059	895	6,092
Expected credit losses	(4,260)	(104)	(182)	(141)	(187)	(3,646)
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)

Notes to the Financial Statements | For the year ended 30 June 2026

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

	<u>Interest rate exposure</u>					<u>Maturity dates</u>				
	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	More than 1-5 years
	%	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2026										
<u>Financial Assets</u>										
Cash and cash equivalents	-	85,258	-	-	85,258	85,258	85,258	-	-	-
Receivables (a)	-	75,840	-	-	75,840	75,840	30,908	-	-	44,932
Amounts receivable for services	-	1,481,840	-	-	1,481,840	1,481,840	-	-	-	1,481,840
		<u>1,642,938</u>	<u>-</u>	<u>-</u>	<u>1,642,938</u>	<u>1,642,938</u>	<u>116,166</u>	<u>-</u>	<u>-</u>	<u>44,932</u>
<u>Financial Liabilities</u>										
Payables	-	201,271	-	-	201,271	201,271	201,271	-	-	-
Lease liabilities	4.86%	50,543	50,543	-	-	63,900	2,949	5,648	20,537	25,365
		<u>251,814</u>	<u>50,543</u>	<u>-</u>	<u>201,271</u>	<u>265,171</u>	<u>204,220</u>	<u>5,648</u>	<u>20,537</u>	<u>25,365</u>

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

Notes to the Financial Statements | For the year ended 30 June 2026

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

	<u>Interest rate exposure</u>					<u>Maturity dates</u>				
	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	More than 1-5 years 5 years
	%	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2025										
<u>Financial Assets</u>										
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
		<u>1,523,514</u>	<u>-</u>	<u>-</u>	<u>1,523,514</u>	<u>1,523,514</u>	<u>111,046</u>	<u>-</u>	<u>-</u>	<u>37,227</u>
<u>Financial Liabilities</u>										
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
		<u>258,598</u>	<u>39,276</u>	<u>-</u>	<u>219,322</u>	<u>268,870</u>	<u>221,533</u>	<u>4,272</u>	<u>15,765</u>	<u>22,755</u>

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

Notes to the Financial Statements | For the year ended 30 June 2026

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:

	2026 \$000	2025 \$000
<u>Litigation in progress:</u>		
Pending litigation that are not recoverable from RiskCover insurance and may affect the financial position of WA Country Health Service.	3,703	3,374
Number of claims	12	7

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 2026				
Land				
Vacant land	-	2,031	-	2,031
Residential	-	32,889	-	32,889
Specialised	-	-	124,390	124,390
Buildings*				
Residential	-	95,755	-	95,755
Specialised	-	-	2,278,458	2,278,458
	-	130,675	2,402,848	2,533,523
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

* 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 (High utility land use assets)

High Utility land values are measured by drawing comparison between the subject asset as a going concern and market pricing data of assets having similar utility and service capacity.

The assessed Highest & Best Use Value is based upon comparable utility transactions and is adjusted for valuation deferral recognition. Valuation deferral is the practice of delaying the recognition or calculation of an asset's value until a future date, primarily used to manage uncertainty, account for value over time, restrictions on ownership and current use considerations. The value of the land reflects differences between public and private sector market associated with title conversion, time deferrals, and other factors including encumbrances, title status, management orders or lease conditions.

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 by WA Country Health Service 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 2026

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
2026		
Fair value at start of period	104,813	2,208,705
Additions (including transfers)	563	13,562
Revaluation increments recognised in Profit or Loss	-	-
Revaluation increments recognised in Other Comprehensive Income	19,014	142,030
Transfers from/(to) Level 2	-	-
Disposals	-	(6)
Depreciation expense	-	(85,833)
Write-down of assets	-	-
Fair value at end of period	124,390	2,278,458
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 expenses	-	(67,469)
Write-down of assets	-	-
Fair value at end of period	104,813	2,208,705

(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.

(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.

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 a current use basis (presumed to be the highest and best use), which 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 2026		
AASB 2024-2	<i>Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments</i> This Standard amends AASB 7 and AASB 9 as a consequence of the issuance of Amendments to the <i>Classification and Measurement of Financial Instruments</i> (Amendments to IFRS 9 and IFRS 7) by the International Accounting Standards Board in May 2024. There is no financial impact.	01 Jan 2026
AASB 2024-3	<i>Amendments to Australian Accounting Standards – Annual Improvements Volume 11</i> This Standard amends AASB 1, AASB 7, AASB 9, AASB 10 and AASB 107 as a consequence of the issuance of <i>Annual Improvements to IFRS Standards – Volume 11</i> by the International Accounting Standards Board in July 2024. There is no financial impact.	01 Jan 2026
AASB 2025-1	<i>Amendments to Australian Accounting Standards – Contracts Referencing Nature-dependent Electricity</i> This Standard amends AASB 7 and AASB 9 as a consequence of the issuance of IFRS <i>Contracts Referencing Nature-dependent Electricity</i> (Amendments to IFRS 9 and IFRS 7) by the International Accounting Standards Board in December 2024. There is no financial impact.	01 Jan 2026
Operative for reporting periods beginning on/after 1 Jan 2028		
AASB 2024-10	<i>Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture</i> This Standard amends AASB 10 and AASB 128 to address an inconsistency between the requirements in AASB 10 and those in AASB 128 (August 2011), in dealing with the sale or contribution of assets between an investor and its associate or joint venture. There is no financial impact.	01 Jan 2028
AASB 2024-4b	<i>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]</i> 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 18	<i>Presentation and Disclosure in Financial Statements [for not-for-profit and superannuation entities]</i> 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 <i>Presentation and Disclosure in Financial Statements</i> 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 2026

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

The total fees, salaries, superannuation, non-monetary benefits and other benefits for members of the accountable authority of WA Country Health Service for the reporting period are presented within the following bands:

Compensation Band (\$)	2026	2025
\$ 80,001 - \$ 90,000	-	1
\$ 70,001 - \$ 80,000	1	-
\$ 40,001 - \$ 50,000	5	7
\$ 30,001 - \$ 40,000	3	-
\$ 20,001 - \$ 30,000	1	1
\$ 10,001 - \$ 20,000	1	-
\$ 0 - \$ 10,000	1	2
	12	11

	2026 \$000	2025 \$000
Short-term employee benefits	399	388
Post-employment benefits	48	44
Other long-term benefits	-	-
Termination benefits	-	-
Total compensation of members of the accountable authority	447	432

Total compensation includes the superannuation expense incurred by WA Country Health Service in respect of members of the accountable authority.

Compensation of Senior officers

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of WA Country Health Service for the reporting period are presented within the following bands:

Compensation Band (\$)	2026	2025
\$550,001 - \$600,000	1	1
\$500,001 - \$550,000	1	1
\$450,001 - \$500,000	1	-
\$400,001 - \$450,000	-	1
\$300,001 - \$350,000	2	1
\$250,001 - \$300,000	11	9
\$200,001 - \$250,000	6	4
\$150,001 - \$200,000	2	7
\$100,001 - \$150,000	1	1
\$ 50,001 - \$100,000	2	4
\$ 0 - \$50,000	1	-
	28	29

	2026 \$000	2025 \$000
Short-term employee benefits	5,890	5,533
Post-employment benefits	746	696
Other long-term benefits	624	593
Termination benefits	-	-
Total remuneration of senior officers	7,260	6,822

Total compensation includes the superannuation expense 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:

	2026 \$000	2025 \$000
Income from State Government - Indirect appropriations from the Department of Health (Note 4.1.1)	1,757,633	1,702,354
Equity contribution (Note 9.9):		
- capital funding from State Government	96,258	16,357
- equity injections from Royalties for Regions Fund	290,608	99,334
Resources received (Note 4.1.2):		
- corporate services from Health Support Services	69,328	66,671
- pathology services from PathWest	45,623	41,928
Income from Royalties for Regions Fund (Note 4.1.3)	117,119	108,241
Commonwealth grant funding received under the National Health Reform Agreement (Note 4.1.1):		
- via the Department of Health	660,630	628,383
- via Mental Health Commission	78,205	58,441
Commonwealth recurrent grants via the Department of Health (Note 4.1.1)	26,558	19,159
Other grant funding received from the Mental Health Commission (Note 4.1.1)	124,628	125,984
Insurance payments to the Insurance Commission and RiskCover fund	56,578	56,610
Department of Finance (Capital construction, repair and maintenance, and fleet lease)	-	105,283
Department of Housing and Works (Non-major infrastructure capital construction, repair and maintenance, and leases)	222,004	-
Department of Transport and Major Infrastructure (Major infrastructure capital payments)	140,120	-
Material transactions with other related parties		
Superannuation payments to GESB	117,294	104,449

Transactions with key management personnel

One senior officer, who separated from WA Country Health Service during the financial year, did not complete the mandated Declaration of Related Parties form for the 30 June 2026 reporting period. WA Country Health Service carried out alternate due diligence procedures in the absence of the completed form. This included identifying their related parties previously disclosed in the prior year's completed form and any related party transactions from contracts, agreements and business relationships with WA Country Health Service.

A member of the Accountable Authority and her close family member own a property that was leased by WA Country Health Service to the value of \$71.566 thousand (2025: \$69.484 thousand).

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) entities.

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 2026

Note 9 Other disclosures (continued)

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*.

	2026 \$000	2025 \$000
Balance at start of period	4,703	4,909
Add Receipts:		
Service delivery agreement		
State contributions	124,628	125,984
Commonwealth contributions	78,205	58,441
	202,833	184,425
Less Payments	(193,014)	(184,631)
Balance at end of period	14,522	4,703

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	874	827
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2025 final fee was \$845.869 thousand, higher than previously disclosed indicative fee of \$827.310 thousand.

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	3,071,905	2,953,471
Contributions by owners		
Capital appropriations administered by the Department of Health (a)	96,258	16,357
Royalties for Regions Fund – Regional Infrastructure and Headworks Account	290,608	99,334
Mental health facility improvements - Mental Health Commission SPA residual funds (b)	-	2,743
	386,866	118,434
Balance at end of period	3,458,771	3,071,905

(a) T1 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) 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	866,631	367,950
Net revaluation increments (b) :		
Land	23,922	5,026
Buildings	153,900	493,655
Balance at end of period	1,044,453	866,631

(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, \$3.166m (2025: \$2.642m) was written off WA Country Health Service's public property (including receivables) under the authority of:

	2026 \$000	2025 \$000
The accountable authority	3,166	2,642
The Minister	-	-
Executive Council	-	-
	3,166	2,642

(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	197	355
	197	355

(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 2026

Note 9 Other disclosures (continued)

9.12 Explanatory statement

All variances between annual estimates (original budget) and actual results for 2026, and between the actual results for 2026 and 2025 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):

- 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 \$3,017.342m), and
 - Total Assets of the annual estimates for the Statement of financial position (i.e. 1% of \$4,545.429m).
- 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 \$2,990.876m), and
 - Total Assets of the previous year for the Statement of financial position (i.e. 1% of \$4,381.659m).

9.12.1 Statement of Comprehensive Income variances

	Variance note	Estimate 2026 \$000	Actual 2026 \$000	Actual 2025 \$000	Variance between estimate and actual \$000	Variance between actual results for 2026 and 2025 \$000
COST OF SERVICES						
Expenses						
Employee benefits expense		1,770,676	1,815,176	1,723,709	44,500	91,467
Patient support costs	(a)	711,516	784,651	756,423	73,135	28,228
Finance costs		367	2,784	2,016	2,417	768
Depreciation and amortisation expense	(b)	106,599	141,835	116,116	35,236	25,719
Loss on disposal of non-current assets		-	1,477	1,275	1,477	202
Repairs, maintenance and consumable equipment		65,747	80,555	75,563	14,808	4,992
Other expenses	(c)	362,437	320,572	315,774	(41,865)	4,798
Total cost of services		3,017,342	3,147,050	2,990,876	129,708	156,174
Income						
Patient charges		110,845	110,018	105,323	(827)	4,695
Commonwealth grants	(d)	8,855	97,426	94,371	88,571	3,055
Other grants		23,969	16,342	16,063	(7,627)	279
Donation revenue		2,395	541	1,940	(1,854)	(1,399)
Asset revaluation increment		-	-	22,909	-	(22,909)
Other revenue		24,059	23,354	21,994	(705)	1,360
Total Revenue		170,123	247,681	262,600	77,558	(14,919)
Total income other than income from State Government		170,123	247,681	262,600	77,558	(14,919)
NET COST OF SERVICES		2,847,219	2,899,369	2,728,276	52,150	171,093
INCOME FROM STATE GOVERNMENT						
Income from public sector entities		2,613,497	2,650,264	2,540,349	36,767	109,915
Resources received		112,201	115,207	110,682	3,006	4,525
Royalties for Regions Fund		121,521	117,119	108,241	(4,402)	8,878
Total income from State Government		2,847,219	2,882,590	2,759,272	35,371	123,318
SURPLUS/(DEFICIT) FOR THE PERIOD		-	(16,779)	30,996	(16,779)	(47,775)
OTHER COMPREHENSIVE INCOME/(LOSS)						
Items not reclassified subsequently to profit or loss						
Changes in asset revaluation reserve	(e)	-	177,822	498,681	177,822	(320,859)
Total other comprehensive income		-	177,822	498,681	177,822	(320,859)
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		-	161,043	529,677	161,043	(368,634)

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

9.12.2 Statement of Financial Position variances

	Variance note	Estimate 2026 \$000	Actual 2026 \$000	Actual 2025 \$000	Variance between estimate and actual \$000	Variance between actual results for 2026 and 2025 \$000
ASSETS						
Current Assets						
Cash and cash equivalents		28,139	38,039	44,101	9,900	(6,062)
Restricted cash and cash equivalents		36,751	47,219	36,758	10,468	10,461
Receivables		40,440	39,178	40,440	(1,262)	(1,262)
Right-of-Use Assets		24	28	24	4	4
Other current assets		11,796	14,125	11,796	2,329	2,329
Total Current Assets		117,150	138,589	133,119	21,439	5,470
Non-Current Assets						
Receivables		44,341	44,932	37,227	591	7,705
Amounts receivable for services		1,481,840	1,481,840	1,375,241	0	106,599
Property, plant and equipment	(f)	2,829,436	3,193,087	2,757,986	363,651	435,101
Right-of-Use Assets		39,782	55,491	44,112	15,709	11,379
Intangible assets		6,118	4,374	8,474	(1,744)	(4,100)
Service concession assets		26,762	26,381	25,500	(381)	881
Total Non-Current Assets		4,428,279	4,806,105	4,248,540	377,826	557,565
Total Assets		4,545,429	4,944,694	4,381,659	399,265	563,035
LIABILITIES						
Current Liabilities						
Payables		213,077	201,271	219,322	(11,806)	(18,051)
Contract liabilities		7,554	16,048	7,554	8,494	8,494
Lease liabilities		14,917	20,803	14,917	5,886	5,886
Provisions		273,259	285,633	271,936	12,374	13,697
Other current liabilities		1,141	2,698	1,137	1,557	1,561
Total Current Liabilities		509,948	526,453	514,866	16,505	11,587
Non-Current Liabilities						
Contract liabilities		14,931	7,360	14,931	(7,571)	(7,571)
Lease liabilities		24,359	29,740	24,359	5,381	5,381
Provisions		48,608	53,758	48,029	5,150	5,729
Total Non-Current Liabilities		87,898	90,858	87,319	2,960	3,539
Total Liabilities		597,846	617,311	602,185	19,465	15,126
NET ASSETS		3,947,583	4,327,383	3,779,474	379,800	547,909
EQUITY						
Contributed equity		3,171,068	3,458,771	3,071,905	287,703	386,866
Reserves	(g)	931,236	1,044,453	866,631	113,217	177,822
Accumulated deficit		(154,721)	(175,841)	(159,062)	(21,120)	(16,779)
TOTAL EQUITY		3,947,583	4,327,383	3,779,474	379,800	547,909

Notes to the Financial Statements | For the year ended 30 June 2026

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

9.12.3 Statement of Cash Flows variances

	Variance note	Estimate 2026 \$000	Actual 2026 \$000	Actual 2025 \$000	Variance between estimate and actual \$000	Variance between actual results for 2026 and 2025 \$000
CASH FLOWS FROM STATE GOVERNMENT						
Income from public sector entities		2,506,898	2,543,849	2,435,836	36,951	108,013
Capital appropriations administered by the Department of Health	(h)	47,373	92,368	16,357	44,995	76,011
Royalties for Regions Fund	(i)	173,310	407,726	207,575	234,416	200,151
Net cash provided by State Government		2,727,581	3,043,943	2,659,768	316,362	384,175
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits		(1,770,676)	(1,789,819)	(1,683,886)	(19,143)	(105,933)
Supplies and services		(1,027,499)	(1,081,118)	(1,047,508)	(53,619)	(33,610)
Finance costs		(367)	(2,784)	(2,016)	(2,417)	(768)
Receipts						
Receipts from customers		110,845	106,518	102,445	(4,327)	4,073
Commonwealth grants	(j)	8,855	98,047	89,009	89,192	9,038
Other grants		23,969	17,501	16,397	(6,468)	1,104
Donations received		2,395	539	430	(1,856)	109
Other receipts		16,945	19,416	9,398	2,471	10,018
Net cash used in operating activities		(2,635,533)	(2,631,700)	(2,515,731)	3,833	(115,969)
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Purchase of non-current physical assets	(k)	(99,126)	(377,263)	(116,077)	(278,137)	(261,186)
Receipts						
Proceeds from sale of non-current physical assets		-	59	12	59	47
Net cash used in investing activities		(99,126)	(377,204)	(116,065)	(278,078)	(261,139)
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Principal elements of lease		(8,892)	(30,640)	(24,573)	(21,748)	(6,067)
Net cash used in financing activities		(8,892)	(30,640)	(24,573)	(21,748)	(6,067)
Net increase / (decrease) in cash and cash equivalents		(15,970)	4,399	3,399	20,369	1,000
Cash and cash equivalents at the beginning of the period		80,859	80,859	77,460	-	3,399
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD		64,889	85,258	80,859	20,369	4,399

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

Major estimate and actual (2026) variance narratives and/or major actual (2026) and comparative (2025) variance narratives:

9.12.1 Statement of Comprehensive Income variances

(a) Patient support costs

Patient support costs increased by \$73.1m (10.3%) compared to estimate due to an incorrect categorisation of specific budget items that were included in Other expenses that should have been included in Patient support costs. These items being part of a chart of account grouping not consistent with the account grouping used within the Financial Statements. Specifically, Pathology Service Free of Charge (\$45.6m) and Internal Expenses - Purchase of Service (\$33.4m) were grouped to Other expenses. This was offset by specific items included in Patient support costs that should have been Other expenses being Outsourced Service Admin (\$22.7m) and Outsourced Security Services (\$22.9m).

Costs also increased 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 Service Program \$63.1m and Commonwealth Home Support Program \$10.9m). ABF activity growth of 0.6% 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) Depreciation and amortisation expense

Depreciation and amortisation expense estimate was based on the initial Service Agreement. The estimate for depreciation for fixed assets (\$90.5m) did not accommodate the June 2025 Building revaluation impacted by 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 professional and project management fees. The increase of \$563.3m incurred an additional depreciation expense of \$17.8m in 2025-26.

The estimate for Depreciation expense for Right-of-use assets for staff accommodation (\$13.2m) was insufficient to cover the \$30.5m needed to provide essential accommodation to support the attraction and retention of staff in remote and rural areas.

(c) Other expenses

Other expenses decreased by \$41.9m (11.6%) compared to estimate due to an incorrect categorisation of Pathology Service Free of Charge (\$45.6m) that should have been included in Patient support costs.

(d) Commonwealth grants

Commonwealth grants increased by \$88.6m (1,000.2%) compared to estimate due to revenues not being recognised in the initial 2025-26 Service Agreement. During 2025-26, funding of specific Commonwealth programs was received including the Multi-Purpose Service Program, Commonwealth Home Support Program, Nursing Home Benefits and Indigenous Australians' Health Programme. Refer to Note 4.2.1 Commonwealth grants.

(e) Changes in asset revaluation reserve

Changes in the asset revaluation reserve are driven by the annual revaluation of Land and Buildings. The outcome of the annual revaluation of Land and Buildings in 2025-26 was higher than s40 Estimates, resulting in an increase of \$177.8m (100.0%). Changes in the asset revaluation reserve decreased by \$320.9m (64.3%) compared to prior year primarily due to the initial recognition of professional and project management fees of \$337.8m in 2024-25.

9.12.2 Statement of Financial Position variances

(f) Property, plant and equipment

Property, plant and equipment increased by \$363.7m (12.9%) compared to estimate and increased by \$435.1m (15.8%) compared to prior year due to capital expenditure over the initial target subject to budget adjustments through the Mid-Year Review and the impact of the revaluation offset by additional depreciation expense as a result of the significant 2024-25 Land and Building revaluation. Refer to Note 5.1 Property, plant and equipment.

(g) Reserves

Reserves increased by \$113.2m (12.2%) compared to estimate and \$177.8m (20.5%) compared to prior year 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 2026

Note 9 Other disclosures (continued)

9.12 Explanatory statement (continued)

Major estimate and actual (2026) variance narratives and/or major actual (2026) and comparative (2025) variance narratives:

9.12.3 Statement of Cash Flow variances

(h) Capital appropriations administered by the Department of Health

Capital appropriations administered by the Department of Health increased by \$45.0m (95.0%) compared to estimate, due to the estimates being prepared based on the initial Service Agreement with estimated funding splits between Capital and Royalties for Regions funds. The Mid-Year Review provided additional expenditure allocations for programs including Mullewa Hospital (\$10.2m), Tom Price Hospital Redevelopment (\$9.5m), Albany Health Campus Expansion (\$2.2m). Both the Geraldton and Bunbury Redevelopment projects are jointly funded by Royalties for Regions Fund and Capital appropriations which contributed significant expenditure over the initial Service Agreement estimate which have contributed to this increase.

The increase of \$76.0 million (464.7%) compared to prior year relates to the additional expenditure allocation together with increased funding in 2025-26 for Laverton Hospital (\$43.3m).

(i) Royalties for Regions Fund

Royalties for Regions Fund increased by \$234.4m (135.3%) compared to estimate and increased by \$200.2m (96.4%) compared to prior year due to the mix funded capital programs between the Royalties for Regions Fund and the State. Values in the s40 Estimate were based on schedules available at the time it was being prepared. This is mainly impacted by the redevelopments of Geraldton (\$103.3m) and Bunbury (\$124.1m) being paid from the Royalties for Regions Fund.

(j) Commonwealth grants

Commonwealth grants increased by \$89.2m (1,007.2%) compared to estimate due to budgets and funding received following finalisation of the s40 Estimates such as Multi-Purpose Service Program, Commonwealth Home Support Program 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 increased by \$278.1m (280.6%) compared to estimate and increased by \$261.2m (225.0%) compared to prior year. The estimate was based on the approved 2025-26 capital works schedule in the initial Service Agreement and has since been adjusted via the Mid-Year Review providing additional expenditure allocations for programs including Mullewa Hospital (\$10.2m), Tom Price Hospital Redevelopment (\$9.5m), Albany Health Campus Expansion (\$2.2m), Redevelopments of Geraldton (\$121m) and Bunbury (\$151m) offset by some underspends in other projects. This additional expenditure items support the increase in the prior year.

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.

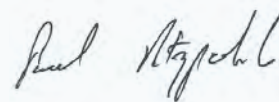
A summary of the transactions for these trust accounts is as follows:

	2026 \$000	2025 \$000
Balance at the start of period	879	834
Add Receipts	97	132
	<u>976</u>	<u>966</u>
Less Payments	(66)	(87)
Balance at the end of period	<u>910</u>	<u>879</u>

Certification of key performance indicators

WA COUNTRY HEALTH SERVICE CERTIFICATION OF FINANCIAL STATEMENTS FOR THE REPORTING PERIOD ENDED 30 JUNE 2026

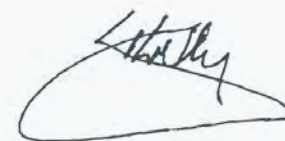
We hereby certify the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the WA Country Health Service's performance and fairly represent the performance of the health service for the financial year ending 30 June 2026.



Mr Paul Fitzpatrick

Board Chair

15 September 2026



Dr Shane Kelly

Deputy Board Chair

15 September 2026

Kimberley Mental Health and Drug Service at a Beautiful Bumps event in Derby.

Key performance indicators

All health service providers 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.

Outcome Based Management 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.



Recognition

Acknowledgement of performance in relation to agreed targets.



Accountability

Clearly defined roles and responsibilities to support the achievement of outcomes.



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.



WA Country Health Service's 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 2025-26 financial year, while others are limited to the 2025 calendar year where complete financial year data is not yet available.

Outcome one

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

Please see the 2025 targets for each surgical procedure in the tables below. Performance is achieved by a result below, or equal to, the target. Targets are based on the average statewide results achieved within the previous five calendar years, excluding the most recent calendar year.

Results

		2023	2024	2025
Knee replacement	Target	≤ 18.7	≤ 21.0	≤ 18.8
	Actual	13.6	15.9	25.4
Hip replacement	Target	≤ 17.1	≤ 19.4	≤ 18.3
	Actual	36.7	40.0	14.7
Tonsillectomy and adenoidectomy	Target	≤ 77.3	≤ 84.4	≤ 79.2
	Actual	108.8	112.0	97.5
Hysterectomy	Target	≤ 42.4	≤ 45.8	≤ 44.1
	Actual	62.2	15.0	47.8
Prostatectomy	Target	≤ 34.5	≤ 40.0	≤ 37.5
	Actual	42.4	16.9	28.3
Cataract surgery	Target	≤ 1.5	≤ 2.3	≤ 2.2
	Actual	3.5	3.6	1.7
Appendicectomy	Target	≤ 23.9	≤ 29.7	≤ 27.8
	Actual	28.4	32.5	24.9

Commentary

The unplanned hospital readmission rate for the patients undergoing selected surgical procedures remained within target for hip replacement, prostatectomy, cataract, and appendicectomy procedures. The number of surgical procedures completed fluctuate, readmission cases for most procedures were small, and can be unrelated to the initial admission and results should be interpreted with caution.

Unplanned readmissions are monitored and discussed at monthly safety and performance review meetings. Clinical case reviews have been completed for readmissions with no trends or systemic 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 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 2025–26 target for patients waiting over boundary for all urgency categories is zero per cent. A result equal to target is desired.

Results

		2023-24	2024-25	2025-26
Category 1	Target	0%	0%	0%
	Actual	8.0%	8.3%	8.4%
Category 2	Target	0%	0%	0%
	Actual	12.1%	15.2%	14.8%
Category 3	Target	0%	0%	0%
	Actual	5.3%	4.9%	5.6%

Commentary

In 2025–26, WA Country Health Service continued to reduce over boundary cases and improve timely access to care for patients on elective surgery waitlists.

System-wide demand and capacity pressures continue to affect WA Country Health Service's ability to meet elective surgery targets. Specialist medical workforce attraction and theatre efficiency impacted by deferrals and rescheduling associated with patient access and perioperative assessment pathways remain key challenges in the rural and remote context and are an ongoing priority for WA Country Health Service.

We have implemented a range of strategies to reduce waitlist pressures and increase admissions to address the growing demand. These initiatives include ongoing negotiation to improve specialist access, waitlist management improvements, improved workforce modelling to support emergency surgery access to minimise elective surgery cancellations, and data quality initiatives to contribute to improved theatre efficiency. We continue to closely monitor the effectiveness of these strategies and overall performance.

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 2025 target is ≤ 1.0 per 10,000 bed-days. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

	2023	2024	2025
Target	≤ 1.0	≤ 1.0	≤ 1.0
Actual	0.58	0.52	0.81

Commentary

WA Country Health Service has consistently met this target for the past three years with a similar rate of HA-SABSI per 10,000 occupied bed-days. WA Country Health Service 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, comorbidities 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

		2023	2024	2025
0 – 49 years	Target	$\geq 95.6\%$	$\geq 95.4\%$	$\geq 95.3\%$
	Actual	94.3%	95.0%	100%
50 – 59 years	Target	$\geq 95.1\%$	$\geq 94.8\%$	$\geq 94.7\%$
	Actual	97.2%	94.2%	95.6%
60 – 69 years	Target	$\geq 94.7\%$	$\geq 94.5\%$	$\geq 94.3\%$
	Actual	96.3%	96.0%	95.5%
70 – 79 years	Target	$\geq 92.7\%$	$\geq 92.6\%$	$\geq 92.4\%$
	Actual	93.6%	94.2%	96.3%
80+ years	Target	$\geq 87.6\%$	$\geq 87.6\%$	$\geq 87.2\%$
	Actual	86.1%	86.7%	86.9%

Commentary

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.

The survival rate for stroke improved compared to the previous year in all but the 60–69 year age group. This was represented by a small number of cases and influenced by the severity of disease on admission and patients with multiple comorbidities. 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

		2023	2024	2025
0 – 49 years	Target	≥ 98.9%	≥ 98.9%	≥ 98.9%
	Actual	100%	100%	100%
50 – 59 years	Target	≥ 99.0%	≥ 98.8%	≥ 99.0%
	Actual	98.9%	100%	100%
60 – 69 years	Target	≥ 98.1%	≥ 98.2%	≥ 98.3%
	Actual	98.1%	96.3%	98.7%
70 – 79 years	Target	≥ 97.1%	≥ 97.0%	≥ 96.9%
	Actual	93.9%	93.8%	98.9%
80+ years	Target	≥ 92.7%	≥ 93.1%	≥ 93.1%
	Actual	92.5%	88.2%	86.4%

Commentary

WA Country Health Service met the acute myocardial infarction survival target for all age groups except the 80+ years. This result can be largely attributed to the timely screening and assessment of patients presenting with chest pain using the WA Country Health Service developed

standardised chest pain pathway, driving effective inter-hospital patient transfer coordination from country to metropolitan cardiac specialist services.

Where performance was below the target, patients were identified to be affected by severity of disease on admission and presence of multiple comorbidities. All deaths are subject to a peer review as part of a morbidity and mortality review process to identify opportunities to further improve patient outcomes.

Results – Fractured neck of femur

		2023	2024	2025
70 – 79 years	Target	≥ 98.9%	≥ 98.8%	≥ 98.9%
	Actual	98.7%	96.6%	100%
80+ years	Target	≥ 97.5%	≥ 97.3%	≥ 97.0%
	Actual	97.8%	95.9%	95.6%

Commentary

Survival rates for patients with a fractured neck of femur did not meet target for the 80+ years age group. Patients are impacted by severity of disease on admission and the presence of multiple comorbidities. Processes are in place and cases are reviewed and discussed to identify opportunities to further improve patient outcomes.

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.

Discharge against medical advice performance measure is also one of the key contextual indicators of Outcome 1 Aboriginal and Torres Strait Islander people enjoy long and healthy lives under the new National Agreement on Closing the Gap, which was agreed to by the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments in July 2020.

Target

The 2025 targets for Aboriginal and non-Aboriginal patients are outlined in the tables below. Performance is achieved by a result below, or equal to, the target.

Results

		2023	2024	2025
Aboriginal patients	Target	≤ 2.78%	≤ 2.78%	≤ 2.78%
	Actual	6.3%	6.4%	6.2%
Non-Aboriginal patients	Target	≤ 0.99%	≤ 0.99%	≤ 0.99%
	Actual	0.8%	0.9%	0.9%

Commentary

In 2025, the percentage of admitted patients DAMA achieved target for non-Aboriginal patients while Aboriginal patients remained below target.

Aboriginal Liaison Officer / Aboriginal Health Worker services are available at WA Country Health Service hospitals however, patients may choose not to use this service. Patients who DAMA are contacted, and follow-up plans are organised where appropriate.

Performance and cases continue to be monitored and reviewed for improvement opportunities.

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 2025 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

	2023	2024	2025
Target	$\leq 1.8\%$	$\leq 1.9\%$	$\leq 1.9\%$
Actual	2.0%	1.8%	1.7%

Commentary

In 2025, WA Country Health Service 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 risk factors in rural and remote areas, such as smoking, WA Country Health Service continues to implement proactive measures and practices in action, which is evident in the improvement of performance.



Effectiveness KPI

Readmissions 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 for Western Australians.

Target

The 2025 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

	2023	2024	2025
Target	$\leq 12.0\%$	$\leq 12.0\%$	$\leq 12.0\%$
Actual	13.5%	13.6%	12.0%

Commentary

In 2025, WA Country Health Service achieved the target for readmissions to acute specialised mental health inpatient services within 28 days of discharge.

WA Country Health Service 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 reporting period showed that most readmitted patients were affected by Emotionally Unstable Personality Disorder or substance misuse with complex social issues. These patients 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).

WA Country Health Service Mental Health ensures that readmissions are monitored closely and occur where clinically appropriate and not as the primary response. Post discharge follow-up continues to be offered to patients.

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 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 2025 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

	2023	2024	2025
Target	$\geq 75.0\%$	$\geq 75.0\%$	$\geq 75.0\%$
Actual	83.9%	87.0%	85.0%

Commentary

In 2025, WA Country Health Service achieved the target for this indicator. WA Country Health Service provides patients with telephone follow-up services or supports them through other programs. We continue to review non-compliant records and monitor performance.

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 target, as approved by the Department of Treasury and published in the 2025–26 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 2025–26 budget allocation, it is important that efficiency of service delivery is accurately monitored and reported.

Target

The 2025–26 target is \$8,183 per WAU.

Results

	2023-24	2024-25	2025-26
Target	\$7,461	\$7,899	\$8,183
Actual	\$7,853	\$8,273	\$8,514

Commentary

The average admitted cost per WAU was \$331 higher than target and \$241 higher than the previous financial year (2024–25).

During this period admitted patient activity increased by 3.5 per cent and expenditure increased by 6.5 per cent.

WA Country Health Service continues to experience high operating costs and the growth in expenditure, strategic initiatives put in place to improve recruitment and retention have helped to moderate expensive 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 WAU compared with the state target as approved by the Department of Treasury, which is published in the 2025–26 Budget Paper No. 2, Volume 1.

The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering emergency department (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 2025–26 target is \$8,094 per WAU.

Results

	2023-24	2024-25	2025-26
Target	\$7,243	\$7,777	\$8,094
Actual	\$8,405	\$7,856	\$8,180

Commentary

The average ED cost per WAU was \$86 higher than target and \$324 higher than the previous financial year (2024–25).

During this period emergency activity increased by 2.1 per cent and expenditure increased by 6.3 per cent.

Strategic initiatives put in place to improve recruitment and retention have helped to constrain expensive agency utilisation and payments to visiting medical practitioners.

Effectiveness KPI

Average non-admitted cost per weighted activity unit**Rationale**

This indicator is a measure of the cost per WAU compared with the state (aggregated) target, as approved by the Department of Treasury, which is published in the 2025–26 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 2025–26 target is \$8,328 per WAU.

Results

	2023-24	2024-25	2025-26
Target	\$7,325	\$7,903	\$8,328
Actual	\$4,980	\$4,689	\$5,377

Commentary

The average non-admitted cost per WAU was \$2,951 less than target and \$688 higher than the previous financial year (2024–25).

During this period non-admitted patient activity increased by 1.8 per cent and expenditure increased by 16.7 per cent.

WA Country Health Service experienced greater costs on average for outpatient services, driven by significantly increasing costs for outsourced services, and additional costs arising when improving 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. 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 2025–26 target is \$2,681 per bed-day.

Results

	2023-24	2024-25	2025-26
Target	\$2,236	\$2,287	\$2,681
Actual	\$2,401	\$2,816	\$3,150

Commentary

The average cost per specialised mental health bed-day was \$469 higher than target and \$334 higher than the previous financial year (2024–25).

During this period bed-days reduced by 9.5 per cent and expenditure increased by 1.2 per cent.

WA Country Health Service experiences high costs when providing specialist mental health services, due to challenges providing such specialist services in rural and remote locations at a lower scale. Increases in average costs per bed day have risen due to decreasing scale of service delivery.

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.

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.

Efficient functioning of public community mental health services is essential to ensure that finite funds are used effectively to deliver maximum community benefit. This indicator provides a measure of the cost-effectiveness of treatment for public psychiatric patients under public community mental health care (non-admitted/ambulatory patients).

Target

The 2025–26 target is \$746 per treatment day.

Results

	2023-24	2024-25	2025-26
Target	\$595	\$672	\$746
Actual	\$647	\$686	\$740

Commentary

The average cost per day of non-admitted care was \$6 less than target and \$54 higher than the previous financial year (2024–25).

During this period treatment days increased by 1.8 per cent and expenditure increased by 9.8 per cent.

We have improved access to non-admitted mental health services, with these improvements necessitating additional support from expensive agency nursing resources.

Outcome two

Effectiveness KPI

Response times for emergency air-based patient transport services (Percentage of emergency air-based inter-hospital transfers meeting the state-wide 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, WA Country Health Service 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 in which a patient receives appropriate medical care and provides 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 WA Country Health Service 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 2025–26 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

	2023-24	2024-25	2025-26
Target	≥ 80.0%	≥ 90.0%	≥ 90.0%
Actual	73.3%	90.0%	93.0%

Commentary

In 2025–26, 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 remained steady compared with the previous year and has remained at elevated levels since 2020.

The contemporary performance framework introduced on 1 July 2024 measures response times from the point at which WA Country Health Service APTC issues a transfer referral and includes minimum service capability requirements designed to support equitable and reliable access across regional WA.

This result reflects the continued effective coordination of emergency aeromedical retrieval services between WA Country Health Service and the contracted provider, supporting timely access to care for rural and remote patients. WA Country Health Service and the contracted provider continue to work collaboratively to monitor performance and improve the responsiveness and sustainability of emergency air-based patient transport services.

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 2025–26 target is ≥ 84.7 per cent.

Results

	2023-24	2024-25	2025-26
Target	$\geq 84.8\%$	$\geq 84.8\%$	$\geq 84.7\%$
Actual	84.4%	84.8%	84.6%

Commentary

WA Country Health Service did not meet the target for this indicator for the 2025–26 financial year.

The proportion of patients discharged home from small rural and remote emergency services is impacted by local service capability, workforce availability, evolving population health needs, access to retrieval services, community support infrastructure and seasonal demand variations. Due to the small volumes typical of many country hospitals, fluctuations may reflect case-mix and operational factors rather than changes in quality of care.

Surveillance processes are in place and cases are reviewed and discussed to identify opportunities to further improve patient outcomes.

Efficiency KPI

Average cost per bed-day for specialised residential care facilities, flexible care (hostels) and nursing home type residents

Rationale

WA Country Health Service 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 WA Country Health Service jurisdictions where access to non-government alternatives is limited.

Target

The 2025–26 target is \$485.

Results

	2023-24	2024-25	2025-26
Target	\$437	\$475	\$485
Actual	\$792	\$814	\$794

Commentary

The average cost per residential bed-day is \$309 higher than target and \$20 lower than the previous financial year (2024–25). 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.

During this period bed-days increased by 5.5 per cent and expenditure increased by 2.9 per cent.

We continue to experience high operating costs, however, strategic initiatives put in place to improve recruitment and retention have helped to moderate expensive agency utilisation.

Effectiveness KPI

Average cost per person of delivering population health programs by population health units

Rationale

Population health units support individuals, families and communities to increase control over and improve their health.

Population health aims to improve health by integrating all activities of the health sector and linking them with broader social and economic services and resources as described in the WA Health Promotion Strategic Framework 2022–2026. This is based on the growing understanding of the social, cultural and economic factors that contribute to a person's health status.

Target

The 2025–26 target is \$353.

Results

	2023-24	2024-25	2025-26
Target	\$282	\$329	\$353
Actual	\$333	\$340	\$373

Commentary

The average cost per person of delivering population health was \$20 higher than target and \$33 higher than the previous financial year (2024–25).

During this reporting period, the rural and remote population increased by 1.8 per cent and expenditure increased by 11.9 per cent.

WA Country Health Service has improved access to public and community health services, including through increased purchase of internal and externally outsourced service programs.

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 WA Country Health Service 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 2025–26 target is \$10,354.

Results

	2023-24	2024-25	2025-26
Target	\$7,508	\$7,781	\$10,354
Actual	\$7,990	\$10,012	\$9,184

Commentary

The average cost per trip of patient emergency air-based transport was \$1,170 less than target and \$828 lower than the previous financial year (2024–25).

During this period patient emergency air-based transport trips increased by 0.1 per cent and expenditure reduced by 8.2 per cent.

Effectiveness KPI

Average cost per trip of Patient Assisted Travel Scheme

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 Patient Assisted Travel Scheme (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 2025-26 target is \$535.

Results

	2023-24	2024-25	2025-26
Target	\$499	\$558	\$535
Actual	\$673	\$688	\$685

Commentary

The average cost per trip of PATs was \$150 higher than target and \$3 lower than the previous financial year (2024–25).

During this period patient trips increased by 12.3 per cent and expenditure increased by 11.7 per cent.

Costs increased in line with activity growth.

Efficiency 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's (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 (ABF).

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.

Target

The 2025-26 target is \$604.

Results

	2023-24	2024-25	2025-26
Target	\$497	\$578	\$604
Actual	\$545	\$557	\$579

Commentary

The average cost per rural and remote population was \$25 less than target and \$22 higher than the previous financial year (2024–25).

During this reporting period rural and remote population increased by 1.8 per cent and expenditure increased by 5.8 per cent.

Strategic initiatives put in place to improve recruitment and retention have helped to moderate expensive agency utilisation. Activity levels provided have remained comparable to the year prior.



The paediatric ward at Broome Health Campus is brighter thanks to handmade blankets donated by Registered Nurse Jill Dickson and the local Lions Club.

Act of grace payments

No Act of Grace payments pursuant to authorisations given under Section 80(1) of the *Financial Management Act 2006 (WA)* and section 36(5) of the *Health Services Act 2016 (WA)* were made in the 2025-26 financial year.

No Ex Gratia payments authorised by Cabinet under non-statutory executive power were made in the 2025-26 financial year.

Advertising

In accordance with section 175Z of the *Electoral Act 1907*, WA Country Health Service incurred a total advertising expenditure of \$121,744 in 2025-26. There was no expenditure in relation to direct mail, market research and polling organisations.

Table 05. Advertising expenditure 2025-26

	Organisation	Amount (\$)	Total (\$)
Advertising	Goolarri Media Enterprises Pty Ltd	8,000	27,250
	Nani Creative Pty Ltd	16,800	
Direct mail	Nil	0	0
Media advertising	Acemedicine	7,054	94,494
	Australian College of Rural and Remote Medicine	4,300	
	BMJ Publishing Group Limited	7,975	
	Carat Australia Media Services Pty Limited	13,996	
	Cranaplus	4,500	
	Directories of Australia Pty Ltd	3,513	
	Facebook	4,179	
	Livehire Pty Ltd	24,523	
	Royal Australasian College of Medical Administrators	2,909	
	Sage Publications Ltd	3,500	
	The Royal Australian College of General Practitioners	27,720	
Market research	Nil	0	0
Polling	Nil	0	0
Grand total			121,744*

* All costs with a value of less than \$2,500 are not listed, although the amount is included in the total

Asbestos National Strategic Plan 2024-30

WA Country Health Service is committed to supporting the Asbestos National Strategic Plan 2024-2030, which aims to eliminate asbestos-related diseases through nationally coordinated action. Following a review of the Plan, we have focused on two key priorities: delivering asbestos awareness training and implementing a risk-based asbestos-containing material (ACM) removal program.

Asbestos awareness training is provided to employees and contractors through our learning and induction programs. Contractors receive site-specific asbestos information, including asbestos registers and management plans, while compliance with training requirements is regularly monitored and reported. Residential occupants are also informed of potential asbestos risks through the issue of Asbestos Notices.

WA Country Health Service maintains a comprehensive Asbestos Management Plan covering all facilities, including hospitals, health centres, clinics, offices and staff accommodation. All known or suspected asbestos is recorded in an Asbestos Register, supporting risk assessment, inspection, remediation and ongoing management activities. Management plans are reviewed annually and made available to workers.

High-risk asbestos-containing materials are prioritised for removal, while lower-risk materials are managed through scheduled inspections and monitoring. During 2025-26, WA Country Health Service safely removed 13 asbestos elements and completed mandatory inspections across all country services, reinforcing its commitment to protecting staff, patients and the community from asbestos exposure.



Broome Senior Podiatrist Sarah Tomlinson with Karishma Velugula.

Capital works

Table 06. Capital Works in Progress 2025-26

Project name	Expected date of completion	Estimated total cost of project 2025-26 (\$'000)	Estimated total cost of project 2024-25 (\$'000)	Variance (\$'000)	Explanation to the variation
Nurse Call Systems Replacement Program	2027	2,380	2,380	0	
Bunbury Hospital Redevelopment	2029	471,487	451,147	20,340	2
Critical Staff Accommodation Upgrade Program	Ongoing	20,857	20,857	0	
Geraldton Hospital Co-location	Ongoing	2,000	2,000	0	
Hedland Health Campus MRI	2027	14,875	15,000	-125	3
Laverton Hospital	2026	62,374	26,810	35,564	2
Meekatharra Hospital	2027	48,987	48,987	0	
Urgent Mental Health Anti-Ligature works at Regional Hospitals	2026	2,600	2,600	0	
Primary Health Centres Demonstration Program	2026	31,612	31,612	0	5
Remote Indigenous Health	2026	23,775	23,775	0	
Renal Dialysis and Support Services	2027	49,204	43,789	5,415	2
Renal Dialysis Centre in Halls Creek	2028	25,020	920	24,100	2
Silverchain Transition of Rural and Remote Health Services	2027	3,990	5,030	-1,040	3
New Tom Price Hospital	2028	32,745	32,822	-77	3
WACHS Mental Health Facility Improvements	2027	2,743		2,743	4
WACHS Picture Archiving and Communication System Regional Resource Centre	2028	5,886	6,241	-355	3
Albany Health Campus Expansion	2027	1,000		1,000	4
Geraldton Radiation Oncology	2027	10,000	9,000	1,000	2
Kalbarri Health Centre Air-Conditioning Upgrade	2026	1,000		1,000	4
Kalgoorlie Health Campus Master Planning	2026	1,000		1,000	4

Table 06. Capital Works in Progress 2025-26 continued

Project name	Expected date of completion	Estimated total cost of project 2025-26 (\$'000)	Estimated total cost of project 2024-25 (\$'000)	Variance (\$'000)	Explanation to the variation
Renal Dialysis Package - Karratha and Geraldton	To be advised	1,000		1,000	4

The above information is based upon the:

- (i) 2025-26 published budget papers.
- (ii) 2024-25 published budget papers.

The footnotes that apply to individual projects are:

- 1 Transfer of funding between projects.
- 2 Approved injection of additional capital funding.
- 3 Transfer budget from AIP to BEC.
- 4 New project appeared in 2025-26 published budget papers.
- 5 Includes Mullewa Hospital.

Table 07. Capital Works Completed 2025-26

Project name	Total cost of project 2025-26 (\$'000)	Total cost of project reported in 2024-25 (\$'000)	Variance (\$'000)	Explanation to the variation
Albany Radiation Oncology	13,125	13,125	0	
Country Ambulance Initiatives 3	1,500	1,606	-106	3
Carnarvon Aged and Palliative Care	17,413	17,413	0	
Collie Hospital Upgrade	14,740	14,740	0	
Harvey Health Campus Redevelopment	12,252	12,252	0	
Albany Health Campus Carpark	2,125	2,125	0	
Busselton Health Campus	114,759	114,764	-5	
Geraldton Health Campus Redevelopment	190,199	166,069	24,130	
Newman Health Service Redevelopment	62,920	62,920	0	

The above information is based upon the:

- (i) 2025-26 published budget papers.
- (ii) 2024-25 published budget papers.

The footnotes that apply to individual projects are:

- 1 Transfer of funding between projects.
- 2 Approved injection of additional capital funding.
- 3 Transfer budget from AIP to BEC.

Disability access and inclusion

The WA Disability Access and Inclusion Plan 2024-29 identifies seven outcome areas prescribed under the Disability Services Act 1993. The following outlines the initiatives progressed by WA Country Health Service during 2025-26 to support achievement of these outcomes.

Statement	Current initiatives 2025-26
People with a disability have the same opportunities as other people to access the services of, and any events organised by, a public authority.	The Disability Health Profile (DHP) is available as a WA Country Health Service registered form that can be added to a person's medical record. The DHP allows patients or carers of a loved one with a disability to let staff know information about the specific disability and the ways that staff can support them. Patients and or their carers can request the form from staff. The Country Patient Health Support (PatHS) program supports vulnerable people (including people who are living with disability) needing to travel to the metropolitan area to access health care and return home through provision of comprehensive health journey navigation and community outreach.
People with a disability have the same opportunities as other people to access the buildings and other facilities of a public authority.	Accessibility requirements are incorporated into planning and design phases of refurbishment projects, ensuring that upgrades support equitable access to services and facilities. Kununurra Hospital has completed facility upgrades to support access for people living with a disability including a new footpath at the front of the hospital to support improved wheelchair access; vehicle procured with wheelchair accessibility along with a driver employed by the service to support community transport for patients to and from the hospital.
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.	In collaboration with People with Disability WA an Easy Read version of the WA Country Health Service Consumer and Carer Feedback Management Policy was developed. The International Day of People with Disability public event hosted by WA Country Health Service was delivered in-person and online. Easy-read versions of the invitation, itinerary and presentation were provided to select attendees ahead of time. Live captions and AUSLAN interpreters were available for online and in-person attendees.

Statement

Current initiatives 2025-26

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.

WA Country Health Service NDIS coordination team provides support to all our hospitals for patients with a disability that are at risk of delayed discharge without sufficient disability supports, or for patients with a disability who are at risk of imminent admission due to insufficient or breakdown of disability supports.

We are participating in consultation for implementation of the State Dementia Action Plan (SDAP) including staff training and the carer resource workstreams.

The Infant, Child and Adolescent Mental Health Service (ICAMHS) is developing an attention deficit hyperactivity disorder (ADHD) Model of Care for country WA. Considerable consultation has informed the Model of Care and will have Phase 1 of this implementation commenced in 2026.

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

An Easy Read version of the Consumer and Carer Feedback Management Policy was developed and is available on the WA Country Health Service internet page.

The Wheatbelt Mental Health Service lived experience team is commencing community engagement forums to gather feedback, using multiple engagement methods to ensure inclusive and accessible participation.

The external consumer feedback platform Care Opinion allows consumers to phone through their feedback or complete an online submission.

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

WA Country Health Service representatives attended the Department of Health Disability Access and Inclusion Plan Chairs and Champions quarterly meetings, as well as meetings of the Staff with Disability and Allies Network.

A staff and community survey was undertaken to inform development of WA Country Health Service Disability Access and Inclusion Plan 2028-2031. The survey was made available in a range of accessible formats and will be complemented by community engagement forums.

The Goldfields Emergency Lead and Disability Access and Inclusion Project Coordinator represented WA Country Health Service at the Kalgoorlie-Boulder Disability Inclusive Emergency Planning Forum, contributing to discussions on practical solutions to enhance disability inclusion in emergency management.

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

Managers and human resource teams were provided guidance on reasonable adjustments, inclusive workplace practices, and support pathways available to staff.

Job advertisements and recruitment processes incorporated inclusive language and encouraged applicants requiring workplace adjustments to identify support needs during recruitment.

Workforce metrics and diversity information continued to inform planning, workforce strategies, and inclusion initiatives across the organisation.

Indemnity insurance

As at 30 June 2026, insurance premiums totalling \$96,445 (GST exclusive) had been paid to indemnify any WA Country Health Service Directors, as defined under Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*, against liabilities incurred pursuant to sections 13 or 14 of that Act.

Industrial relations

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

WA Country Health Service ensures its responsibility towards contemporary industrial relations practices in its advancement towards a structured Business Partner model supported by a specialised industrial relations consultancy and advisory service.

Industrial relations maintains close relationships with all Western Australian health unions, the Department and the WA health system industrial relations network.

We are continuing to liaise directly with health unions including through establishing a WA Country Health Service-Australian Medical Association (AMA) Joint Consultative Committee to sit in addition to existing and long-established local level Joint Consultative Committees with other health unions.

WA Country Health Service Industrial Relations responded to over 100 disputes or appeals in 2025-26, mostly related to individual employee matters. These were resolved successfully with only one matter proceeding to arbitration.

WA Country Health Service has coordinated and implemented the conversion to permanency provisions of industrial agreements enabling over 1,200 fixed-term and casual employees to be offered permanent employment in 2025-26.

Freedom of information

WA Country Health Service is committed to promoting transparency, accountability and public trust through effective information management and compliance with the *Freedom of Information Act 1992* (WA) (FOI Act). The FOI Act provides individuals with the right to access documents held by government agencies and to seek amendment of personal information that is inaccurate, incomplete, out of date or misleading.

As the largest and most geographically dispersed health service provider in WA, we manage significant volumes of clinical, operational and corporate information. Access to information is administered in accordance with legislative requirements while balancing the protection of patient confidentiality, personal privacy and information exempt from disclosure under the FOI Act.

WA Country Health Service supports access to information through both formal FOI processes and the proactive release of information where appropriate. Information relating to health services, policies, publications and organisational activities is made available through publicly accessible channels, supporting community awareness and reducing the need for formal applications. A range of corporate publications, policies, service information and public resources are available on the our website. Individuals without internet access may request hard copies of publicly available documents, free of charge or for a nominal fee where applicable. This approach is consistent with guidance from the WA Office of the Information Commissioner, which encourages applicants to contact agencies first to determine whether information is already publicly available or can be provided administratively.

WA Country Health Service holds a broad range of information relating to the planning, delivery, administration and governance of health services.

This includes records relating to:

- policies, standards and guidelines
- epidemiological, survey and statistical information
- corporate and financial information
- workforce information
- patient records created through episodes of care.

Formal applications under the FOI Act must be made in writing and provide sufficient detail to enable the requested documents to be identified. Applications must include contact details and an Australian postal address for correspondence. WA Country Health Service assists applicants to clarify or refine the scope of an application to support efficient processing and ensure the relevant documents can be identified. This reflects the obligation on agencies to assist applicants in making valid applications under the FOI Act.

Applications seeking amendment or annotation of personal information must identify the information considered inaccurate, incomplete, out of date or misleading, explain the basis for that belief, and specify the amendment or annotation required. Applications for access to non-personal information are subject to the prescribed application fee. No application fee applies where access is sought only to the applicant's personal information, although other charges may apply in accordance with the FOI Act and associated regulations.

During 2025-26, WA Country Health Service continued to strengthen its coordinated approach to FOI management across the organisation. This supported consistent decision-making, timely processing of applications and compliance with legislative obligations. We also continued to assist applicants to identify and refine requests where appropriate, supporting efficient and effective access to information.

Table 08. Applications for information under the *Freedom of Information Act 1992 (WA)* in 2025-26

Total number of valid applications received in 2025-26	3,141
Number of applications granted – full access	3,550
Number of applications granted – partial or edited access	4
Number of applications withdrawn by applicant	181
Number of applications refused	161
Total applications dealt with for 2025-26	3,896
Number of applications in progress	353
Other	0

Ministerial directives

Treasurer's Instruction 3.1 requires disclosing information about Ministerial directions relevant to the setting/achievement of desired outcomes or operational objectives, investment activities and financing activities.

Pursuant to section 61(1)(f) of the *Financial Management Act 2006* (WA), the Minister for Health directed all health agencies to disclose all gifts and act of grace payments over \$100,000 made under section 36(5) of the *Health Services Act 2016* (WA) within their Annual Reports. The direction was applied from 1 July 2023.

WA Country Health Service has not made any payments that require disclosure under this directive.

Multicultural reporting

The WA Multicultural Policy Framework provides a whole-of-government approach to fostering inclusive and welcoming communities, ensuring everyone can participate equitably in Western Australia's civic, social, economic and cultural life.

The framework identifies three policy priority areas, and the following outlines initiatives progressed by WA Country Health Service during 2025-26 in support of these priorities.

Policy Priority 1 – Harmonious and inclusive communities

We continued to promote cultural awareness and engagement through events. Dates of cultural significance, including Harmony Week, were added into local planning calendars to support awareness and consideration of relevant activities. We also promoted opportunities for staff to participate in multicultural community events that build understanding of and respect for diverse cultures. For example, staff were invited to volunteer as WA Country Health Service representatives at the Indian Society of WA's Diwali Mela event in October 2025, through internal communications.

We also continued to foster an inclusive workplace culture. Staff profiles featuring employees from culturally and linguistically diverse (CaLD) backgrounds continued to be published on the WA Country Health Service intranet. Research and Innovation also held monthly staff-led cultural lunch-and-learns. These sessions provided an informal forum for employees to share cultural experiences from abroad and discuss diverse perspectives.

Policy Priority 2 – Culturally responsive policies, programs and services

We enhanced our understanding of community needs through data. The *Midwest CaLD Report* was completed in September 2025, combining demographic and emergency department data to increase staff awareness of languages spoken in the local communities they serve. The report also



Jeff Moffet, Sharon Lockyer, Chantelle Pears and Dr James Marangou.

supported data-informed decisions about priority languages for translated patient information, including on-site signage. The report was presented to the Regional Executive Committee, increasing leadership visibility of local CaLD population data.

We continued to improve access to services for country patients requiring specialist care, including by facilitating access to language services. The Country Patient Health Support Service (PaHS) was embedded across existing locations in the Kimberley, Pilbara, Midwest and Goldfields, supporting patients travelling to Perth. This support includes assistance to access interpreting services where required. Statewide expansion across remaining operational areas is expected to commence in July 2026. Additionally, the Patient Assisted Travel Scheme (PATS), which provides financial assistance to patients, includes consideration of cultural and linguistic support needs within its eligibility criteria.

Consumer feedback and participation remained a key focus throughout the year. Place-based regional Patient Safety and Quality teams continued to engage with the 18 District Health Advisory Councils (DHACs). Consumer feedback, including feedback received through Care Opinion, remained a standing agenda item at DHAC meetings. Patient Experience and Community Engagement (PEaCE) also promoted new opportunities for members to contribute diverse perspectives to health service initiatives. These opportunities included invitations to join the Royal Perth Bentley Group Consumer Advisory Council as consumer representatives and to provide feedback on key documents, including the *WA Country Health Service Cancer Strategy 2026–30*.

PEaCE also developed an Easy Read version of the *WA Country Health Service Consumer and Carer Feedback Management Policy* using plain language and visual aids to support equitable participation in the consumer feedback process for people with diverse literacy, language and communication needs, including those from non-English-speaking backgrounds (NESB). As of May 2026, this resource is now publicly available.

We continued to support inclusivity in research participation. Rolling expressions of interest for the WA Country Health Service Consumer Bank Fund opened in 2026. The Fund supports meaningful consumer and community involvement in WA Country Health Service-led research across WA. Up to \$1,000 per

application is available to support activities including CaLD consumer consultation. This funding helps address barriers to the involvement of geographically dispersed communities across regional WA. We also maintained the facilitation of inclusivity in clinical trials as a strategic objective, as reflected in the Trial Centre Digital Strategy. Research and Innovation continued to work towards improving access to trial information for CaLD communities, with multilingual content translation forming part of this focus.

Policy Priority 3 – Economic, social, cultural, civic and political participation

We continued to support internationally recruited staff as they transitioned into the WA Country Health Service workforce. In the East Pilbara, this included local practices within nursing and midwifery, such as aiming to pair recruits with colleagues from similar cultural backgrounds to promote early social connection. The BACKUP nurse support team, which assists with coordinating WA Country Health Service-wide nurse education, also delivered three study days for internationally recruited nurses between October and December 2025, providing targeted professional development to support their transition into Australian healthcare practice.

WA Country Health Service Learning and Development team progressed the review and redevelopment of the induction and orientation process. This work aimed to provide more inclusive, consistent and culturally informed onboarding across the organisation. Standardised onboarding resources were developed, including virtual induction content and onboarding checklists. These resources support a welcoming and psychologically safe introduction to new employees, regardless of role or location. Consideration was given to employees from CaLD backgrounds relocating to regional and remote communities.

We also continued to strengthen building partnerships that support consumer and community participation. Working with the WA Health Translation Network (WAHTN), Research and Innovation conducted inclusive stakeholder engagement to inform future research priorities as part of operationalising the our Research and Innovation Priority Setting Framework. Between May and June 2026, an online survey and community conversation event were held to ensure diverse regional perspectives informed decision-making.

Pecuniary interests

As at 30 June 2026, no senior officer or Board member, nor any firm of which a senior officer or Board member was a member, or any entity in which a senior officer or Board member held a substantial interest, held shares in WA Country Health Service or its subsidiary bodies as a nominee or beneficiary.

Pricing policies

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 2026-31
- the *Health Services Act 2016 (HSA 2016)*; and
- the WA Health Funding and Purchasing Guidelines 2016-17

These fees and charges are determined through 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 health service providers under the HSA 2016.

Kelly Ditchburn and Matthew Erickson in the cardiology clinic.

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 our Integrity Unit for assessment and investigation.

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

Table 09. Summary of Breach of Standards claims in 2025-26

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)	4	0	0	1	5	10
Claims lodged 2025-26	4	0	0	1	5	10
Claims carried over from previous financial year	0	0	0	0	0	0
Total claims handled in 2025-26	4	0	0	1	5	10
(b) Outcome of claims handled						
Withdrawn in agency	0	0	0	0	0	0
Resolved in agency	4	0	0	0	3	7
Still pending in agency	0	0	0	0	0	0
Referred to Public Sector Commission	0	0	0	1*	2	3
Total claims handled in 2025-26	4	0	0	1	5	10

* In Industrial Relations Commission

Recordkeeping plans

In compliance with section 19 of the *State Records Act 2000*, we maintain an approved Recordkeeping Plan (the Plan), which accurately reflects the organisation's recordkeeping program.

The Plan was reviewed in March 2025, and an amendment was submitted to the State Records Commission (SRC). The amendment was approved by the SRC in November 2025.

The Plan documents our recordkeeping practices and demonstrates compliance through supporting evidence, including the Recordkeeping Policy and Procedure, a sample business classification scheme, the WA Country Health Service Annual Report, a quality assurance and disposal form, recordkeeping training objectives, and induction program materials. The Plan also outlines arrangements for managing records during emergencies and disaster recovery situations.

During 2025, a specimen register at Albany Health Campus was damaged following an accidental spill of formalin, a chemical preservative solution. In accordance with our Plan, we promptly notified the State Records Office (SRO) and completed a Damage to or Loss of Records Incident Report. The report detailed the actions taken to preserve the information contained in the register and protect staff from potential exposure risks. Although specimen registers are required to be retained for 30 years, we obtained SRC approval for the early destruction of the damaged records due to the associated safety risks. The register's storage location was subsequently relocated to minimise the likelihood of future chemical exposure.

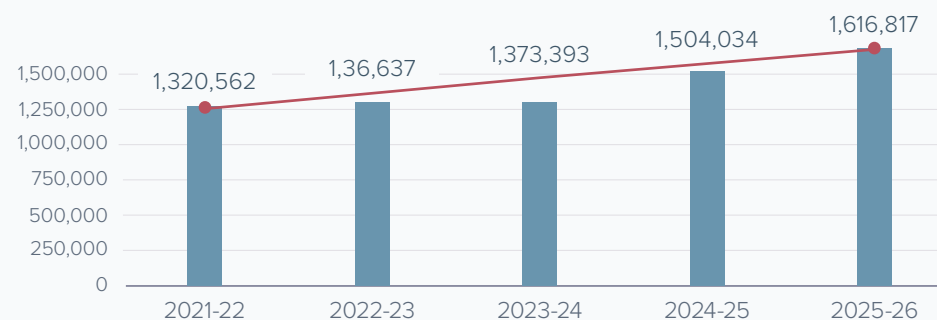
Evaluation of recordkeeping systems

In August 2025, WA Country Health Service upgraded its corporate electronic recordkeeping system from Records Manager 8.3 to Content Manager 23.4. Staff were engaged through surveys and a pilot program to evaluate records management processes before implementation. Feedback informed a range of enhancements to system functionality and the user interface.

As part of the upgrade, the Corporate Recordkeeping Compliance Policy and Corporate Records Management Procedure were reviewed to ensure alignment with revised business processes and system capabilities. Minor amendments were made, and the updated documents were published in August 2025 to support staff during the transition.

In February 2026, WA Country Health Service reached a milestone of 12 million records registered within Content Manager. The graph below illustrates the annual growth of the organisation's Content Manager records dataset over the past five years.

Annual growth - records registered in Content Manager, 2021-26



Recordkeeping Training Program

WA Country Health Service promotes recordkeeping compliance through mandatory training and ongoing monitoring. All employees are required to complete the Recordkeeping Awareness Training (RAT) course during induction. The course covers the records lifecycle, secure information management, and staff responsibilities under the Recordkeeping Plan and related policies.

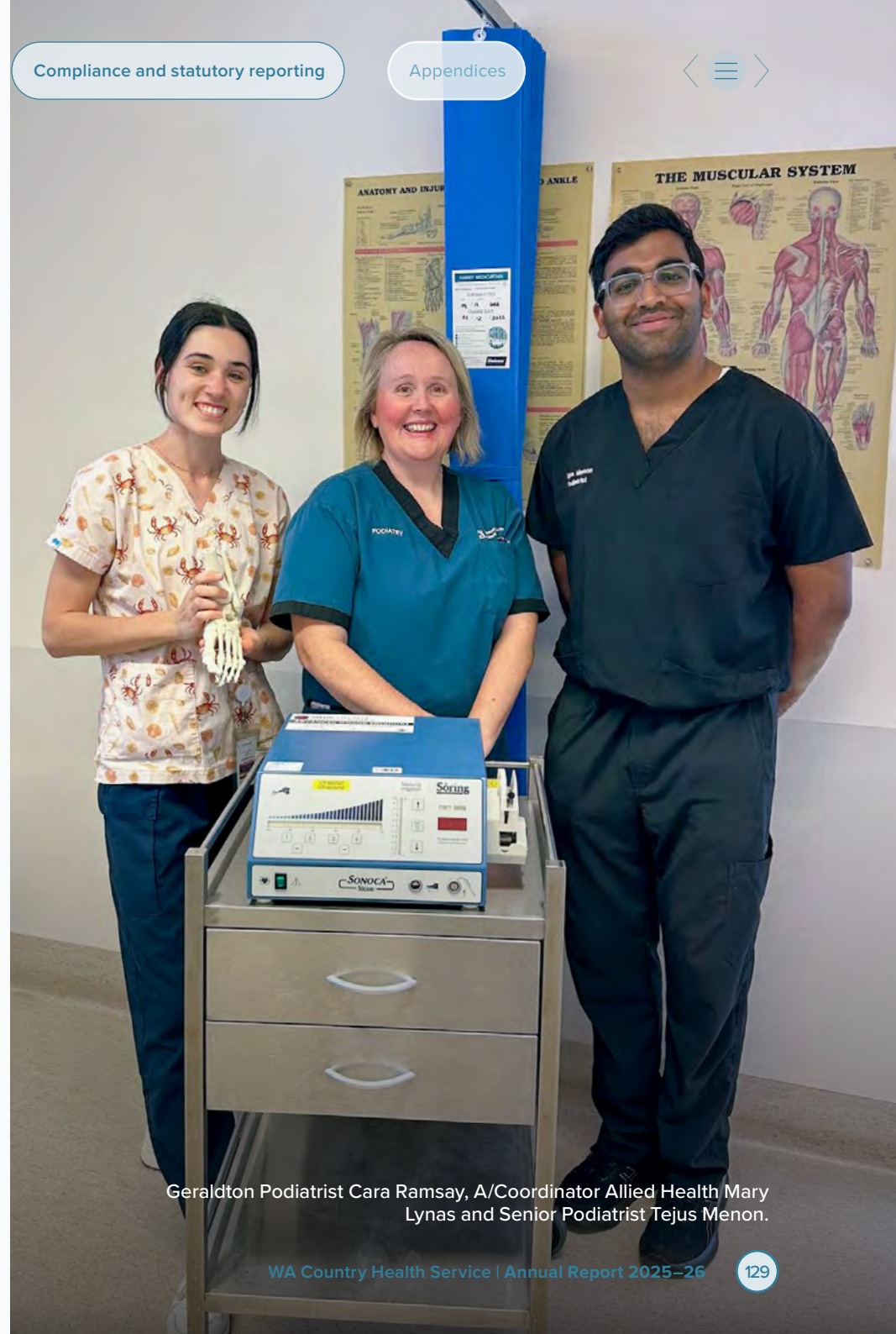
Employees with corporate recordkeeping responsibilities must also complete Content Manager training, which provides practical guidance on creating folders, saving records, managing information, and conducting searches. Compliance with recordkeeping requirements is monitored through regular corporate recordkeeping reports.

Evaluation of the Training Program

Content Manager training is reviewed annually, or when significant system changes occur, to ensure it remains effective and relevant. Reviews include consultation with a pilot group of users and consideration of staff feedback collected through post-course surveys. The current training package was introduced in August 2025 to support the Content Manager upgrade.

Recordkeeping Induction Program

Recordkeeping responsibilities are embedded in the our induction program. All new employees must complete both induction and the RAT course on commencement. Additional guidance, including user guides and help sheets, is available on the WA Country Health Service intranet to support staff in meeting their recordkeeping obligations.



Geraldton Podiatrist Cara Ramsay, A/Coordinator Allied Health Mary Lynas and Senior Podiatrist Tejus Menon.

Unauthorised use of credit cards

Purchasing cards are used to streamline the procurement of goods and services, improving administrative efficiency and supporting effective cash management.

Purchasing cards are issued only to employees whose duties require their use and must be used solely for official business purposes. Personal use of a purchasing card is not permitted. Where a cardholder inadvertently uses a purchasing card for a personal transaction, they must 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 cardholder must also reimburse the full amount of the transaction.

During the reporting period, 50 instances of inadvertent personal use of purchasing cards were identified and reported in accordance with the required procedures.

Table 10. Unauthorised Use of Credit Cards 2025-26

Credit card personal use expenditure	1 July 2025 to 30 June 2026 (\$)
Aggregate amount of personal use expenditure for the reporting period	2,910.55
Aggregate amount of personal use expenditure settled by the due date (within five working days)	2,750.79
Aggregate amount of personal use expenditure settled after the period (after five working days)	159.76
Aggregate amount of personal use expenditure outstanding at the end of the reporting period	0.00
Number of referrals for disciplinary action instigated by the notifiable authority during the reporting period	Nil

Workers compensation and injury management

Supporting workers following a workplace injury remains a key priority of our commitment to workforce health, safety and wellbeing.

Throughout the year, centrally and regionally based Injury Management teams worked closely with injured workers, managers and treating practitioners to facilitate safe and timely return-to-work outcomes.

Regional training and engagement activities strengthened managers' understanding of workers compensation and injury management processes, promoted early intervention and encouraged consistent practices across the organisation. These initiatives continue to build capability while supporting a positive safety culture focused on prevention, recovery and sustainable return to work.

WA Country Health Service recorded no workplace fatalities during the reporting period. The lost time injury and disease incident rate decreased from 26.64 to 23.56, meeting target and reflecting organisational efforts to reduce workplace injuries. While the lost time injury severity rate remained relatively stable at 46.23, this result did not achieve the targeted reduction and indicates the need for continued focus on injury prevention and recovery outcomes.

Return to work performance rate remained a key area of focus. While 63.1 per cent of injured workers returned to work within 26 weeks, this was below the organisational target of 70 per cent. Continued emphasis on early intervention, effective case management and collaboration with workers and managers will improve outcomes.

Manual handling, slips, trips and falls, and mental stress remained the leading causes of workers' compensation claims during the reporting period. Nursing and hotel services employees accounted for the highest number of claims and lost time injuries, highlighting occupational groups for targeted prevention initiatives, workplace education and risk reduction strategies to further improve workforce safety outcomes.

Table 11. Work Health and Safety Performance Reporting

Indicator	Results - Base year*	Results - Prior year	Results - Current reporting year	Targets	Comments about outcome
Number of fatalities	0	0	0	0	Target met
Incidence of work-related injury or illness	26.10	26.64	23.56	Reduce by 2% per year and 15% by 2033 compared with 2023	Target met
Incidence rate of serious claims with one or more weeks' lost time	8.33	10.98	11.05	Reduce by 2.5% per year and 20% by 2033 compared with 2023	Target not met
Incidence rate of claims resulting in permanent impairment	2.31	1.94	1.83	Reduce by 2% per year and 15% by 2033 compared with 2023	Target met
Incidence rate of work-related respiratory disease	0.10	0.19	0.09	Reduce by 2.5% per year and 20% by 2033 compared with 2023	Target met
Managers and supervisors trained in:					
1. work health and safety as relevant to the PCBU's risk profile; and	89%	90%	93%	Greater than or equal to 80% of cohort trained within last two (2) years	Target met
2. injury management			22%	Greater than or equal to 80% of cohort trained within last five (5) years	Target met
Percentage of workers returned to work on full duties and hours (i) within 13 weeks	47.0%	52.6%	43.9%	No target	Target not met
Percentage of workers returned to work on full duties and hours (ii) within 26 weeks	52.0%	69.4%	63.1%	Greater than or equal to 70% returned to work within 26 weeks	Target not met
Agency has a work health and safety (WHS) management system that has been independently assessed in last five years			Underway	Yes	WA Country Health Service has a WHS management system, currently in the process of assessment
Consultative systems:					
1. Number of health and safety representatives (HSR)				No target – intended for agency trend information.	Not applicable
• in total;			374		
• who have attended HSR training;			304		
• shown as a percentage of workers;			2.94%		
• shown as a ratio to the number of workplaces occupied by the Agency; and			374/114		
2. Names of health and safety committees and sub-committees			See Appendix 4 for list of Committees		

* 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, where data is available.



Appendices

Appendix 1

Board and committee remuneration

Table 12. Board remuneration 2025-26

Member title	Member name	Type of remuneration	Period of membership	Term of appointment / tenure	Base salary/ sitting fees/ stipend	Gross/actual remuneration for financial year*
Chair	Dr Neale Fong ¹	Annual	3 months	9 years	\$22,503.71	\$25,204.17
Chair	Paul Fitzpatrick ²	Annual	12 months	9 years	\$65,859.68	\$73,762.92
Deputy	Wendy Newman ³	Annual	3 months	9 years	\$12,376.83	\$13,862.08
Deputy	Dr Shane Kelly ⁴	Annual	9 months	2.9 years	\$29,415.06	\$32,944.95
Member	Dr Lorraine Anderson	Annual	12 months	3 years	\$41,791.88	\$46,807.02
Member	Dr Peter Campbell	Annual	12 months	5 years	\$41,791.88	\$46,807.02
Member	Jarrad Gardner	Annual	12 months	2.8 years	^0.00	^0.00
Member	Colin Holt	Annual	12 months	6 years	\$41,791.88	\$46,807.02
Member	Jodi Johnston	Annual	12 months	6 years	\$41,791.88	\$46,807.02
Member	Caroline Robinson ⁵	Annual	9 months	1.9 years	\$29,415.06	\$32,944.95
Member	Dr Divya-Jyoti Sharma ⁶	Annual	9 months	1.9 years	\$29,415.06	\$32,944.95
Member	Dr Catherine Stoddart	Annual	12 months	5 years	\$41,791.88	\$46,807.02
Total					\$397,944.80	\$445,699.12

1 Ceased as Board member on 30 September 2025

2 Former Board member appointed Chair on 1 October 2025

3 Ceased as Board member on 30 September 2025

4 Commenced as a Board member on 1 October 2025

5 Commenced as a Board member on 1 October 2025

6 Commenced as a Board member on 1 October 2025

* Includes superannuation

Appendix 2

Board meeting attendance

Full Board meeting

Table 13. Board member attendance for 2025-26

Name	Number of meetings	Number of meetings attended
Dr Neale Fong (Chair) ¹	3	3
Ms Wendy Newman (Deputy Chair) ²	3	3
Mr Paul Fitzpatrick (Chair) ³	10	10
Dr Shane Kelly (Deputy Chair) ⁴	7	7
Hon Colin Holt	10	8
Dr Peter Campbell	10	9
Mrs Jodi Johnson	10	10
Dr Catherine Stoddart	10	10
Dr Lorraine Anderson	10	9
Mr Jarrad Gardner	10	9
Mrs Caroline Robinson	7	6
Dr Divya-Jyoti Sharma	7	6

1 Ceased as Board Chair and Board member on 30 September 2025

2 Ceased as Deputy Board Chair and Board member on 30 September 2025

3 Commenced as Board Chair on 1 October 2025

4 Commenced as Deputy Board Chair on 1 October 2025

Audit and Risk Committee

Table 14. Board member attendance for 2025-26

Name	Number of meetings	Number of meetings attended
Mr Paul Fitzpatrick (Chair) ⁵	2	2
Dr Shane Kelly (Chair) ⁶	4	4
Ms Wendy Newman (Deputy Chair) ⁷	2	2
Mrs Jodi Johnson	6	6
Mrs Caroline Robinson	4	4

5 Ceased as Audit and Risk Committee Chair on 30 September 2025

6 Commenced as Audit and Risk Committee Chair on 1 October 2025

7 Ceased as Deputy Board Chair and Board member on 30 September 2025

Finance Committee

Table 15. Board member attendance for 2025-26

Name	Number of meetings	Number of meetings attended
Ms Wendy Newman ⁸	2	2
Mr Jarrad Gardner ⁹	6	6
Dr Shane Kelly	4	4
Hon Colin Holt	6	6
Mrs Caroline Robinson	2	4

8 Ceased as Finance Committee Chair on 30 September 2025

9 Commenced as Finance Committee Chair on 1 October 2025

People and Engagement Committee

Table 16. Board member attendance for 2025-26

Name	Number of meetings	Number of meetings attended
Dr Catherine Stoddart (Chair)	3	3
Mrs Jodi Johnson	3	3
Hon Colin Holt	3	2

Safety and Quality Committee

Table 17. Board member attendance for 2025-26

Name	Number of meetings	Number of meetings attended
Dr Peter Campbell (Chair)	6	5
Dr Catherine Stoddart	2	2
Dr Lorraine Anderson	6	6
Dr Divya-Jyoti Sharma	4	4



Board members visit Geraldton Health Campus redevelopment site during Midwest visit in November 2025.

Appendix 3

Workforce category definitions

For reporting purposes, the workforce categories Hotel and Site Services and Nursing, Assistants in Nursing and Dental Nursing have been consolidated for the 2024-25 and 2025-26 reporting periods.

Administration and clerical

Includes all clerical occupations, as well as patient-facing ward clerical support staff.

Agency

Includes full-time equivalent personnel engaged through external agencies across the following occupational groups: administration and clerical, medical support, hotel and site services, and medical salaried staff.

Agency nursing

Includes nursing personnel engaged on a contract-for-service basis. Excludes nurses employed through NurseWest.

Nursing

Includes all nursing occupations and assistants in nursing who support registered and enrolled nurses in the delivery of patient care. Excludes agency nurses.

Hotel and site services

Includes catering, cleaning, stores and supply, laundry, transport, engineering, gardening and security occupations.

Medical salaried

Includes salaried medical practitioners, interns, registrars, specialist medical practitioners and sessional medical staff. Excludes Contract medical practitioners, including locums and visiting medical practitioners engaged under a Medical Services Agreement (MSA).

Medical support

Includes allied health, scientific and technical occupations.

Other categories

Includes Aboriginal health worker, Aboriginal health practitioner, and ethnic health worker occupations.

Appendix 4

List of WA Country Health Service work health and safety committees

Albany Health Campus Work Health and Safety Committee

Broome Regional Health Campus Work Health and Safety Committee

Bunbury Work Health and Safety Committee

Central and Satellite Work Health and Safety Committee

Central Great Southern Work Health and Safety Committee

Central Work Health and Safety Committee

Coastal Work Health and Safety Committee

East Kimberley Work Health and Safety Committee

East Pilbara Work Health and Safety Committee

Eastern Work Health and Safety HS Committee

Esperance Work Health and Safety Committee

Gascoyne Work Health and Safety Committee

Geraldton Campus Work Health and Safety Committee

Goldfields Regional Work Health and Safety Committee

Great Southern Regional WHS Committee

Kalgoorlie Work Health and Safety Committee

Kimberley Population Health Unit

Kimberley Regional WHS Committee

Murchison Work Health and Safety Committee

Pilbara Regional WHS Committee

Southern Work Health and Safety Committee

South West Inland District Work Health Safety Committee

South West Regional Work Health and Safety Committee

Wellington Work Health and Safety Committee

West Kimberley Work Health and Safety Committee

West Pilbara Work Health and Safety Committee

Western Great Southern Work Health and Safety Committee

Western Work Health and Safety Committee

Wheatbelt Regional Work Health Safety Committee

Chapter page image captions

- Our story: Albany Cancer Services celebrating Cancer Nurses Day on 14 August.
- Our strategic direction: Some of the Karratha Health Campus Surgical Services team, Bindi O'Dwyer, Andrea Foxon, Coert Kruger and Ashleigh Chave.
- Our workforce: School health Nurse Czarina Del Rosario, Child Health Student Beth Kirk and Child health Nurse Rutendo Ngwaru at a Children's Week event in Kalgoorlie.
- Our performance: Alan and Glenys Desmond celebrated their 60th anniversary at Geraldton Health Campus. L-R: Sharon Desmond, Juanita Desmond, Alan Desmond, Mickael Desmond, Claire Eastough (Clinical Nurse), Vanessa Parker (Coordinator of Surgical Services and Ambulatory Care), Glenys Desmond, and Luke Reece-Dyke (Patient Services Coordinator).
- Compliance and statutory reporting: Clinical Nurse Manager Collie Hospital Elena Duncan, A/Director of Nursing-Health Service Manager, Wellington Pauline Nicholls, and Shire President and District Health Advisory Council Member Ian Miffling.
- Appendices: On International Cancer Nurses Day, the Northam Health Service team were recognised with certificates for their dedication, compassion and commitment to achieving the best possible outcomes for people affected by cancer.
- Landscape photos: Tourism Western Australia.

Appendix 5

References and data sources

- Australian Bureau of Statistics, Estimated Residential Population 2024
- Hospital Morbidity Data System, Department of Health, extracted 13/08/26
- Midwives Notification System, extract July 2026
- Non-Admitted Data Collection (NADC) extracted 20/07/26
- Pew Research Center - generational profile years for Baby Boomers, Generation X, Millennials and Generation Z.
- Psychiatric Services On-line Information System (PSOLIS) extracted 20/7/2026.
- WA Country Health Service Command Centre Telehealth Activity, extracted 27/07/2026, inclusive of video telehealth and telephone.
- WA Country Health Service Command Centre Telehealth Activity, extracted 27/07/2026, inclusive of video telehealth and telephone.
- WA Country Health Service Community Health Information System (CHIS) extracted 9/7/2026.
- WA Country Health Service Emergency Department Collection
- WA Country Health Service Inpatient Collection
- WA Country Health Service Workforce Services Data Warehouse 2024-25 and 2025-26

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