Health Support Services
Annual Report 2025-26

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GOVERNMENT OF WESTERN AUSTRALIA

HSS health support services

ANNUAL REPORT

2025-26

Walking Together as One by Jade Dolman

The artwork, Walking Together as One was created in July 2020 by more than 130 Health Support Services employees together with Whadjuk, Ballardong, Arrernte artist - Jade Dolman. Walking Together as One illustrates that the land is connected to everything we do.

Acknowledgement of Country

Health Support Services acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters, and community. We pay our respects to all members of the Aboriginal communities and their cultures, and acknowledge the wisdom of Elders both past and present.

Statement of compliance

Statement of compliance Honourable Meredith Hammat BA MIR MLA Minister for Health, Mental Health In accordance with section 61 of the Financial Management Act 2006 (WA), we hereby submit for your information and presentation to Parliament, the Annual Report of Health Support Services (HSS) for the financial year ended 30 June 2026. The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006* (WA).

Margaret Pyrchla
Board Chair
Health Support Services
1 September 2026

Pina Caffarelli
Finance, Risk and Audit Committee Chair
Health Support Services
1 September 2026

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Executive summary

On behalf of the Board, Executive team and all our colleagues at HSS, we are pleased to share our 2025-26 Annual Report.

The 2025-26 financial year has been one of significant strategic and operational achievement, as HSS continued to deliver and enhance the critical services that support the WA health system and our community.

Every day, our people deliver the financial, workforce, procurement and supply, and ICT services for the whole of WA Health. We pay, recruit, supply and connect more than 70,000 employees with the systems, technology and services they need to provide safe, high-quality care to Western Australians.

Meeting our Strategic Plan 2022-26 remained a cornerstone of HSS' organisational priorities this year, with our strategic themes being a core consideration in all decision making and planning. A major milestone was the successful completion of the Joornanginy Transformation Program, which delivered 35 initiatives aligned to our strategic themes and helped improve organisational capability, customer satisfaction, employee engagement and service delivery. This work has established strong foundations for our next phase of transformation, as we prepare to implement the HSS Strategy 2026-29.

Digital transformation was also a central focus, with HSS continuing to deliver major statewide programs and platforms that are strengthening the way information, services and care are delivered across WA Health.

Several significant projects were completed this year, such as the webPAS Visit Number project, Policy Library SharePoint migration, TRIM project, Cyber Advance, and commissioning of the Peel Community Mental Health site. HSS also delivered several digital capabilities including the Health Integration Platform (HIP), Role Based Messaging (RBM) platform, GP Accessing Specialist Knowledge (GPASK) platform and the WA Health Data Platform (WA HDP).

Another major milestone this year was the beginning of the HRplus rollout – the HSS-led and developed integrated HR, payroll and rostering system. HSS, Mental Health Commission (MHC) and Health and Disability Services Complaints Office (HaDSCO) employees have now been successfully onboarded to HRplus, totalling more than 2,100 users so far. The rollout will continue over the next financial year.

HSS has continued to deliver on outcomes for the Critical Health ICT Infrastructure Program (CHIIP), Notifications and Clinical Summaries (NaCS) Taskforce, System Flow and Reform (SF&R), Australian Digital Health Agency (ADHA) and Electronic Medical Record (EMR) program.

Our workforce, payroll and recruitment services continued to provide vital support to the health system. HSS processed recruitment across the system including more than 3,400 junior doctors and graduate nurses, supported the workforce uplift for the WA Health Winter Strategy and helped prepare for major health infrastructure priorities. We also continued to pay more than 70,000 employees each fortnight, while supporting significant compliance and legislative requirements.

HSS provided good-value and resilient procurement and supply services to WA Health sites across the State. In 2025-26, this included expanding supply chain services to additional regional locations and strengthening statewide contracting arrangements.

NurseWest continued to play a vital role in keeping services staffed, by filling more than two million hours of nursing and assistants-in-nursing shifts across metropolitan and regional WA Health sites.

HSS made significant investment in our people and culture, focusing on leadership development opportunities and workforce pathways, as well as other initiatives to support diversity, accessibility and inclusion. This included launching the refreshed HSS Leadership Academy, which has since had more than 70 employees graduate. We also introduced the Hidden Disabilities Sunflower program, celebrated several multicultural events and strengthened Aboriginal employment pathways.

Sustainability, integrity and safety remained important priorities, with HSS becoming WA Health's first Health Service Provider (HSP) to purchase accredited GreenPower for all its sites, supporting progress toward emissions reduction targets. We also established a dedicated Integrity and Ethics function, strengthening our focus on accountability, ethical decision-making and trust. Risk management, psychosocial safety, injury management and leader capability, was a key area of investment.

The achievements outlined in this report reflect the dedication, expertise and care shown by our people every day. Whether through delivering major projects and programs to support the whole health system, improving service delivery, building workforce capability or advancing sustainability, HSS continues to make a meaningful contribution to WA Health and our community.

As we look ahead, HSS remains committed to delivering great services, being a valued partner and supporting healthy Western Australians. We thank our customers, partners and employees for their continued collaboration and contribution to another successful year.

Giles Nunis
Chief Executive

Margaret Pyrchla
Board Chair

Our year at a glance 2025-26

Keeping payroll rolling

- Paid more than 70,000 WA Health employees each fortnight
- Delivered more than 750 hours of training to Payroll Services staff across WA Health
- Payroll responded to 67,000 phone calls
- Completed more than 444,000 payroll forms for the year
- Completed more than 17,300 payroll forms every pay fortnight

On call

This year, HSS' continued to be the first point of contact for our customers responding to calls and tickets raised across WA Health.

- 200,811 Phone calls responded to
- 67% answered within 30 seconds
- 87% customer satisfaction achieved

No crossed wires

HSS continued to work with customers to support, improve and maintain WA Health's complex ICT infrastructure.

Our ICT teams:

- 190,791 Phone calls responded to
- 9,551 improvements deployed
- 201 digital demand proposals registered
- 88,468 computing devices supported for customers
- 448,147 tickets logged
- 93,516 incidents resolved
- 400+ corporate and clinical applications managed

Reducing hire time

58.8 days

HSS recorded the shortest recruitment time through HSS' Corporate Recruitment Advertisement Managing System.

HSS managed contracts

ICT

123 contracts worth a total $1.86 billion

Clinical

71 whole-of-Health contracts, 45 panel arrangements and 943 individual supplier contracts with a combined contract value of $6.4 billion

Filling the gap

NurseWest continued to ensure staffing gaps were filled

- 4,985 new regional placements commenced
- 75,365 nursing and midwifery shifts filled (Perth Metro)
- 79,683 assistants in nursing shifts filled (Perth Metro)

Big steps forward for EMR

- The Single Sign On (SSO) solution now has over **30,000 users** benefitting from tap-on access to applications on almost **20,000 devices** across hospital and community sites.
- Achieved 86% time reduction for clinicians locating files and logging into systems.

Keeping safe

- 12 months Lost Time Injury (LTI) free
- HSS' Supply function continues to achieve new LTI milestones across our two large distribution centres and 15 metropolitan hospital locations

Helping to build the future

- HSS is helping to grow WA Health's footprint, supporting **25 infrastructure projects**, with a total value **$5.5 billion**

Supplying the goods

In 2025-26 HSS' Procurement and Supply function:

- Supplied 1.8 million inventory lines
- Managed a catalogue of 177,937 product lines
- Processed 648,120 purchase order lines
- Reviewed and actioned over 943 Procurement Development and Management System (PDMS) submissions

Who we are

Our new Strategy

With the HSS Strategic Plan 2022-26 having concluded in June 2026, HSS is setting a new Strategy for 2026-29. The new Strategy will direct efforts to meet our evolving strategic environment, driven by system reforms, digital transformation, infrastructure investment and stronger imperatives for sustainability and system performance.

Providing a suite of financial, ICT, procurement and supply, and workforce services to more than 70,000 employees.

HSS plays an essential role in strengthening WA's health system. Every day, our dedicated and expert team supports tens of thousands of health workers, helping them deliver safe, high-quality care to the community. We pay, we recruit, we supply, and we connect health care workers with technology, so we can all keep WA healthy.

Developed in consultation with our employees and customers, our Strategic Plan 2022-26 provides a clear direction and focus so that we can continue supporting our WA's health system to provide excellent health care.

Our Vision

"Great services, valued partner, healthy Western Australians"

Our vision is the future success we are aspiring towards. It describes our goal to provide great services to our customers, be known as a valued partner, and support the health of all Western Australians.

Our Purpose

"We support our customers to provide excellent health care"

Our purpose describes why we exist, what we do, and for whom. It signifies our role in supporting our customers, and our customers' roles in providing excellent health care.

Our Themes

Our Strategic Plan 2022-26 targets five key themes:

- clarify our role and service offering
- improve customer experience
- enhance our business performance
- empower our people
- build our social, environmental and economic sustainability.

Joornanginy Transformation Program

The HSS Joornanginy Transformation Program was established in February 2022 to deliver the HSS Strategic Plan 2022-26 and was formally closed in the first quarter of 2026. Over its lifecycle, the program delivered 35 work packages aligned to the Plan's five strategic themes.

Performance improved across key strategic measures, including customer satisfaction, culture, employee engagement and service delivery, demonstrating enhanced organisational capability. The successful completion of the Program represents a significant milestone in HSS' transformation journey and enabled the transition to a 'Transformation Delivery Portfolio' approach, providing a coordinated framework for planning and delivery of transformation initiatives across HSS to support the WA health system.

Strategic priorities

Reducing our greenhouse gas emissions

HSS celebrated an exciting sustainability milestone this year, becoming WA Health's first Health Service Provider (HSP) to purchase accredited GreenPower for all its sites. The purchase reflected anticipated 2025-26 electricity use and HSS will purchase additional GreenPower to match our actual electricity consumption later this year.

This means every time we plugged in our laptops, switched on warehouse forklifts or turned on the lights at our CBD offices and warehouses, our greenhouse gas emissions from that electricity use in 2025-26 is net zero. This is an investment we will also make for 2026-27.

It's a powerful choice that reduces our contribution to global warming and puts us on track to achieve our 2029-30 target, of cutting our net emissions from 'scope 1 and 2 sources' (electricity, fuel and air conditioning refrigerants) by 80 per cent compared to 2020-21 levels.

HSS' electricity use makes up around 80 per cent of our scope 1 and 2 emissions, so by choosing GreenPower, we're taking a low-cost, high-impact step that reduces our net emissions, supports the growth of the renewable energy industry in Australia and aligns with the WA Health Strategy for an environmentally sustainable, low-carbon, climate-resilient healthcare system 2024–2030.

80%
Reduction
in net emissions compared to 2020-21 levels

Understanding the risk of climate change

> This year we conducted our first high-level assessment of the risk of climate change impact on our service delivery. It showed existing preventative and mitigating controls, particularly in our supply chains, may keep the risk low over a ten-year outlook. Given the risk is expected to grow as climate change accelerates, HSS identified this as an emerging strategic risk.

Integrity at HSS

In July 2025, HSS took a significant step in strengthening its integrity capability through the establishment of a standalone Integrity and Ethics function and the appointment of a substantive Manager of Integrity. This change reflected a deliberate commitment to maturing HSS' integrity framework by separating integrity responsibilities from Governance, Risk and Compliance, and creating dedicated leadership for misconduct prevention, ethical governance, oversight liaison and broader integrity uplift across the organisation.

Since then, the Integrity and Ethics function has progressed a range of initiatives aimed at building a more mature integrity model across HSS. This has included the embedding of an integrity education strategy with increased face-to-face training, greater support to leaders and business areas in managing integrity risks, clearer misconduct and case management processes, and enhanced support for internal investigations and decision-making. The function has also strengthened internal governance arrangements, improved scrutiny of higher-risk matters, and expanded engagement with oversight bodies and system-wide integrity partners to support a more connected and informed approach to integrity management.

Collectively, this work has contributed to a more mature control environment and a stronger foundation for continuous improvement. Looking ahead, HSS is well placed to continue evolving towards a more preventative, proactive, intelligence-led integrity model that strengthens organisational capability, supports sound decision-making and reinforces trust, accountability and ethical conduct across the organisation.

Supporting local procurement and supply chain resilience

HSS has collaborated with the Department of Health and HSPs to increase local procurement opportunities to strengthen supply chains and increase visibility of products manufactured in WA.

Improved searchability functions in product catalogues helps buyers to more easily identify locally made products to support local purchasing decisions. These initiatives strengthen supply continuity, and reliability, enhance local market awareness and cost efficiency whilst contributing to broader economic benefits for Western Australia.

Our external services

HSS has developed Workforce, Finance, and Procurement & Supply service catalogues that have been published on the HSS Customer Hub for the 2026-27 financial year. These catalogues will complement HSS' SLAs by providing clear and accessible information about service offerings and customer responsibilities. This initiative will enhance service transparency, improve customer understanding of HSS' role, and contribute to a more seamless customer experience.

Supporting the WA health system

At HSS, we support our customers to provide excellent health care. We achieve this by prioritising our customer relationships, implementing a coordinated customer-focused strategy, delivering high-quality outcomes, and providing a clear escalation path for customers to engage with HSS and resolve issues effectively.

The HSS Contact Centre, Customer Relationships and Corporate Development teams play a central role in this approach. Together they are responsible for managing customer interactions and relationships, monitoring service performance and ensuring delivery against established Service Level Agreements (SLAs).

Contact Centre

In September 2025, the HSS Contact Centre introduced a callback function across its phone queues, giving callers waiting longer than two minutes the option to receive a return call from a Contact Centre team member rather than remain on hold. Customers are also encouraged to utilise the live wait time feature available on the HSS Customer Hub, HSS' online service portal, enabling them to determine the most suitable time to contact the relevant service.

During 2025-26, HSS enhanced cyber security and user access through the implementation of Multi-Factor Authentication (MFA) for MyHR, one of three payroll systems. While the change strengthened security, it also contributed to an increase in MyHR-related enquiries to the Contact Centre as users adjusted to the new authentication process. In response, the Contact Centre played a key role in streamlining the password reset process by extending the MyHR password expiration period from 90 days to 12 months, while maintaining robust security controls. This improvement reduced the frequency of password-related issue support calls to the Contact Centre by 22 per cent.

The Contact Centre's average wait time is just one minute and 25 seconds. *

*Longer wait times can occur with increased demand, such as around payday.

Building stronger relationships

Providing strategic relationship management across the WA health system, HSS' Customer Relationships team serves as the primary interface between HSS and senior HSP stakeholders, fostering strong partnerships and ensuring alignment between customer priorities and service delivery.

A key responsibility of the team is collaborating with senior stakeholders across HSS and HSPs to develop, monitor and review SLAs. This ensures our service delivery remains responsive to evolving needs of the WA health system, while meeting our agreed performance standards and customer expectations.

The team also leads the Voice of the Customer (VoC) program, which captures customer insights and feedback to inform service improvement, drives continuous improvement initiatives, and shapes service delivery priorities. In addition, the team manages escalated customer issues when required, ensuring timely resolution and helping maintain stakeholder confidence in HSS services and outcomes.

22%
reduction
in frequency of password-related issue support calls

HSS has consistently met the target of 80 per cent for SLA key performance indicators (KPIs) satisfied since 2021-22, reflecting sustained operational maturity and service reliability.

Preparation for 2026-27 includes uplifting the customer satisfaction (CSAT) target from 70 to 75 per cent, reinforcing a commitment to continuous improvement in customer experience.

Corporate Development

The HSS Corporate Development team plays a critical role in supporting the delivery of strategic priorities across the WA health system. Working closely with HSPs, government agencies and other key stakeholders the team manages a comprehensive pipeline of WA Health infrastructure projects, government priorities and new service requests, ensuring HSS is well positioned to meet current and future service demands.

The team provides the HSS Executive and Board with visibility of emerging demand and strategic priorities through oversight of the infrastructure project pipeline and forward service requirements. This includes identifying, assessing and monitoring enterprise-wide risks to support informed decision making, effective resource planning and operational readiness.

Corporate Development also leads strategic engagement relating to WA Health infrastructure initiatives, acting as the central point of contact between HSS, HSPs and government stakeholders. Through this role, the team fosters strong stakeholder relationships, supports project planning and delivery, and facilitates the timely resolution and escalation of complex issues when required.

During 2025-26, the team successfully supported the commissioning of four major infrastructure projects, ensuring the on-time delivery of new and expanded health services that enhance patient care and improve health outcomes across Western Australia. These projects included:

- Fremantle Acute Mental Health Beds
- Older Adult Community Integrated Care Hub (Cockburn)
- Peel Community Mental Health Service (PCMHS) and Specialist Community Eating Disorders Service (SCEDS)
- Waikiki Private Hospital Winter Surge Ward Establishment.

"Thank you to HSS for their outstanding support so far, ensuring ICT and workforce readiness for the safe and seamless transition of Mount Lawley Hospital to public operations. Through their collaborative approach, agile recruitment efforts, strong leadership and unwavering commitment, they consistently go above and beyond."

Susan Mylne, Executive Director Mount Lawley Hospital Transition, East Metropolitan Health Service (EMHS)

25 infrastructure projects

Corporate Development currently provides support for **25 infrastructure projects** with a total value **$5.5 billion.**

In 2026-27, Corporate Development will continue to play a pivotal role in supporting the delivery of health infrastructure across the State, including the commissioning of Mount Lawley Hospital, Sandcastles Children's Hospice, Geraldton Health Campus Redevelopment and Byford Health Hub.

Employee Services

HSS Employee Services is responsible for managing the end-to-end recruitment and appointment services on behalf of WA Health. This includes advertising vacant positions, onboarding new employees, mandatory employment screening checks and processing contract variations, such as temporary deployments and promotion to higher duties.

Recent achievements:

- End-to-end recruitment of the 2025-26 junior doctor and graduate nurse intakes for WA Health, processing over 3,400 new recruits.
- Completing the conversion of Senior Medical staff from fixed term to permanent employment.
- Led the preparation and implementation of the new Public Sector Commissioner's Instructions, alongside Department of Health.
- Commenced preparing to transition existing St John of God Health Care (SJOG) Mount Lawley Hospital employees to WA Health, including doctors, nurses, administration staff and other roles.
- Supported HSPs with their workforce uplift, including onboarding additional employees to deliver the WA Health Winter Strategy.
- Provided end to end recruitment and appointment support to various WA Health projects, including the State's first 24/7 Mental Health Crisis Centre at Fremantle Hospital, the Sandcastles Children's Hospice, the Geraldton Health Campus redevelopment, the Bunbury Hospital redevelopment and the new Women and Babies Hospital project.

Over
3,400
new junior doctor and graduate nurse intakes

"HSS has been instrumental in implementing the Winter Strategy, which has included expanding bed capacity across several hospitals. We couldn't have done that without more staff, more supplies and more ICT support, and those things don't happen on their own. Thanks to the great work our colleagues at HSS have done – they consistently go above and beyond."

Sally Okoye, Winter Commander, South Metropolitan Health Service (SMHS)

"HSS has been working closely with the CAHS Digital Team to support the delivery of the State's first paediatric hospice, Sandcastles. The HSS ICT teams supporting CAHS have been incredibly welcoming, collaborative and responsive in helping to deliver the digital requirements for this project, often with tight timeframes. CAHS is extremely grateful for the team's dedication and partnership in supporting this significant Government priority and helping to bring this important service to Western Australian families."

Michael Hutchings, Executive Director, Children and Adolescent Health Service (CAHS)

Streamlining recruitment

HSS has streamlined recruitment through Corporate Recruitment and Assessment Management System (CRAMS) enhancements, improved workflows and stronger engagement, cutting time to fill a vacancy to 59 days (ahead of a 65-day target).

Payroll Services

Through Payroll Services, HSS pays more than 70,000 WA Health employees each fortnight and assists customers with payroll queries relating to allowances, superannuation, salary packaging, leave entitlements and deductions.

Recent achievements:

- Supported the implementation of the Single Touch Payroll Phase 2 (STP2), which is an Australian Taxation Office (ATO) mandatory measure requiring employers to report more detailed payroll and superannuation information to the ATO with each pay cycle.
- Coordinated the End of Financial Year payroll related activities in accordance with ATO requirements.
- Managed long service leave audits for 5,436 current and former eligible WA Health employees, with approximately 3,850 of these requiring manual audits.
- Successfully processed junior doctor rotation payments, 238 audits for the intern/resident medical officer intake and 498 audits for registrars moving into a consultant position or leaving WA Health.
- Supporting the Mount Lawley Hospital workforce transition from St John of God to WA Health, onboarding more than 450 employees.

70,000

Every pay cycle, HSS pays more than 70,000 health staff – that's close to $300 million dollars, every single fortnight.

"HSS successfully transformed WA Health's legacy payroll reporting capabilities to meet the contemporary STP2 legislative obligations, while maintaining payroll accuracy and operational continuity for a workforce of more than 70,000 employees. This implementation was a stellar example of a multidisciplinary team working together across HSS."

Harry Singh, Director Payroll, HSS

HRplus

The Human Resource Management Information System (HRMIS) Program is delivering HRplus, the new integrated HR, payroll, and rostering system that will improve accuracy, streamline processes, and align with modern workforce management practices.

HRplus is a simple, secure, and accessible solution that transforms how employees across the WA health system access their pay, rosters and timekeeping. It enables employees to submit shifts, timecards and leave requests, as well as view rosters, payslips and personal information easily and securely across a range of devices for a more accessible and better digital experience.

In 2025-26 HRplus successfully rolled out to over 2,100 employees at HSS, Mental Health Commission (MHC) and Health and Disability Services Complaints Office (HaDSCO). Building on this achievement, HSS is working closely with Health Service Providers to support the progressive rollout of HRplus across the WA health system over the coming years.

HRplus achieved 99.75% payroll accuracy in the first pay run, with ongoing payroll stability demonstrated across subsequent cycles.

In-house expertise

The HSS Enterprise Portfolio Management Office (EPMO) supported the HRMIS Program in 2025-26 by establishing an in-house Program Management Office (PMO) function, replacing the previously outsourced model. This new PMO directly reports to the HSS EPMO, enhancing alignment to the HSS program and project delivery framework and capturing key learnings for future program and project development.

"HSS' collaborative approach was key to the successful implementation of HRplus at HaDSCO. In the lead up to go live, we received responsive and practical support that continued post implementation, ensuring any issues were addressed promptly and our staff could confidently adopt the new processes."

Feedback from an HaDSCO employee

"Support staff for the rollout have been extremely helpful and responsive – the floor walkers in particular were a great initiative."

Feedback from an HSS employee

"The support materials have been excellent, including the showcases, support booths and floor walkers."

Feedback from an HSS employee

Analytics and reporting

The HSS Assurance Compliance and Analytics team supports HSS' internal functions to meet required quality, legal and compliance standards. The team implement changes to industrial agreements and pay rates, ensuring quality assurance and compliance standards are met. They also provide data and analytics support to the organisation, as well as to the broader WA health system.

Recent achievements:

- Implemented an Application Programming Interface (API) driven data validation process with the Department of Communities, replacing the annual Working with Children (WWC) upload with a feed every night. This means WWC data is now validated every day, improving accuracy and compliance across the system. This involved collaboration across HSPs to strengthen risk management and ensure stakeholders receive up to date information.
- Following close collaboration with the Department of Health on the Criminal Record Screening (CRS) Policy reform in 2025, HSS implemented a framework for consistent collection, analysis and reporting of CRS data.
- Delivered complex industrial agreement and pay rate changes across WA Health, which involved implementing updates from multiple agreements into our payroll systems, to enable accurate, timely pay for more than 70,000 employees.
- Consolidated resource data from all HSPs into a single, analysable dataset, creating a clear and accessible view to support evidence based decision making and resource prioritisation.
- Built and implemented an offboarding dashboard that provides HSPs with clear visibility of employee terminations and the status of key offboarding actions, like access changes and termination form submissions.

Leading the way

HSS hosted the annual Australian Health Medical Advisory Council (AHMAC) Conference on 26 and 27 February 2026, bringing together tax professionals from across Australia for two days of presentations, discussion and collaboration.

Procurement and Supply

The HSS' Procurement and Supply (P&S) team delivers end-to-end procurement and supply chain support across the WA health system. This includes clinical and medical equipment, ICT and a wide range of other health-related goods and services. By leveraging the collective buying power of the WA health system, we help achieve better value and outcomes for everyone.

Recent achievements:

- Launched the Statewide Contracting Framework in July 2025, to support informed, collaborative decision-making across WA Health by helping stakeholders determine whether procurement is best delivered through a statewide or localised contracts.
- Continued the Enhanced Supplier Screening (ESS) project to implement strengthened controls for identifying, assessing and mitigating risks associated with suppliers and third parties. Consultation is underway across the WA health system to support a consistent approach across all HSP Integrity functions to improve assurance, reduce risk exposure and support safe, accountable service delivery.
- Further expanded support of the WA Health supply chains by extending services to WA Country Health Service (WACHS). Following the successful integration of the Wheatbelt region last year, the Mid West has now been added to the customer sites supplied by HSS. This expansion is an important step toward a more integrated statewide supply chain, improving consistency of supply, strengthening service access for regional customers and supporting timely delivery of essential products to frontline health services.
- Following significant effort and complex negotiations, a new Orthopaedic Prostheses (hips, knees, trauma, lower limb and shoulders) contract was awarded in July 2025. Covering more than 60,000 products with an estimated expenditure of around $367 million over its term, the contract provides HSPs with access to a broad, sustainable supply arrangement and creates opportunities for savings, supporting continuity of surgical services and better value across the WA health system.
- As part of Independent Governance Review (IGR) recommendation 46, HSS Procurement and Supply successfully integrated the contract for the supply of linen to metropolitan hospitals. With annual expenditure of approximately $24 million, this critical contract provides a holistic approach to an essential service.
- HSS worked proactively with suppliers and HSPs to secure additional stock holdings and accelerate major orders, helping protect the WA health system from global technology supply chain pressures and hardware price volatility. These actions have delivered more than $2 million in benefits to date, with a further $850,000 expected in savings through increased business-as-usual stock holdings, helping maintain supply continuity for critical ICT equipment and supporting uninterrupted delivery of digital and clinical services.
- The team led negotiations to deliver $1.2 million in cost avoidance, on essential Wide Area Network (WAN) connectivity services across WA Health while supporting reliable digital infrastructure for metropolitan and regional health services.
- Achieved benefits of over $8.3 million in 2025-26 through new public Cloud storage agreements, rate card and volume discounts, and initiatives to optimise storage and manage demand. These improvements strengthen the sustainability of core ICT services, support more efficient use of public resources, and help ensure critical digital platforms remain available and scalable.

Embedded in programs

Procurement and Supply plays a key role in supporting large and complex digital transformation programs across WA Health by embedding dedicated procurement and commercial specialists within our major programs. This approach ensures procurement activities are delivered in line with policy and governance requirements, while supporting commercial outcomes.

New medicines contract

A new whole-of-Health contract for the supply of medicines is in the final stages of negotiation, with contract award due to take place in August 2026. Developed with input from the State Solicitor's Office, the Department of Housing and Works and WA Health Chief Pharmacists the contract establishes a fit-for-purpose framework tailored to the complexity of medicines procurement. The new approach is expected to generate cost reductions of between $11 million and $17 million per annum, helping WA Health manage rising demand while maintaining reliable access to critical medicines for patients and services.

- As part of supply chain resilience work, HSS moved 29 direct-purchased items onto whole-of-Health and HSP-led contracts, transitioning $1.6 million from off-contract to on-contract purchasing. This strengthens compliance, improves value for money and reduces supply risk by contractual arrangements.
- To strengthen governance and compliance, HSS delivered targeted integrity training to all Procurement and Supply employees, with a focus on conflicts of interest, misconduct awareness and staff obligations in high-risk procurement environments. This supports a stronger integrity culture, improves risk awareness and helps ensure procurement services are delivered consistently and accountably.
- Delivered procurement education and training to over 1,700 employees across the WA health system. Over 80 per cent of these training participants were new to procurement and contract management, reflecting a focus on onboarding and capability uplift.

12 months injury free

HSS' footprint across the State is larger than you might think. At each site, safety is an essential.

Justin Rapanaro, Director P&S said, "Our goal is that everyone who comes into work at HSS, is able to finish the day happy, healthy and injury free, no matter where they are working or what they are working on".

HSS' P&S function has recently celebrated 12 months Loss Time Injury (LTI) free across the entire team – that's 15 locations and hundreds of employees.

This has strengthened safety in distribution and logistics operations, included targeted improvements to warehouse and operational practices such as traffic management, stock security and training. This has enhanced safety outcomes, improved reliability and supported consistent service delivery across WA Health, with this work recognised through the "Culture Champions – Work Health and Safety Team" Excellence Award.

ICT services

HSS is focused on providing employees across the WA health system with reliable and responsive ICT services, including application, platform, network, security and risk management services, as well as project, service desk and on-site support.

ICT Support

HSS ICT Support consistently met KPI and operational indicator targets across the year, maintaining strong performance across digital device support, first contact resolution, incident response and operational resolution timeframes.

Over 85 per cent of ICT issues raised with HSS Service Desk from across WA Health were resolved on first contact.

Nearly 450,000 requests and issues were raised with HSS Service Desk throughout the year, and around 98 per cent were addressed within five working days.

The time taken to fulfil requests for data communication equipment (DCE) products and services met its KPI, with 95 per cent of requests acknowledged within 24 hours, resourced within three working days and responded to within 15 working days.

Native cloud solution blueprinting

HSS designed and developed cloud-native application/solution blueprints to enforce cloud architecture best practice and follow guidelines defined in WA Health Cloud policy. These blueprints allow solutions to be reliably deployed to the Azure cloud through an automated and governed delivery approach. Examples of cloud solutions that have already utilised these blueprints include the WA Health Winter Strategy 2026 work packages and Flexible Working Arrangements.

In 2025-26, the ICT Applications team achieved a CSAT survey result of **93 per cent** – a marked increase from 87 per cent the previous year. Their Customer Effort score similarly increased to 89 per cent up from 80 per cent. Key feedback highlighted that ICT Applications is quick and helpful in their responses, supporting frontline staff in a friendly and supportive manner.

High priority ICT incidents

The HSS Swift Action and Triage (SWAT) team is ready 24/7 to respond to high-priority ICT incidents for HSS managed services across WA Health. In 2025-26, they responded to 544 high-priority incidents, including 22 Priority 1 and 522 Priority 2 incidents.

Microsoft 365 Copilot Proof of Concept

HSS collaborated with Department of Health on an initial Proof of Concept (PoC) for implementing of Microsoft 365 Copilot into an operational service model, involving 1,000 new trial licences on top of the existing purchased licences. The Copilot desktop deployment was progressed to HSS-managed devices, with formal licence allocation and training arrangements established with HSP business leads and Microsoft.

"The HSS Service Operations team collaborated with Digital Health for the planning and trials of Microsoft 365 Copilot for WA Health. Their approachable, solutions-focused and proactive-approach, alongside their commitment to shared outcomes, has played a key role in the successful delivery of the Copilot capability and helped build confidence in this new enterprise AI tool."

Ben Weber, Principal Project Officer, AI and Clinical Innovation, Department of Health

"Thank you to HSS ICT for their outstanding support and professionalism during an after-hours network outage at Department of Health. They responded very quickly and efficiently, kept everyone well informed and assisted us with replacement switches."

ICT Newsletter September-October 2025

Customer engagement and architecture

Digital facilities planning and assurance

HSS provides digital project assurance across active capital infrastructure projects and tracks the pipeline of upcoming projects.

In 2025-26, HSS actively engaged with the Office of Major Infrastructure Delivery (OMID) project teams, HSPs and external delivery partners, to accelerate the delivery of 58 Health Architecture Reference Frameworks standards and supported the development of a further 34 standards. This enabled the solution design by the delivery partners. HSS is also consistently maturing escalation pathways to optimise financial sustainability.

Technology strategy definition to enable tech elevation

In 2025-26, a suite of technology investment strategies was defined via the Digital Investment Strategy framework and 13 digital investment strategies were delivered to set ICT's direction into the future, along with a clear Chief Information Officer 'Statement of Direction on Public Cloud.' Cloud governance and documentation standards were strengthened through the development of decision guides, architecture designs, platform blueprints and updated cloud standards.

Health cloud platform

The WA Health cloud platform design was further enhanced for a more secure and standardised foundation for future digital services. The platform provides clear governance, strong security controls and a scalable environment to support new systems and digital health initiatives across WA Health.

Achieving a connected healthcare system

Mapping has been undertaken to identify gaps and deficits in the technologies, and the associated support and services, to ensure the Electronic Medical Record (EMR) can be adequately supported for best value. This has highlighted the need for enterprise-wide prioritisation of digital investments at a system level.

Upskilling our teams

HSS continued to invest in developing the skills and capabilities of our employees. In 2025-26, over 40 of our ICT Applications employees were provided development opportunities to extend their skillsets across industry standard certification, including AgileBA (Agile Business Analyst), ITIL, PRINCE2 (Projects IN a Controlled Environment 2) and AgilePRINCE2.

ICT Applications Demand Tickets addressed

2024-25 requests

62,778

2025-26 requests

65,157

up 3%

ICT tickets raised increased significantly this year – with HSS' Service Desk tickets increasing by more than 60 per cent and Client Provisioning tickets increasing by nearly 40 per cent. However, nearly 60 per cent are resolved through automation significantly supporting KPIs being met.

Technology, performance and governance

Business process management and improvements

This year HSS improved maturity and governance of process management across our ICT operations, with over 400 processes reviewed and updated, and more than 60 process improvements made – automating and improving productivity.

Service catalogue

To further enhance our customer's experience, HSS introduced a web portal for accessing, using and searching the service catalogue.

Strengthening cyber security and resilience

Recent achievements:

- Microsoft Defender for Endpoint is now fully embedded in HSS managed devices across WA Health, strengthening our security posture through real-time threat detection and automated response, thereby reducing the risk of cyber incidents.
- HSS achieved User Application Hardening Maturity Level 1 through the rollout of uBlock Origin Lite across managed workstations. This prevents control bypass while maintaining access to secure, approved browsers without disrupting staff productivity.
- Access to unmanaged browser downloads, including the Firefox web browser, has been blocked across WA Health to prevent circumvention of approved controls. This reduces the risk of unapproved software introducing vulnerabilities. More than 70,000 WA Health employees retain access to secure, supported browsers, ensuring uninterrupted work while maintaining compliance and strengthening the organisation's overall security posture.
- Password security has been improved by randomising credentials for all disabled user accounts. This prevents access if accounts are inadvertently re-enabled during offboarding processes and reduces risk across the organisation.
- Domain-based Message Authentication, Reporting and Conformance (DMARC) has been implemented to prevent email impersonation. Unauthorised messages claiming to be from WA Health are now blocked, reducing phishing and fraud risks.

Low code platform

The platform OutSystems has been established as WA Health's enterprise low-code platform, enabling staff across the health system to develop digital solutions without the licensing limitations that previously restricted adoption.

A low-code platform strategy is also being developed to clearly define the role and best use cases for the platforms OutSystems, Power Apps and REDCap – ensuring the right tool is used for the right purpose.

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NurseWest

NurseWest provides quality, temporary nursing personnel to support essential WA Health services statewide. NurseWest, which is part of HSS, manages 21 agencies to supply registered nurses and midwives, enrolled nurses and assistants-in-nursing personnel to our HSPs as needed.

Since its inception in 2003, NurseWest has grown to provide over 1.8 million hours of nursing services per annum for regional and metropolitan WA Health services.

Hear why Kara Robeson enjoys nursing and NurseWest.

NurseWest is critical in keeping services staffed and operational, particularly in regional communities. In 2025-26, NurseWest:

- Staffed more than 5,000 critical shifts across WACHS sites.
- Filled over two million hours of nursing and assistants-in-nursing shifts, including 1.29 million hours to metropolitan sites and 798,000 hours to regional WA Health sites.
- Advertised 6,187 external recruitment positions resulting in over 19,650 appointments.
- Processed more than 78,187 employment contract variations.

Nurse profile

Getting to know NurseWest registered nurse, **Sarah-Jane Collier.**

When did you start with NurseWest?

I started with NurseWest in 2012, however I have taken some longer-term contracts during that time, resulting from work I was doing with NurseWest.

What are some of the benefits of working at NurseWest that you enjoy?

I like the variety as well as the flexibility. For me, it's mainly helped me to juggle my career and family life. I think for a lot of other nurses, they also like the variety and working in different locations.

Is it easy to balance life around a changing schedule?

I look at my family's schedule and my husband's roster for the next two weeks and then decide what availability I have. And then I will specifically put in, for example, morning shifts. Having decided on my availability makes it easy to accept the shifts that work with my schedule.

Are there challenges to working across different locations?

Using Shift Match, I am able to select which hospitals I am available to work at. This makes it easier for me to get used to the different approaches across the various hospitals.

Do you feel supported by NurseWest?

Yes, they provide regular updates and training. They've also been supportive when I have been offered other contracts or placements.

Registered Nurse, Sarah-Jane Collier and Jonathon Vincent, Director Nurswest, joined Giles Nunis, Chief Executive, at a recent HSS Organisational Wide Briefing to speak about NurseWest.

Major programs and projects

As the shared services provider, HSS delivers and supports several major programs and projects for the WA health system.

System Flow and Reform

The System Flow and Reform (SF&R) Program is a Department of Health-led strategic program supported by HSS and consists of several work packages to improve system flow.

WA Virtual Emergency Department (WAVED)

WAVED allows patients to receive care virtually at home when appropriate, reducing the need for emergency department visits. HSS built the WAVED platform from scratch in 2025, which has so far delivered more than 10,000 virtual consults since its launch, with around 75 per cent of patients able to remain at home.

> "HSS was pivotal in building the custom Virtual Care Connect patient management platform for WAVED, which in 2025-26 enabled 11,540 virtual consults for patients who would have otherwise presented to an emergency department. This has been fundamental in preserving ambulance and hospital resources for patients who need them most."
>
> ***Brad Smith, Program Manager, State Health Operations Centre***

IPAA Best Practice in Innovation

The WA Virtual Emergency Department (WAVED) was recognised with the 2025 IPAA Best Practice in Innovation, highlighting its role in making healthcare more accessible for patients across Western Australia.

Health Integration Platform

HSS delivered a WA Health enterprise-wide integration platform, called Health Integration Platform (HIP) in February 2026.

This new centralised Application Programming Interface (API) platform provides the ability for WA Health to develop integrations between systems, that can be used by any external service, while providing the scale and security to ensure sustainability in the WA Health system. HIP saves WA Health in planning, development and testing costs each time HIP is reused. It also significantly reduces duplication and effort over time.

HIP plays a vital role in enabling a range of pipeline and future opportunities, including Electronic Medical Record.

> "HIP is a fantastic example of building something once and reusing it to continue generating benefits, rather than solving the same problem multiple times."
>
> ***Rory Whittaker, Acting Director Finance, HSS***

Role Based Messaging platform

HSS procured and implemented a Role Based Messaging (RBM) platform for the State Health Operation Centre (SHOC), which went live in September 2025.

This Microsoft Teams-integrated platform enables improved operational communications between the SHOC System Flow Centre, HSPs, St. John Ambulance WA and other services. It ensures better data visibility and records, better shift handovers and improved collaboration on system-wide patient flow across WA Health.

GP Accessing Specialist Knowledge

HSS delivered the GP Accessing Specialist Knowledge (GPASK) Platform in June 2026. GPASK establishes a direct and efficient pathway in real-time for general practitioners (GPs) to consult with hospital specialists for clinical advice to maintain patient care in the community.

It also reduces waitlists and prevents patients needing to return to their GP or presenting to the emergency department (ED) while waiting to see a specialist.

webPAS Visit Number project team

Supporting the WA Health 2026 Winter Strategy

In 2025–26, HSS worked closely with the Department of Health and HSPs to deliver digital solutions supporting the 2026 Winter Strategy and broader patient flow objectives. These initiatives enhanced statewide visibility of health system demand and capacity, supported coordinated decision-making, and improved the management of patient journeys across care settings. By providing integrated, real-time information and reducing administrative burden for frontline staff, HSS helped strengthen patient flow and support the delivery of safe care across the WA health system.

TRIM project

HSS led the upgrade and rename of the Electronic Document Records Management System (EDRMS) used across the WA health system, from TRIM to Content Manager.

The preparation and effort required to achieve the upgrade was significant. Each HSP and entity manage their records and workflows uniquely, using differing add-ons and bespoke software that work in conjunction with the system. It was successfully completed in October 2025.

webPAS Visit Number project

A webPAS visit number is assigned each time a patient presents to hospital – be it to the ED or an outpatient appointment. It is used to manage patient records, admission, discharge, outpatient appointments and wait lists.

Until recently, the webPAS visit number consisted of eight numbers (e.g. 12345678). However, the system was quickly approaching the highest possible value of 99999999 and webPAS was predicted to lose its ability to generate numbers in coming months.

HSS seamlessly enabled the new alphanumeric (two letters followed by six digits, such as AA123456) webPAS visit number format in April 2026, without disrupting patient care.

All combinations of the new format, including with upper and lower-case letters, provides nearly 676 million potential visit numbers, or around 120 years.

Policy Library SharePoint migration

The Policy Library Migration project, led by HSS, migrated policies from the legacy HealthPoint (SharePoint 2010) environment to the more accessible SharePoint Online, providing a user-friendly experience for all staff across the health system.

The move to SharePoint Online provides a more modern and accessible platform for staff across WA Health, providing secure access to clinically critical policy documents both on-site and when working remotely. This change, completed in June 2026, marks an integral step in modernising digital policy access across the WA health system.

> "Ensuring policies are readily accessible at the point of care and service delivery is vital to providing high-quality care for our patients and our community. The efficiency and success of this highly-complex migration reflects the high level of dedication, commitment and collaboration of everyone involved."
>
> ***Jing (Cherry) Ning, Manager Policy Governance, North Metropolitan Health Service (NMHS)***

HSS avoided our own 'Y2K moment' by fixing a WA Health-wide patient administration system limit before webPAS ran out of numbers. HSS provided a seamless transition to the new alphameric format, with over 800,000 visits successfully processed since April 2026.

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WA Health Data Platform

The WA Health Data Platform (WA HDP) is a foundational digital transformation initiative modernising the way data is managed, governed and shared across the Western Australian public health system. The WA HDP delivers a secure, scalable enterprise data platform that reduces duplication, modernises infrastructure, and supports enhanced service delivery by enabling timely, trusted access to real-time data that underpins frontline decision-making across the WA health system.

> "Not only does the WA HDP significantly minimise the amount of time spent gathering information on phone calls, Microsoft Teams and emails, it also opens up vast possibilities for advancing data analysis capabilities in the SHOC."
>
> ***Damian Worsdell, Data and Digital Manager, SHOC***

IPAA Office of Digital Government Award for Best Practice in Digital Transformation

The WA HDP received the 2025 IPAA Office of Digital Government Award for Best Practice in Digital Transformation, celebrating the teams' efforts to improve how data is used across WA Health and support better decision-making on the frontline.

Critical Health ICT Infrastructure Program

The Critical Health ICT Infrastructure Program (CHIIP) is an HSS-led program to replace all of WA Health's Local Area Network (LAN) infrastructure across more than 450 sites to improve network security, reliability, further enhance patient care and safety, and enable future digital initiatives.

CHIIP has delivered the full wired LAN uplift and completed switchover for over 2,600 network devices at the pilot site – Fremantle Hospital. Uplift works have also commenced at Rockingham General Hospital and the PathWest Queen Elizabeth II central laboratory facility, with planning for further sites underway.

In addition, CHIIP facilities remediation activities were completed at a third of the more than 450 sites planned to receive the full LAN uplift and the Wide Area Network (WAN) macro segregation firewalls were further updated to provide additional security functionality and protection for vulnerable devices across the system.

CHIIP is also foundational to enabling the state-wide EMR, HSS readiness planning ensures CHIIP network infrastructure uplifts are aligned and in place to commence timely delivery of the EMR.

The WA Health Data Platform were winners in the Best Practice in Digital Transformation category at the Institute of Public Administration Australia WA (IPAA WA) annual Achievement Awards.

Australian Digital Health Agency

The Australian Digital Health Agency (ADHA) plans and delivers digital health systems and services to enable safer, more efficient care across Australia. It manages the national digital health infrastructure and implements various digital health initiatives.

HSS works closely with ADHA, the Commonwealth and other jurisdictions to deliver digital initiatives that align to Australia's National Digital Health Strategy, National Healthcare Interoperability Plan and annual work program.

ePrescribing and eDispensing

Following the successful pilot of electronic prescribing (ePrescribing) and electronic dispensing (eDispensing) for internally supported the full rollout of eDispensing for all inpatient discharge medications across the remainer of the hospital by the end of October 2025.

HSS then supported the eDispensing rollout to Bentley Health Service in June 2026, with plans to further extend this capability throughout our hospitals.

This represented an Australian-first implementation of innovative eDispensing technology within a public hospital inpatient setting.

Healthcare Identifier expansion

HSS supported the expansion of Healthcare Identifier usage across the WA health system to better ensure interoperability of clinical information sharing between WA Health and national providers whilst keeping patient information secure. Strengthening the use of healthcare identifiers also support WA commitments to key digital reforms as part of the Australian Government National Health Reform Agreement.

Peel Community Mental Health

The Peel Community Mental Health Service (PCMHS) and Specialised Community Eating Disorders (SCEDS) project is part of the Commonwealth Government' Community Health and Hospitals Program. The project was established to relocate the service to its new location and HSS undertook extensive ICT commissioning activities for the new site, by:

- Commissioning all the ICT infrastructure (WAN, LAN, Wi-Fi and telephony).
- Purchasing, managing and setting all ICT infrastructure and equipment, including PCs, laptops, printers, AV equipment and peripherals (keyboards, mouse, bar code scanners, monitors).

The new site opened its doors on Tuesday 3 March 2026.

Cyber Advance

The Cyber Advance project finished in November 2025, having implemented Microsoft Defender onto 47,000 WA Health devices. Microsoft's latest cyber security management tool, Microsoft (MS) Defender is a suite of security solutions that protects against a variety of threats, including malware, phishing and viruses. These cyber security measures flag any security blind spots and detect suspicious behaviour at an early stage and prevent major cyber incidents.

Cyber Advance Project team

Electronic Medical Record Program

HSS is providing extensive support to the Department of Health-led Electronic Medical Record (EMR) Program, which is delivering one of the most significant digital health reforms in the State's history – a single, secure, statewide EMR that will support safer, more connected and more patient-centred care.

In 2025-26, HSS successfully implemented the Single Sign-On (SSO) technology across WA Health sites throughout the state, which increases accessibility for healthcare workers with a single card tap, reducing delays and improving clinical efficiency – over 30,000 users are now using the SSO on nearly 20,000 devices across WA Health. HSS also supported the rollout of the Digital Medical Record (DMR), updating patient records from paper to digital copies, supporting functionality from the EMR project.

These are significant milestones in WA Health's long-term journey to move from a paper-based system to a fully integrated EMR by 2036.

"I really like the DMR, it's great being able to access notes from all sites and it enables clinic to run more smoothly, as there is no time wasting."

WA Health employee

"The new SSO makes logging in and out of devices a lot easier and means I don't have to sign into every health application individually anymore – it's all very seamless to use and the implementation was excellent."

WA Health employee

Thanks to EMR, clinicians are already saving approximately 80 per cent of time spent locating files and logging into systems, averaging five to nine minutes saved for each clinician every shift.

Notifications and Clinical Summaries Taskforce

The Notifications and Clinical Summaries (NaCS) application is a web-based application for creating patient discharge summaries and prescriptions, used by WA Health hospitals and general practitioners. In 2025-26 the HSS NaCS Taskforce led several improvements to the application to streamline discharge summaries.

Recent achievements:

- Implemented an eResults feature that enables pathology and medical imaging results to be viewed centrally and summarised into the discharge summary.
- Optimised discharge summary templates and introduced pre-populated templates to reduce time spent entering data and duplication of data entry.
- Introduced an automated text expansion feature that allows clinicians to set keyboard shortcuts and use them to populate pre-determined text.
- Upgraded the comorbidity dropdown feature in the NaCS application.

"Being able to work closely and directly with the teams developing our key clinical applications was key to bolstering the efficiency of our workforce. Their ability to consult adaptively and respond rapidly to clinical needs was crucial in the success of this project."

Dr Thomas Drake-Brockman, Research Registrar, SMHS (CAHS at the time of the Taskforce)

Empowering our people

Culture and engagement

HSS remains committed to fostering a positive, customer-centric, inclusive and high-performing culture. As part of this commitment, we continue to monitor and strengthen organisational culture and employee engagement through regular assessment surveys and targeted initiatives.

In March 2026, HSS conducted the 14th Culture Pulse Survey since May 2018, achieving a culture score of 74 per cent and an engagement score of 70 per cent, both unchanged from April 2025. The Values score remained strong at 75 per cent. Overall, these results indicate a stable and resilient organisational culture, with ongoing opportunities for further growth and improvement.

HSS continued to invest in our people through enhanced learning and leadership development opportunities, including the relaunch of the HSS Leadership Academy, a new leader onboarding program, and initiatives to strengthen psychological safety.

Employee and professional development

At HSS we are committed to supporting continuous learning and professional growth. Throughout 2025-26, we continued to offer a diverse range of development opportunities to support individual capability building and career progression across the organisation. These included:

- acting opportunities in higher-level roles to support leadership readiness
- access to LinkedIn Learning for self-directed, on-demand learning
- targeted training programs aligned with organisational priorities and workforce needs
- peer-to-peer learning to encourage knowledge sharing and collaboration.

MyPerformance

The MyPerformance program creates a platform for ongoing feedback and support, through regular and meaningful conversations between employees and their line leaders. This aids all employees in understanding and achieving performance objectives, developing goals and importantly, creating a connection to how each person's work contributes to the success of HSS.

All permanent and fixed-term employees who have been employed at HSS for longer than three months must have a MyPerformance Agreement in place.

HSS' Work Health and Saftey team recieving their Culture Champion Award.

LinkedIn Learning

HSS offers LinkedIn Learning licences to employees who expressed interest in self-directed professional development. In 2025-26, more than 190 HSS employees completed full courses via LinkedIn Learning.

Popular topics included Microsoft Copilot and AI, Excel, project management, goal setting and relationship building. This reflects a strong interest in both technical upskilling and personal effectiveness.

Targeted training programs

HSS also offers in-person training opportunities delivered by subject matter experts, trained presenters and those with lived experience, to provide targeted development opportunities for our people. Employees are able sign up for training that interests them. In 2025-26, this included:

- Accountability: Building a Performance Culture
- Critical Thinking in the Age of AI
- Develop your Emotional Intelligence
- Developing Resilience
- Recruitment Panel Essentials
- Time Management
- Job Application & Interview Training Skills
- Effective Writing Skills
- Design Thinking
- PRINT Profiling Workshops
- Effective Communication Skills
- Leading Hybrid Teams
- Everyday Innovation Skills
- Navigating Difficult Conversations
- Career Development in the Public Sector.

HSS Leadership Academy

The HSS Leadership Academy is our internal leadership development program, where HSS aims to equip our leaders and aspiring leaders with the skills, knowledge and competencies required to lead effectively at HSS. This supports our culture and engagement at HSS, our achievement of team goals and our strategic plan.

A review of the previous Leadership Academy was undertaken in 2024-25, resulting in a re-designed two-year HSS Leadership Academy launching in April 2025. This contemporary, context-based program comprises three streams designed to support and develop leaders at different stages of their leadership journey:

- Emerging Leaders Program – for individuals not yet in formal leadership roles but identified as high potential for future leadership positions.
- Leading Others Program – for individuals in formal leadership roles responsible for motivating and enabling others to deliver high-quality work.
- Leading Leaders Program – for individuals responsible for achieving results through other formal leaders and their teams within a single business area, and for influencing other leaders in different business areas.

The program is aligned with the Health LEADS Leadership Framework and the Public Sector Commission's Building Leadership Impact Framework, ensuring a consistent and progressive approach to leadership development.

The program has been successfully implemented, with more than 70 employees from across the organisation graduating in 2025-26.

Hear from HSS Leadership Academy graduates

"The learning was immediately applicable, strengthened my confidence and created space to reflect and grow alongside my colleagues. It's a strong investment in people and capability."

Jasintha Agar, Business Intelligence Analyst, HSS

HSS Excellence Awards

On 25 September 2025, HSS proudly hosted the Annual Excellence Awards ceremony, recognising the outstanding individuals and teams who exemplify our values and deliver exceptional service across the organisation. The overall winners are selected from the regular HSS Excellence Award winners throughout the year.

- Overall Individual Winner – Susan Beames
- Overall Team Winner – Payroll team
- Excellence in Leadership – Andrew Mulvey
- Culture Champions – Work Health and Safety team.

Disability inclusion initiatives

HSS launched the Hidden Disabilities Sunflower global initiative on International Day of People with Disability on 3 December 2025.

The initiative involves people with hidden disabilities wearing a green sunflower symbol to signal they may need extra time, understanding or assistance. Over 30 HSS employees with hidden disabilities have opted to wear lanyards or badges, while more than 50 employees have volunteered to be Sunflower Support Personnel after completing an eLearning module.

In addition, HSS implemented a 'quiet room' that provides employees, particularly those who are neurodivergent, with a sensory-friendly space to reset, recharge and refocus.

HSS' Disability and Inclusion Reference Group commemorating the beginning of the start of Hidden Disabilities Sunflower Initiative.

The new quiet room at our 81 St Georges Terrace location.

Diversity and inclusion

In 2025-26, HSS advanced its commitment to diversity, equity and inclusion in line with the HSS Diversity and Inclusion Strategy 2023-2026. This included delivering targeted initiatives that strengthened representation, belonging and opportunity for Aboriginal peoples, culturally and linguistically diverse communities, people with disability, LGBTQIA+ communities, women and life-stage cohorts.

HSS Disability Access and Inclusion Plan

HSS continued to strengthen accessibility and inclusion through initiatives guided by our Disability Access and Inclusion Plan 2024-2028. Key achievements included:

- introducing accessibility guidelines for training and events
- enhancing recruitment and panel training to support inclusive hiring practices
- developing a disability recruitment guide for managers
- raising awareness of accessibility tools and lived experience through staff communications.

HSS also released a *You Can't Ask That video*, inspired by the famous ABC documentary, featuring employees sharing their experiences of hidden disabilities. Together, these initiatives help create a more inclusive workplace where people of all abilities can participate, contribute and thrive.

HSS Multicultural Action Plan

The HSS Multicultural Action Plan (MAP) 2023-26, which aligns with the priorities of the Western Australian Multicultural Policy Framework (WAMPF), guides the implementation of Culturally and Linguistically Diverse (CALD) initiatives across HSS. Oversight of the MAP is provided by the Multicultural Reference Group (MRG) which is made up of employees from around the business, who brainstorm, implement and monitor endorsed actions and initiatives.

With CaLD employees comprising 31 per cent of the workforce, the MRG plays a vital role in improving representation, inclusion and education.

Hear from a few members in our Disability and Inclusion Reference Group who answered some of the harder questions and share their lived experiences

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Celebrating significant CaLD events

Through its Diversity and Inclusion Calendar, HSS recognises and celebrates significant cultural and diversity events, to strengthen inclusion, connection and belonging across the workforce.

- Harmony Week 2026 presented an opportunity to celebrate HSS' rich cultural diversity. A cultural morning tea and trivia event were scheduled to support employees observing Ramadan, and the celebrations recognised significant cultural occasions including Eid, St Patrick's Day, Sri Lankan Sinhala and Tamil New Year, and Nowruz. Employees shared traditional foods and cultural displays, creating greater cultural awareness, connection and inclusion across the organisation.
- For Lunar New Year, HSS celebrated with an informal lunch gathering and festive decorations. A part of the celebration was the fortune or wish tree, where team members wrote and hung their New Year wishes – creating an engaging experience and a fun atmosphere. HSS also acknowledged how a new year is celebrated in different countries by featuring three employees from Brazil, Japan and Ireland.
- Diwali was celebrated with an informal lunch gathering with traditional food and sweets associated with Diwali and Indian cultures.
- HSS recognised the culturally significant events Lent, Easter and Ramadan through organisation-wide communication channels. These articles featured HSS employees who celebrate these occasions, sharing the significance of these traditions.
- National Citizenship Day was acknowledged with an article featuring a journey of a CaLD employee who recently became an Australian Citizen.

Sajani Fernando and Bryan Teo wearing red to celebrate Lunar New Year.

Vijitha Gurajala attending Harmony Week morning tea.

One of the teams competing in HSS' annual Harmony Week trivia event

LGBTQIA+

HSS proudly participated in the Perth PrideFest parade alongside WA Health partners, celebrating and standing in solidarity with the LGBTQIA+ community. Through the message 'Embracing diversity in health', HSS reinforced its commitment to fostering an inclusive workplace and supporting equitable access to healthcare for all Western Australians.

HSS continued to acknowledge key days of significance, including Wear It Purple Day, International Lesbians Visibility Day and IDAHOBIT, through organisation-wide articles and communications on the Diversity and Inclusion Hub.

HSS showing up in pride and in solidarity to march in the Perth Pridefest Parade

Aboriginal workforce

HSS continued to strengthen its commitment to Aboriginal employment, cultural capability and workforce pathways through targeted initiatives under the HSS Aboriginal Workforce Action Plan 2023-2026.

A key focus this year was creating sustainable entry pathways and development opportunities for Aboriginal people. HSS successfully hosted:

- three Aboriginal cadets through the Department of Health cadetship program.
- two Aboriginal trainees, through Carey Group Training supporting career pathways in the ICT roles.
- one Aboriginal graduate, contributing to early career workforce development.

One graduate successfully transitioned into a permanent role as an Aboriginal Engagement Consultant at HSS, supporting and strengthening engagement with Aboriginal employees across the organisation.

HSS commemorated NAIDOC Week 2025, marking 50 years of celebrating First Nations voices, culture and resilience under the theme 'The Next Generation: Strength, Vision & Legacy'. Activities included a Welcome to Country and Smoking Ceremony, guest speakers and the unveiling of an artwork created by HSS Aboriginal employees.

Gender equity

HSS recognises that advancing gender equity is fundamental to building a high-performing, inclusive and future-ready workforce. With women comprising 49.40 per cent of our workforce, ensuring equitable access to leadership, development and career progression opportunities is critical to unlocking the full potential of our people.

Promoting women's empowerment strengthens individual capability and confidence, while enhancing organisational performance, fostering diverse leadership and ensuring HSS reflects the communities it serves.

International Women's Day

HSS marked International Women's Day through a range of initiatives focused on expanding leadership access, professional development and empowerment opportunities for women across the organisation.

- **LeadHERship: Ask, learn, grow**
  A structured networking event that enabled women to engage directly with Executive Directors and senior leaders through small-group conversations. The program facilitated mentorship, career insights and meaningful dialogue to support leadership development.
- **Breakfast by the Bay**
  HSS supported employee participation in an external leadership panel event, providing broader perspectives on women's leadership and enabling learning beyond the organisation.
- **Empowerment and skills development session**
  A practical self-defence workshop designed to build confidence, enhance personal safety awareness and strengthen capability among women across HSS.

Aboriginal Graduate, Jasmine Unno, speaking at her graduation ceremony.

A panel of guest speakers and HSS employees share knowledge to a packed room at HSS' 2026 NAIDOC event.

Sash Tomson, CFO, receiving his 2026 influenza vaccine.

Raymund Boy receiving a free health check as part of one of the many WHS initiatives in 2025-26.

Work, health & safety

Throughout 2025-26, HSS continued to strengthen its work health and safety (WHS) and injury management approach, responding to a changing risk profile while prioritising the health and wellbeing of our people. A key achievement this financial year was the absence of new lost time injuries (LTIs) across warehouse and logistics, with State Distribution Centre surpassing 1,252 days LTI free and Jandakot Distribution Centre surpassing 1,362 days.

Hazard and incident management

HSS maintained a strong focus on early hazard identification, incident reporting and timely corrective action. This improved visibility of reported issues, particularly psychosocial matters and safety incidents affecting employees, supported earlier escalation and more informed management action.

The organisation's changing risk profile remained evident, with a significant reduction in serious physical LTIs and no warehouse and logistics LTIs recorded during this financial year. However, psychosocial injuries increased which was reflected in workers' compensation claims and LTIs. The HSS WHS Committee continued to play an important consultative role, meeting quarterly to provide input on safety issues and continuous improvement initiatives.

Risk management

During 2025-26, HSS prioritised risk management activities across key areas, including psychosocial safety, manual handling, ergonomics and embedded workers at HSP sites. Over 110 operational risks were reviewed in collaboration with risk owners to support development and implementation of treatment action plans, where appropriate.

A proactive internal audit of off-site employee safety informed further action to strengthen WHS capability, clarify shared responsibilities with HSPs and improve assurance and incident visibility for higher-risk cohorts, including NurseWest.

An Executive-endorsed psychosocial safety working group was established to drive organisation-wide improvement, supported by targeted psychosocial risk assessments in key areas. In addition, a new confidential psychosocial safety reporting pathway was introduced to improve confidentiality, encourage early reporting and improve visibility of risks and incidents.

Injury management

HSS continued to deliver injury management and return-to-work support in accordance legislative requirements and organisational responsibilities. The focus remained on early contact, practical support and returning staff to work safely and sustainably, wherever possible. Psychosocial claims continued to present increased complexity, impacting the timeliness of recovery and return-to-work processes.

Work, health and safety training

HSS maintained its investment in WHS training capability development across the organisation. A new face-to-face leadership training module, Leading Safely, was introduced to strengthen manager capability, with a particular focus on psychosocial safety. Ongoing training initiatives included manual handling programs for P&S teams and ICT teams, regular safety toolbox sessions for P&S teams, and monthly psychosocial safety and wellbeing webinars. HSS also expanded its broader wellbeing program, including onsite flu vaccination clinics with 489 vaccines administered, 277 skin checks conducted and over 299 roaming ergonomic assessments completed.

Workers' compensation

The WA Workers' Compensation system was established by the Workers' Compensation and Injury Management Act 2023 (WA). In 2025-26, a total of nine workers compensation claims submitted of which four claims were accepted.

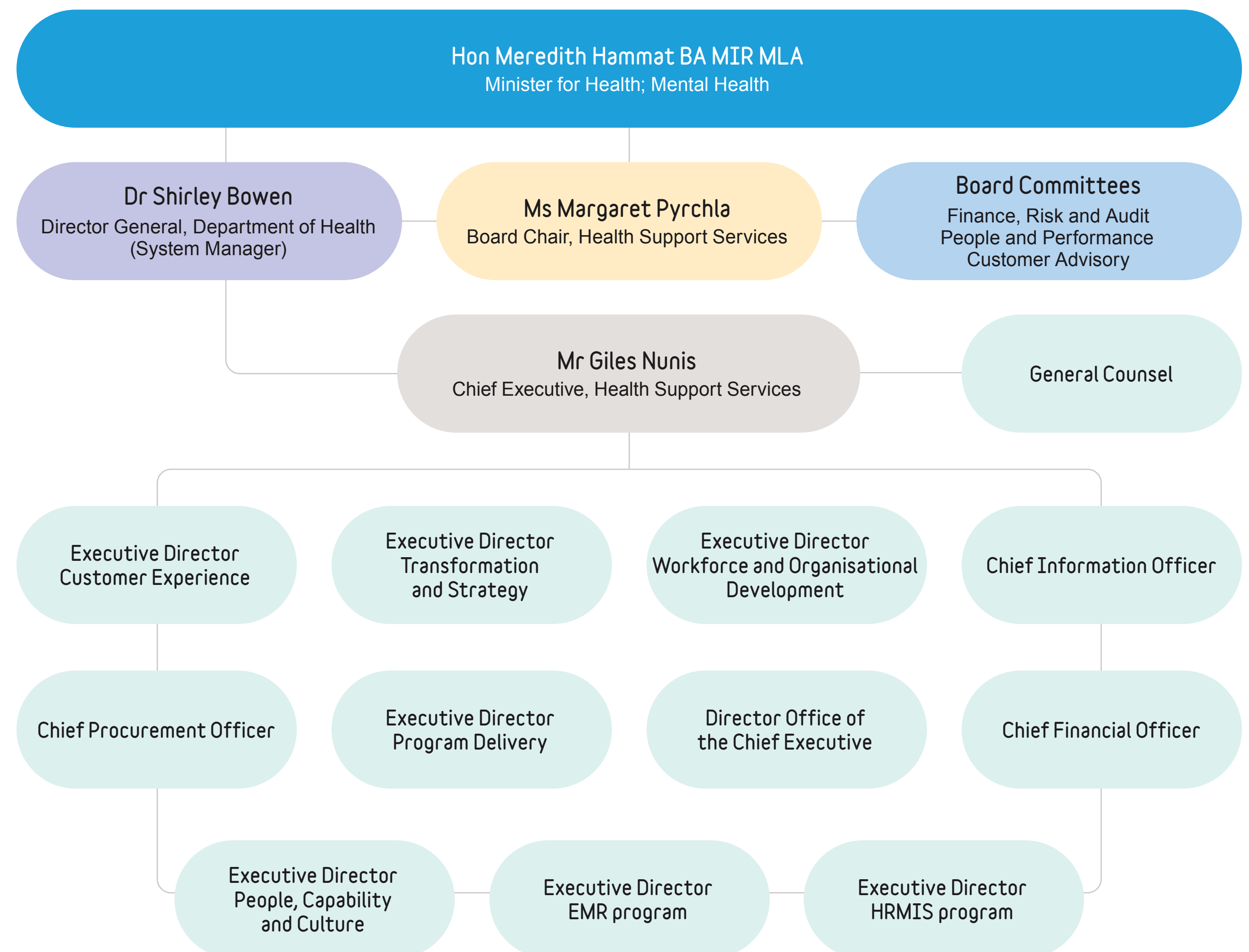
Measures	2023-24	2024-25	2025-26	Targets	Comments about outcome
Number of fatalities	0	0	0	0	Target met
Incidence of work-related injury or illness	0.26	0.24	0.30	Reduce by 2% per year and 15% by 2033 compared with 2023	Target not met
Incidence rate of serious claims with one or more weeks' lost time	1.87	1.74	1.79	Reduce by 2.5% per year and 20% by 2033 compared with 2023	Target met
Incidence rate of claims resulting in permanent impairment	0.00	2.89	1.79	Reduce by 2% per year and 15% by 2033 compared with 2023	Target not met
Incidence rate of work- related respiratory disease	0	0	0	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 person conducting a business or undertaking's (PCBU) risk profile	82%	92%	36%	Greater than or equal to 80% of cohort trained within last two (2) years Greater than or equal to 80% of cohort trained within last five (5) years	Target not met*.
2. injury management	As above	As above	As above		
Percentage of workers returned to work on full duties and hours (i) within 13 weeks	50%	75%	20%	No target	

*The PSC changed the training requirement from every three years to every two years. This coincided with the redevelopment of HSS' WHS Manager Training program, with updated modules not available during the first half of the year. Consequently, some managers fell outside the revised compliance period prior to the release of the new training.

Measures	2023-24	2024-25	2025-26	Targets	Comments about outcome
Percentage of workers returned to work on full duties and hours (ii) within 26 weeks	50%	100%	50%	Greater than or equal to 70% returned to work within 26 weeks	Target not met
Agency has a WHS management system that has been independently assessed in last five years	Yes	Yes	Yes	Yes	
Consultative systems: 1. Number of health and safety representatives					
[1] in total	1. 24	1. 26	1. 25		
[2] who have attended HSR training	2. 4	2. 14	2. 3		
[3] shown as a percentage of workers	3. 1.41%	3. 1.45%	3. 1.39%	No target – intended for agency trend information	
[4] shown as a ratio to the number of workplaces occupied by the Agency	4. 18:24	4. 18:26	4. 19:26		
2. Name/s of health and safety committees and sub-committees	2. HSS Work Health and Safety Committee	2. HSS Work Health and Safety Committee	2. HSS Work Health and Safety Committee		

Operational structure and governance

Organisational Structure (as at 30 June 2026)



HSS Board

Looking forward, the Board's key focus is implementing the new HSS Strategy 2026-29. The Board will also continue to prioritise the effective delivery of major digital and infrastructure-enabled initiatives, strengthening our workforce capability, enhancing service-delivery leadership, maintaining organisational resilience and supporting broader WA health system priorities – all while remaining within budget and resourcing parameters.

The HSS Board is committed to the best-practice delivery of critical shared services, major programs and strategic initiatives across the WA health system, to ensure the continued improvement of our service and ultimately supporting WA Health's delivery of the highest-level outcomes for patients, employees and the community.

In 2025-26, the Board's key outcomes included:

- Reviewed the HRMIS Program, providing valuable insights into the future governance and management of large digital transformation programs.
- Provided input to the planning, budgeting and procurement for the EMR Program.
- Continued to progress several other critical digital health initiatives and major programs.
- Approved several refreshed frameworks and statements, including the Corporate Governance Framework, Risk Management Framework, Business Continuity Framework and Risk Appetite Statement.
- Enhanced focus on workforce wellbeing and sustainability including mitigating fatigue management, refining organisational culture and improving employee wellbeing and psychosocial safety. The Board also supported the creation of a new People, Capability and Culture function.
- Led the development of the new HSS Strategy 2026-29.
- Endorsed HSS' new operating model and organisational design, to enable improved service delivery, capability and future growth.

HSS Board (as at 30 June 2026)

Margaret Pyrchla
Board Chair

Dr. Con Phatouros
Deputy Board Chair | Chair People and Performance Committee

Pina Caffarelli
Board Member | Chair Finance Risk and Audit Committee

Peter Mott
Board Member | Chair Customer Advisory Committee

Dr. Paul Boyatzis
Board Member | People and Performance Committee Member

Amanda McKnight
Board Member | People and Performance Committee Member

Mark Donovan
Board Member | People and Performance Committee Member

Yaso Ponnuthurai
Board Member | Finance Risk and Audit Committee Member

Dr. David McCoubrie
Board Member | Finance Risk and Audit Committee Member

Senior Officers

HSS roles and responsibilities (as at 30 June 2026)

Giles Nunis

Chief Executive

Ralph Bates

Executive Director Customer Experience

The Customer Experience business unit is responsible for customer relationship management and customer experience across HSS.

Sam Matyear

A/Director Office of the Chief Executive (OCE)

The OCE provides critical support functions to the HSS Board, Chief Executive and Executive team and is responsible for providing the tools and assurance required to ensure the organisation has a robust operating framework.

Emily Pestell

Executive Director People, Capability and Culture

The HSS People, Capability and Culture business unit shapes and leads the HSS Workforce Strategy and organisational culture. This includes human resources, industrial relations, work health and safety and organisational capability support across HSS.

Sash Tomson

Chief Financial Officer (CFO) Finance and Operations

The HSS Finance and Operations business unit is responsible for maintaining a strategic focus on the provision of value-for-money services and management of HSS' internal finance and operations.

Julie Mount

A/Executive Director Program Delivery

The Program Delivery business unit supports WA Health's strategic digital objectives by leading the delivery of key initiatives outlined in the WA Health Digital Strategy 2020-2030.

Tony Lenzarini

Chief Information Officer (CIO)

The HSS ICT business unit provides end-to-end ICT services for the WA health system.

Mark Thompson

Chief Procurement Officer (CPO)

The Procurement and Supply business unit is responsible for delivering procurement, supply chain, purchasing, accounts payable and procurement advisory services across the WA health system.

Chad Martino

A/Executive Director Transformation and Strategy

The Transformation and Strategy business unit oversees HSS-wide strategy, as well as management, reporting and oversight of programs to transform HSS' business.

Neha Patel

Executive Director Human Resource Management Information System (HRMIS) program

HRMIS is responsible for the delivery of HRplus, a HR, payroll and rostering solution for the WA health system. This purpose-built system will impact every one of WA Health's more than 70,000 employees ensuring they are paid correctly and on time.

Siobhán Mulvey

Executive Director Workforce and Organisational Development

Workforce and Organisational Development is responsible for the provision of employee services across the WA Health system, including NurseWest, payroll, recruitment, appointment, assurance, compliance and analytics.

Dr Sumit Sinha-Roy

(appointed September 2025)

Executive Director Electronic Medical Record (EMR) Program

The Program is delivering one of the most significant digital health reforms in the State's history – a single, secure statewide, EMR that will support safer, more connected, and more patient-centred care across Western Australia.

Sash Tomson, awarded Chief Financial Officer of the Year.

Chief Financial Officer of the Year

At the Institute of Public Administration Australia (IPAA) WA's 41st annual W.S. Lonnie Awards in March 2026, Sash Tomson was awarded the Chief Financial Officer of the Year award. This award honours a public sector CFO with significant achievements across several categories, including risk management, reporting, strategy, stakeholder communication, leadership and performance.

Key legislation impacting on HSS activities

- *Financial Management Act 2006*
- *Health Services Act 2016*
- *Procurement Act 2020*
- *Public Sector Management Act 1994*
- *State Records Act 2000*
- *Work Health and Safety Act 2020*

In addition, HSS operates within a broader legislative framework applicable to public sector agencies, including requirements relating to financial management and accountability, access to information, electronic transactions, and work health and safety.

Performance Management Framework

Shared responsibilities with other agencies

HSS works to provide our customers simple, reliable and responsive services, enabling them to provide excellent health care to WA. HSS customers include Department of Health, HSPs, Mental Health Commission, Health and Disability Services Complaints Office, the Queen Elizabeth II Medical Centre Trust and the Quadriplegic Centre. HSS also manage a statewide contract for Pharmaceuticals that other agencies are able to purchase from.

Outcome Based Management framework

To comply with its legislative obligation as a Western Australian Government agency, HSS operates under the Outcome Based Management (OBM) performance management framework determined by the Western Australian Department of Health. This framework describes how outcomes, services and KPIs are used to measure agency performance towards achieving the relevant overarching whole-of-government priorities and desired outcomes.

This policy framework is underpinned by key principles of:

- Transparency: Transparent reporting of performance against agreed outcome targets.
- Accountability: Clearly defined roles and responsibilities to achieve agreed outcome targets.
- Recognition: Acknowledgement of performance against agreed outcome targets.
- Consistency: Consistent systems to support the achievement of agreed outcome targets.
- Integration: Integrated systems and policies to support the achievement of agreed outcome targets. The 2024-25 OBM KPIs measure the effectiveness and efficiency of HSS in achieving the outcome(s) of:
  - Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system.

HSS' performance against these services and outcomes is summarised in the Summary of Key Performance Indicators section (see page 53) and described in detail in the Key Performance Indicators section (refer to pages 93 to 98).

Changes to Outcome Based Management framework

HSS' Outcome Based Management framework did not change during 2025-26.

Agency performance

Report on operations

The total cost of providing services to the WA health system in 2025-26 was $459.101 million. Results for 2025-26 against agreed financial targets (based on Budget Statements) with full details of HSS' financial performance during 2025-26, are presented in the Financial Statements section of this report.

	2025-26 Target ($'000')	2025-26 Actual ($'000')	2025-26 Variation [a] ($'000')
Total cost of services	426,295	459,101	32,806
Net cost of services	425,362	457,543	32,180
Total equity	836,615	860,792	24,177
Net increase/decrease in cash held	(1,261)	(17,389)	(16,128)
Approved full time equivalent staff level (salary associated with FTE) [b]	1,501	1,707	206

(a) Please refer to the explanatory statement for more details.
(b) Largely attributed to growth in capital FTE.

Summary of key performance indicators

HSS' Key Performance Indicators (KPIs) measure the efficiency and effectiveness of the services provided by HSS in order to achieve the desired OBM outcome.

A summary of HSS KPIs for the 2025-26 period is provided. This should be read in conjunction with detailed information on each KPI found in the KPI section of this report.

Key Performance Indicators	2025-26 Actual	2025-26 Target
Efficiency Indicators		
Average cost of Accounts Payable services per transaction	$6.27	$6.00
Average cost of Payroll and support services to Health Support Services' clients	$934.15	$1,365.00
Average cost of Supply Services by purchasing transaction	$58.38	$43.00
Average cost of providing ICT services to Health Support Services' clients	$5,928.41	$5,385.00
Effectiveness Indicators		
The percentage of responses from WA Health Service Providers and Department of Health who are highly satisfied or satisfied with the overall service provided by Health Support Services	80.00	75.00

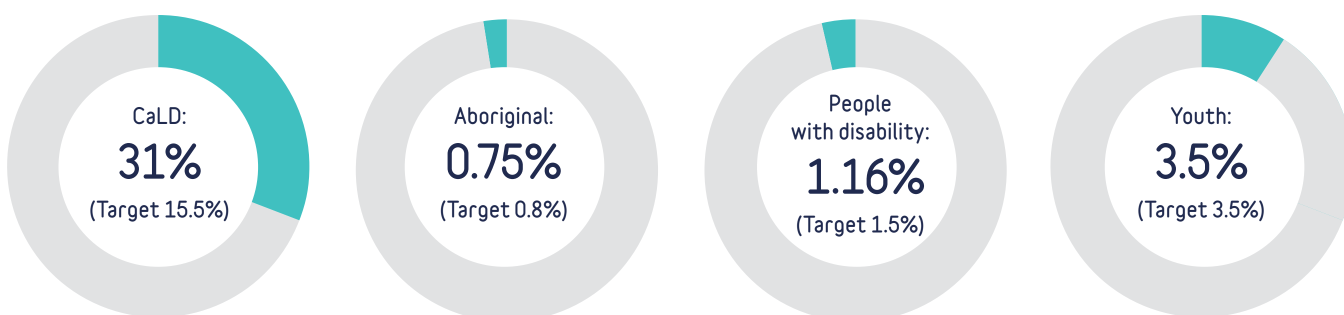
Disclosure and compliance

Ministerial Directives

In 2025–26, HSS did not receive any ministerial directives relevant to the setting or achievement of desired outcomes or operational objectives, investment and financing activities. In response to the Minister for Health's Statement of Expectations, issued in May 2025, HSS submitted a Statement of Intent in July 2025, formally affirming its commitment to delivering on the Minister's expectations. The Statement of Expectations and HSS's Statement of Intent are available on the Health Support Services website.

Employee profile

Employee profile	2023-24	2024-25	2025-26
Full-time permanent	905	945	1,011
Full-time contract	551	619	483
Part-time measured on an FTE basis	137	155	149
On secondment	43	41	66



Industrial Relations

The People Capability and Culture function provides Industrial Relations (IR) services across HSS. This includes providing expert advice and consultancy services to HSS leaders across a broad range of workplace relations matters, including employment policy, industrial agreement compliance and regulation requirements. The IR team also represents HSS in Industrial Tribunals.

Recent achievements:

- Provided essential advice to ensure compliance with Industrial Agreements, legislation and regulatory requirements.
- Supported compliance with policies, procedures, and IR legal requirements during the conduct of disciplinary and fitness for work matters, so that any challenge or appeal could be successfully defended.
- Partnered with HSS business units to promote understanding and compliance with employment terms and conditions under applicable Industrial Agreements. Focus areas included preferred modes of employment, casual and agency staff ratios, flexible working arrangements, union right of entry and fixed-term contract reviews.
- Actively engaged with HSS' unions and other employee representatives, collaboratively to ensure beneficial industrial relations.
- Liaised with the State Solicitor's Office on IR matters where it represents HSS in the Industrial Magistrate's Court and Tribunals.

Compliance with public sector standards and ethical codes

Public Sector Standards underpin the design and practical implementation of HSS policies, procedures and process. This ensures that decision making at HSS is transparent, reviewable and able to withstand scrutiny.

HSS employees are required to adhere to *Commissioner's Instruction 40: Ethical Foundations and the WA Health Code of Conduct* (which forms part of the WA health system's mandatory Employment Policy Framework) and are responsible for ensuring their behaviour reflects the expectations of the Public Sector Commissioner. HSS and the Public Sector Commission (PSC) meet quarterly to discuss public sector issues and HSS employees are provided with information and training regarding these expectations through the mandatory HSS induction process.

HSS maintains processes to ensure that Breach of Standard claims are reported to the PSC as required and complainants are provided written advice informing them of their Breach claim rights and the manner in which they can lodge a claim. Where a Breach of Standard claim is lodged, an internal assessment is undertaken, consistent with the PSC's Breach of Standards Claims – Agency Guide. In 2025-26, HSS managed one Breach of Standard claim, which was made against the Employment Standard. The matter was successfully resolved through conciliation with the claimant, without escalation required.

During the same period, HSS identified, managed and resolved 12 issues of compliance with the WA Health Code of Conduct. These were addressed in accordance with the processes outlined in the HSS Discipline Guide and under the WA Health Discipline Policy.

In 2025-26, HSS managed one Breach of Standard claim, which was made against the Employment Standard. The matter was successfully resolved through conciliation with the claimant, without escalation required.

During the same period, HSS identified, managed and resolved 12 issues of compliance with the WA Health Code of Conduct. These were addressed in accordance with the processes outlined in the HSS Discipline Guide and under the WA Health Discipline Policy.

Organisational risk management

Risk is inherent in the routine activities of each HSS business unit. By applying a standardised approach to risk management, management is better equipped to address uncertainties and capitalise on opportunities, enabling the delivery of cost-effective and value driven outcomes for HSS and the broader WA health system.

The HSS Board holds overall accountability for risk management. The HSS Chief Executive and Executive Leadership team are responsible for the identification, assessment and management of strategic, corporate and operational risks.

Key achievements during the year include the review and update of the HSS Risk Management Framework and Guidelines, as well as the HSS Risk Appetite Statement.

Compliance

HSS is committed to effectively managing its compliance obligations. This includes identifying and clearly communicating relevant requirements, as well as providing appropriate guidance and training to employees to support compliance and minimise the risk of non-compliance.

The HSS Compliance Framework establishes HSS formal compliance program and is intended to provide assurance to the HSS Board that the organisation is meeting its key legislative and WA Health policy obligations. Under the Framework, responsibility for managing obligations is allocated to the relevant Executive Leader, who certifies whether that obligation is being met. Where instances of partial or non-compliance are identified, corrective action plans are implemented.

A quarterly review of corrective action plans is undertaken, with progress reported to the HSS Board Finance, Risk and Audit sub-committee.

HSS prepares an annual Attestation Statement which is approved by the Board and submitted to the Director General of Department of Health and the Minister for Health.

Freedom of Information

The Freedom of Information Act 1992 (WA) provides a right of access to documents held by government agencies. HSS supports this right by publishing information about the documents it holds through its Information Statement and assisting individuals to ensure their personal information is accurate, complete, current and not misleading.

Freedom of Information (FOI) applicants can be granted full access, partial access or access may be refused in accordance with the Freedom of Information Act 1992 (WA). In the 2025-26 financial year, HSS received five non-personal FOI applications and eight personal access applications.

Recordkeeping Plan

All new HSS employees and contracted service providers are required to undertake the mandatory WA Health Recordkeeping Awareness training, which outlines the recordkeeping obligations of employees.

In addition to this, HSS has its own online recordkeeping course that provides training in the use of HSS' electronic document and records management system (Objective), and recordkeeping procedures that are specific to HSS.

Small group face-to-face training sessions are conducted upon request, and information management articles are published in the HSS newsletter and on the intranet, to raise awareness around topics related to recordkeeping, appropriate information disclosure, and privacy and responsible information sharing.

In 2026, to comply with Privacy and Responsible Information Sharing (PRIS) legislation, HSS implemented Collection Notices and a Privacy Statement, to inform the public about how their personal information is managed and disclosed by HSS, and how they can lodge a privacy complaint.

Auditor General

INDEPENDENT AUDITOR'S REPORT

2026

Health Support Services

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Health Support Services (HSS) 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 HSS for the year ended 30 June 2026 and the financial position as at the end of that period
- in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), 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 Chief Executive for the financial statements

The Chief Executive is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), 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 Chief Executive 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 HSS.

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 HSS. The controls exercised by the HSS 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 HSS 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 Chief Executive's responsibilities

The Chief Executive 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 HSS 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 HSS 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 HSS's performance and fairly represent indicated performance for the year ended 30 June 2026.

The Chief Executive's responsibilities for the key performance indicators

The Chief Executive 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 Chief Executive 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 Chief Executive 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 HSS'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

The Board is 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 HSS for the year ended 30 June 2026 included in the annual report on the HSS's website. The HSS's management is responsible for the integrity of the HSS's website. This audit does not provide assurance on the integrity of the HSS'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 HSS to confirm the information contained in the website version.

A. Morrissey

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

Financial reporting

CERTIFICATION OF FINANCIAL STATEMENTS

HEALTH SUPPORT SERVICES

Certification of Financial Statements for the year ended 30 June 2026

The accompanying financial statements of Health Support Services have been prepared in compliance with the provisions of the Financial Management Act 2006 from proper accounts and records to present fairly the financial transactions for the financial year ended 30 June 2026 and the financial position as at 30 June 2026.

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

Margaret Pyrchla
Board Chair
Health Support Services
1 September 2026

Pina Caffarelli
Finance, Risk and Audit Committee Chair
Health Support Services
1 September 2026

Sash Tomson
Chief Financial Officer
Health Support Services
1 September 2026

Statement of Comprehensive Income
For the year ended 30 June 2026

	Notes	2026 ($000)	2025 ($000)
COST OF SERVICES			
Expenses			
Employee benefits expense	3.1(a)	213,728	199,279
Contracts for services	3.2	3,457	2,796
Supplies and services	3.2	162,471	161,273
Finance costs	7.2	132	227
Depreciation and amortisation expense	5.1.2, 5.2.1, 5.3.1	30,091	31,122
Loss on disposal of non-current assets		-	11
Repairs, maintenance and consumable equipment	3.2	7,139	3,133
Other expenses	3.2	42,083	64,188
Total cost of services		**459,101**	**462,029**
INCOME			
Revenue			
Fees for services	4.2	55	11
Grants and contributions	4.3	1,002	658
Other revenue	4.4	501	558
Total revenue		**1,558**	**1,227**
Total income other than income from State Government		**1,558**	**1,227**
NET COST OF SERVICES		**457,543**	**460,802**
INCOME FROM STATE GOVERNMENT			
Department of Health - Service Agreement	4.1	387,941	373,050
Income from other public sector entities	4.1	24,817	22,695
Services received free of charge	4.1	145	282
Total income from State Government		**412,903**	**396,027**
DEFICIT FOR THE PERIOD		**(44,640)**	**(64,775)**
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**(44,640)**	**(64,775)**

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

Statement of Financial Position
As at 30 June 2026

	Notes	2026 ($000)	2025 ($000)
ASSETS			
Current Assets			
Cash and cash equivalents	7.3.1	35,691	51,369
Restricted cash and cash equivalents	7.3.1	2,418	4,129
Receivables	6.1	8,053	6,900
Inventories	6.2	50,831	49,873
Other current assets	6.4	14,417	14,565
Total Current Assets		**111,410**	**126,836**
Non-Current Assets			
Amounts receivable for services	6.3	425,163	392,793
Receivables	6.1	9,438	7,962
Property, plant and equipment	5.1	2,461	34,096
Right-of-use assets	5.2	1,375	3,546
Intangible assets	5.3	428,142	342,841
Other non-current assets	6.4	15	93
Total Non-Current Assets		**866,594**	**781,331**
Total Assets		**978,004**	**908,167**
LIABILITIES			
Current Liabilities			
Payables	6.5	52,717	69,355
Lease Liabilities	7.1	1,257	2,274
Employee benefit provision	3.1(b)	47,371	46,980
Other current liabilities	6.6	1,132	1,599
Total Current Liabilities		**102,477**	**120,208**
Non-Current Liabilities			
Lease Liabilities	7.1	259	1,505
Employee benefit provision	3.1(b)	14,476	12,039
Total Non-Current Liabilities		**14,735**	**13,544**
Total Liabilities		**117,212**	**133,752**
NET ASSETS		**860,792**	**774,415**
EQUITY			
Contributed equity	9.7	879,572	748,555
Accumulated surplus	9.7	(18,780)	25,860
TOTAL EQUITY		**860,792**	**774,415**

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

	Notes	Contributed Equity ($000)	Accumulated surplus/ (deficit) ($000)	Total equity ($000)
	9.7			
Balance at 1 July 2024		619,020	94,263	713,283
Prior period adjustment	5.3	-	(3,628)	(3,628)
Restated balance at 1 July 2024		**619,020**	**90,635**	**709,655**
Deficit		-	(64,775)	(64,775)
Total comprehensive income for the period		**-**	**(64,775)**	**(64,775)**
Transactions with owners in their capacity as owners:				
Capital appropriation administered by Department of Health		92,741	-	92,741
Digital Capability Fund administered by Department of Health		36,793	-	36,793
Total transactions with owners		**129,534**	**-**	**129,534**
Balance at 30 June 2025		**748,554**	**25,860**	**774,414**
Balance at 1 July 2025		748,554	25,860	774,414
Deficit		-	(44,640)	(44,640)
Total comprehensive income for the period		**-**	**(44,640)**	**(44,640)**
Transactions with owners in their capacity as owners:				
Capital appropriation administered by Department of Health		97,747	-	97,747
Digital Capability Fund administered by Department of Health		33,271	-	33,271
Total transactions with owners		**131,018**	**-**	**131,018**
Balance at 30 June 2026		**879,572**	**(18,780)**	**860,792**

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

	Notes	2026 ($000)	2025 ($000)
CASH FLOWS FROM STATE GOVERNMENT			
Department of Health - Service Agreement		355,571	338,353
Income from other public sector entities		25,969	23,588
Contribution by owners - Capital appropriation administered by Department of Health		131,018	129,534
Net cash provided by state government		**512,558**	**491,475**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(213,373)	(194,617)
Supplies and services		(184,627)	(155,947)
Other payments		(40,370)	(42,995)
Receipts			
Other grants and contributions		1,002	658
Other receipts		718	1,493
Net cash used in operating activities		**(436,650)**	**(391,408)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Payment for purchase of non-current physical and intangible assets		(91,086)	(84,206)
Net cash used in investing activities		**(91,086)**	**(84,206)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease payments		(2,211)	(2,695)
Net cash used in financing activities		**(2,211)**	**(2,695)**
Net increase in cash and cash equivalents		**(17,389)**	**13,166**
Cash and cash equivalents at the beginning of the period		55,498	42,332
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	7.3.1	**38,109**	**55,498**

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

1 Basis of preparation

Health Support Services (The Authority) 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 have been included in the 'Overview' which does not form part of these financial statements.

These annual financial statements were authorised for issue by the accountable authority of the Authority on the 01st September 2026.

Statement of compliance

The financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures, the Conceptual Framework and other authoritative pronouncements issued by the Australian Accounting Standards Board (AASB) as modified by Treasurer's instructions. Some of these pronouncements are modified to vary their application and disclosure.

The *Financial Management Act 2006* and Treasurer's instructions, which are legislative provisions governing the preparation of financial statements for agencies, take precedence over AASB pronouncements. Where an AASB pronouncement is modified and has had a significant financial effect on the reported results, details of the 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).

Accounting for Goods and Services Tax (GST)

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

(a) amount of GST incurred by the Agency as a purchaser that is not recoverable from the Australian Taxation Office (ATO) is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
(b) receivables and payables are stated with the amount of GST included.

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

Contributed equity

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, as designated as contributions by owners (at the time of, or prior to, transfer) be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by TI 8 – Requirement 8.1(i) and have been credited directly to Contributed Equity.

Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements. AASB 1060 provides relief from presenting comparatives for:

- Property, Plant and Equipment reconciliations;
- Intangible Asset reconciliations; and
- Right-of-Use Asset reconciliations.

Judgement 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.

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

2 Agency outputs

Expenses incurred in the delivery of services

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

	Note
Agency Objectives	2.1
Schedule of Income and Expenses by Service	2.2

2.1 Agency objectives

Purpose
We support our customers to provide excellent health care.

Services
The Authority provides the following services:
Service 1: Health Support Services

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

2.2 Schedule of income and expenses by service

The Authority has one service which is to provide a shared service of functions of human resources and payroll services, ICT support services, finance and accounts payable services and the management of the supply chain for WA Health Service Providers. Refer to Statement of Comprehensive Income.

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

3 Use of our Funding

Expenses incurred in the delivery of services

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

	Notes	2026 ($000)	2025 ($000)
Employee benefits expense	3.1(a)	213,728	199,279
Employee benefits provision	3.1(b)	61,847	59,019
Other expenses	3.2	215,150	231,390

3.1(a) Employee benefits expense

	2026	2025
Employee benefits	192,155	180,432
Termination benefits	20	45
Superannuation - defined contribution plans	21,553	18,802
Total employee benefits expenses	**213,728**	**199,279**
Add: AASB 16 Non-monetary benefits	60	48
Less: Employee Contributions	(33)	(30)
Net employee benefits	**213,755**	**199,297**

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

Employee benefits expenses for 2025-26 include costs associated with the Cyber Advance project that were expensed as they did not make the criteria for Intangible Assets under AASB138. The impact on the current year is $0.8M recognised within employee benefit expense. Historical project costs associated with employee benefits were adjusted through accumulated surplus as a prior period adjustment.

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the authority 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 is the amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the WSS, the GESBs, or other superannuation funds.

Superannuation expenses for 2025-26 include costs associated with the Cyber Advance project that were expensed as they did not make the criteria for Intangible Assets under AASB138. The impact on the current year is $0.1M recognised within superannuation expense. Historical project costs associated with superannuation were adjusted through accumulated surplus/(deficit) as a prior period adjustment.

AASB 16 non-monetary benefits are non-monetary employee benefits, that are employee benefits expenses, predominantly relate to the provision of Vehicle and Housing benefits are measured at the cost incurred by the Authority.

Employee contributions are contributions made to the Authority by employees towards employee benefits that have been provided by the Authority. This includes both AASB 16 and non-AASB 16 employee contributions.

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

3.1(b) Employee benefits provision

	2026 ($000)	2025 ($000)
Current		
Annual leave	29,384	27,457
Time off in lieu leave	738	618
Long service leave	16,941	18,726
Deferred salary scheme	308	179
	47,371	**46,980**
Non-current		
Employee benefits provision		
Long service leave	14,476	12,039
	14,476	**12,039**
Total employee related provisions	**61,847**	**59,019**

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

Annual leave liabilities and time off in lieu leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. The provision for annual leave is calculated at the present value of expected payments to be made in relation to services provided by employees up to the reporting date.

Long service leave liabilities are unconditional long service leave provisions are classified as **current** liabilities as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Pre-conditional and conditional long service leave provisions are classified as **non-current** liabilities because the Authority has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of services.

The provision for long service leave is calculated at present value as the Authority 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, 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.

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

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 Authority's long service leave provision. These include:

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

Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision. Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

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

3.2 Other Expenditure

	2026 ($000)	2025 ($000)
Contracts for services		
Australian Digital Health Agency - Member Contribution	3,457	2,796
Total contracts for services	**3,457**	**2,796**
Supplies and Services		
Computer services	158,079	154,723
Domestic charges and consumables	996	1,062
Utility costs	472	339
Subsidy spectacle scheme	2,140	2,356
Sanitisation and waste removal services	414	1,869
Administration and management services	13	601
Security services	223	187
Other	134	136
Total supplies and services expense	**162,471**	**161,273**
Repairs, maintenance and consumable equipment		
Repairs and maintenance	5,668	1,802
Consumable equipment	1,471	1,331
Total repairs, maintenance and consumable equipment	**7,139**	**3,133**
Other expenses		
Telecommunication expenses	10,738	10,845
Workers compensation insurance	1,942	1,633
Operating lease expenses	13,378	17,056
Other insurances	499	465
Other employee related expenses	1,072	933
Printing and stationery	96	119
Doubtful debts expense	11	2
Motor vehicle expenses	56	58
Inventory write down (a)	1,695	21,182
Expired Inventory	200	862
Freight costs	960	1,018
Project Management and contractor costs	9,672	9,456
Other	1,764	560
Total other expenses	**42,083**	**64,188**
Total other expenditure	**215,150**	**231,390**

Contracts for services are recognised as an expense in the reporting period in which they are incurred.

Supplies and services are recognised as an expense in the reporting period in which they are incurred. The carrying amount of any materials held for distribution are expensed when the materials are distributed.

Supplies and services for 2025-26 include costs associated with the Cyber Advance projects that were expensed as they did not make the criteria for Intangible Assets under AASB138. The impact on the current year is $0.1M recognised within supplies and services. Historical project costs associated with supplies and services were adjusted through accumulated surplus/(deficit) as a prior period adjustment.

Repairs, maintenance and consumable equipment costs are recognised as expenses are incurred, except where they relate to the replacement of a significant component of an asset. In that case, the costs are capitalised and depreciated.

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

(a) Following an inventory assessment and a recommendation for the holdings of non-perishable inventory items HSS had written down $1.7M of Personal Protective Equipment inventory during the 2025-26 financial year.

(b) Other expenses for 2025-26 include costs associated with the Cyber Advance projects that were expensed as they did not make the criteria for Intangible Assets under AASB138. The impact on the current year is $0.1M credit recognised within other expense. Historical project costs associated with other expenses were adjusted through accumulated surplus as a prior period adjustment.

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

4 Our funding sources

How we obtain our funding

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

	Notes	2026 ($000)	2025 ($000)
Income from State Government	4.1	412,903	396,027
Fees for services	4.2	55	11
Grants and contributions	4.3	1,002	658
Other revenue	4.4	501	558

4.1 Income from State Government

	2026 ($000)	2025 ($000)
Service agreement revenue received during the period:		
Department of Health - Service Agreement	387,941	373,050
Total service agreement revenue	**387,941**	**373,050**
Income received from other public sector entities during the period:		
Service provided to the Department of Health	18,918	16,915
Telecommunication recoups	5,787	5,501
Other recoups	112	279
Total income from other public sector entities	**24,817**	**22,695**
Services received free of charge from other State government agencies during the period:		
State Solicitors Office	103	42
Department of Housing and Works - Government Accommodation - Leasing	42	240
Total services received	**145**	**282**
Total Income from State Government	**412,903**	**396,027**

Department of Health - Service Agreement is recognised as income at the fair value of consideration received in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited in the bank or credited to the 'Amounts receivable for services' (holding account) held at Treasury.

Service agreement funding funds the net cost of services delivered. Service agreement revenue comprises the following:
- Cash component; and
- A receivable (asset)

Income from other public sector entities are recognised as income when the Authority has satisfied its performance obligations under the funding agreement. If there is no performance obligation, income will be recognised when the Authority receives the funds.

Transfer of Assets: from other parties are recognised as income at fair value when the assets are transferred.

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

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

4.2 Fees for services

	2026 ($000)	2025 ($000)
Non clinical services to other health organisations	55	11
	55	**11**

Revenue is recognised at the transaction price when the Authority transfers control of the services to customers. Revenue is recognised for the major activities as follows:

Revenue is recognised at a point-in-time for Non clinical services to other health organisations. The Authority provides consumable inventory equipment to external organisations. The performance obligations for these user fees and charges are satisfied when goods have been provided.

4.3 Grants and contributions

	2026 ($000)	2025 ($000)
Australian Digital Health Agency - My Health Records rollout	1,002	658
	1,002	**658**

Income from the Australian Digital Health Agency is received as income when the milestone of the grant agreement is achieved.

4.4 Other Revenue

	2026 ($000)	2025 ($000)
Other	501	558
	501	**558**

Other Revenue: is recognised as and when it is incurred.

5 Key assets

This section includes information regarding the key assets the Authority 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	2,461	34,096
Right-of-use assets	5.2	1,375	3,546
Intangibles	5.3	428,142	342,841
Total key assets		**431,978**	**380,483**

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

5.1 Property, plant and equipment

Year ended 30 June 2026	Computer equipment ($000)	Furniture and fittings ($000)	Medical equipment ($000)	Other plant and equipment ($000)	Work in progress ($000)	Total ($000)
Gross carrying amount	6,499	4,195	81	3,005	31,017	44,797
Accumulated depreciation	(6,210)	(2,619)	(42)	(1,831)	-	(10,702)
Carrying amount at start 1 July 2025	**290**	**1,576**	**39**	**1,174**	**31,017**	**34,096**
Additions	-	-	-	-	69	69
Reclassification to intangible assets (i)	-	-	-	-	(30,858)	(30,858)
Transfers from works in progress	-	-	-	226	(226)	-
Depreciation	(181)	(444)	(7)	(213)	-	(845)
Expensed	-	-	-	-	-	-
Carrying amount at 30 June 2026	**108**	**1,132**	**32**	**1,187**	**2**	**2,461**
Gross carrying amount	6,026	4,195	82	3,059	2	**13,364**
Accumulated depreciation	(5,917)	(3,064)	(49)	(1,873)	-	**(10,903)**

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

(i) During the 2025-26 financial year, Health Support Services reassessed the accounting treatment of expenditure incurred under the Critical Health ICT Infrastructure (CHIIP). Based on management's assessment of the appropriate unit of account and the service potential arising from the integrated network capability, CHIIP Work in Progress (WIP) was determined to meet the recognition criteria for an intangible asset under AASB 138 Intangible Assets. $30.86 million was reclassified from Property, Plant and Equipment to Intangible Assets during the 2025-26 financial year. The reclassification affects presentation only and has no impact on total assets, net assets, profit or loss or cash flows.

Initial recognition

Items of property, plant and equipment, costing $5,000 or more are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is valued at its fair value at the date of acquisition. Items of property, plant and equipment costing less than $5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Subsequent measurement

All items of property, plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

5.1.2 Depreciation and Impairment	**2026**	**2025**
	($000)	**($000)**
Depreciation		
Computer equipment	181	1,194
Furniture and fittings	444	452
Medical equipment	7	8
Other plant and equipment	213	196
Total Depreciation for the period	**845**	**1,850**

As at 30 June 2026 there was no indication of impairment to property plant and equipment.

Finite useful lives

All infrastructure, 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.

Depreciation is generally calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for the different asset classes for current and prior years are included in the table below:

Computer equipment	4 to 9 years
Furniture and fittings	2 to 20 years
Motor vehicles	3 to 10 years
Medical equipment	10 to 15 years
Other plant and equipment	5 to 10 years

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

Impairment

Property, plant and equipment and intangible assets are tested for any indication of impairment at the end of each reporting period. 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. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in Profit and Loss.

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 falling replacement costs.

Intangible assets not yet available for use are tested for impairment at the end of each reporting period irrespective of whether there is any indication of impairment.

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

5.2 Right-of-use assets

Year ended 30 June 2026	**Buildings**	**Vehicles**	**ICT Equipment**	**Plant Equipment**	**Total**
	($000)	**($000)**	**($000)**	**($000)**	**($000)**
Carrying amount at start 1 July 2025	**3,080**	**241**	**218**	**7**	**3,546**
Additions	-	30	-	-	30
Lease modifications / reassessments	-	(28)	-	-	(28)
Depreciation	(2,053)	(49)	(64)	(7)	(2,173)
Carrying amount at 30 June 2026	**1,027**	**194**	**154**	**-**	**1,375**

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

Initial recognition

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

This includes all leased assets other than investment property Right-of-use assets, which are measured in accordance with AASB 140 '*Investment Property*'.

The Authority has elected not to recognise right-of-use assets and lease liabilities for short-term leases (with a lease term of 12 months or less) and low value leases (with an underlying value of $5,000 or less). Lease payments associated with these leases are expensed 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.

5.2.1 Depreciation charge of right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the underlying assets.

If ownership of the leased asset transfers to the Authority at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 5.1.2.

	2026 ($000)	2025 ($000)
Buildings	2,053	2,039
Vehicles	49	49
ICT Equipment	64	64
Plant Equipment	7	11
Total right-of-use asset depreciation	**2,173**	**2,163**
Lease interest expense (included in Finance cost)	132	227
Short-term leases (included in Other expenditure)	1	16
Total amount recognised in the statement of comprehensive income	**2,306**	**2,406**

The total cash outflow for leases in the 2025-26 financial year was $2.3M.

The Authority has leases for vehicles and buildings.

The Authority 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 incurred.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 7.1.

5.3 Intangible assets

Year ended 30 June 2026	Computer Software ($000)	Work in Progress ($000)	Total ($000)
1 July 2025 (restated)			
Gross carrying amount (i)	324,422	200,657	525,079
Accumulated depreciation	(182,238)	-	(182,238)
Carrying amount at 1 July 2025	**142,184**	**200,657**	**342,841**
Additions	-	81,712	81,712
Reclassification from property, plant and equipment (ii)	-	30,858	30,858
Transfers from works in progress	12,772	(12,772)	-
Amortisation expense	(27,073)	-	(27,073)
Expensed	-	(196)	(196)
Carrying amount at 30 June 2026	**127,883**	**300,259**	**428,142**

(i) Comparative balances have been restated following a reassessment of expenditure incurred on the Cyber Advance ($3.6 million) project. As a result of this reassessment, costs previously recognised as intangible assets were determined not to meet the capitalisation criteria and have been expensed in accordance with applicable accounting requirements.

(ii) Refer to note 5.1 Property Plant and Equipment (i)

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

Initial recognition
Intangible assets are initially recognised at cost. For assets acquired at significantly less than fair value, the cost is their fair value at the date of acquisition.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if and only if, all of the following are demonstrated:
(a) The technical feasibility of completing the intangible asset so that it will be available for use or sale:
(b) An intention to complete the intangible asset and use or sell it;
(c) the ability to use or sell the intangible asset:
(d) The intangible asset will generate probable future economic benefit;
(e) The availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset
(f) The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Acquired and internally generated intangible assets costing $5,000 or more that comply with the recognition criteria as per AASB 138 Intangible Assets (as noted above) are capitalised.

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

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

Subsequent measurement

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

5.3.1 Amortisation and impairment
Charge for the period

	2026 ($000)	2025 ($000)
<u>Amortisation</u>		
Computer software	27,072	27,109
	27,072	**27,109**

As at 30 June 2026 there were no indications of impairment to intangible assets.

The Authority held no goodwill or intangible assets with an indefinite useful life during the reporting period.

Amortisation of finite life intangible assets is calculated on a straight-line basis at rates that allocate the asset's value over its estimated useful life. All intangible assets controlled by the Authority have a finite useful life and zero residual value. Estimated useful lives are reviewed annually.

In the 2025-26 financial year the Authority has revised the useful life of Computer software assets under the useful life review, the impact on amortisation is as follows:

	2026 ($000)	2027 ($000)	2028 ($000)	Future years ($000)
(Decrease) Increase in amortisation	(93)	(1,121)	(884)	2,099

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

Computer software	3 - 20 years

Impairment of intangible assets

Intangible assets with finite useful lives are tested for impairment annually or when an indication of impairment is identified.

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

6. Other assets and liabilities

This section sets out those assets and liabilities that arose from the Authority'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	17,491	14,862
Inventories	6.2	50,831	49,873
Amounts receivable for services	6.3	425,163	392,793
Other assets	6.4	14,432	14,658
Payables	6.5	52,717	69,355
Other liabilities	6.6	1,132	1,599

6.1 Receivables

	2026 ($000)	2025 ($000)
Current		
Other receivables	93	239
Less: Allowance for impairment of receivables	(14)	(2)
Accrued revenue	5,210	2,342
GST Receivable	2,764	4,321
Total current	8,053	6,900
Non-Current		
Accrued salaries account(a)	9,438	7,962
Total non-current	9,438	7,962
Total receivables	**17,491**	**14,862**

(a) Funds transferred to Treasury for the purpose of meeting the 27th pay in a reporting period that generally occurs every 11 years. This account is classified as non-current except for the year before the 27th pay year.

The Authority does not hold any collateral or other credit enhancements as security for receivables.

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

6.2 Inventories

	2026 ($000)	2025 ($000)
Current		
State Distribution Centre - supply stores (at cost)	50,831	49,873
Total current inventories	**50,831**	**49,873**

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.

Inventory received has been valued at current replacement cost at the date of acquisition, adjusted where applicable for any loss of service potential.

6.3 Amounts receivable for services (Holding Account)

	2026 ($000)	2025 ($000)
Non-current	425,163	392,793
Balance at end of period	**425,163**	**392,793**

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

Amounts receivable for services are considered not impaired (i.e. there is no expected credit loss of the Holding Account).

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

6.4 Other assets

	2026 ($000)	2025 ($000)
Current		
Prepayments	14,417	14,565
Total current	**14,417**	**14,565**
Non-current		
Prepayments	15	93
Total non-current	**15**	**93**
Balance at end of period	**14,432**	**14,658**

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

6.5 Payables

	2026 ($000)	2025 ($000)
Current		
Trade creditors	6,484	7,264
Other creditors	3	4
Accrued expenses	36,737	52,435
Accrued salaries	9,493	9,652
Total current payables	52,717	69,355
Balance at end of period	**52,717**	**69,355**

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

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

The accrued salaries suspense account (see note 6.1 'Receivables') consists of amounts paid annually, from Authority service agreement funding for salaries expense, into a Treasury suspense account to meet the additional cash outflow for employee salary payments in reporting periods with 27 pays instead of the normal 26. No interest is received on this account.

6.6 Other liabilities

	2026 ($000)	2025 ($000)
Current		
Income received in advance	201	1,025
Paid parental leave scheme	35	44
Patient receipts on behalf of WA Health	474	461
Other	422	69
Total current	1,132	1,599
Balance at end of period	**1,132**	**1,599**

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

7. Financing

This section sets out the material balances and disclosures associated with the financing and cash flows of the Authority.

	Note
Leases	7.1
Finance costs	7.2
Cash and cash equivalents	7.3
Commitments	7.4
Capital commitments	7.4.1

7.1 Leases

	2026 ($000)	2025 ($000)
Lease liabilities		
Current	1,257	2,274
Non-current	259	1,505
	1,516	**3,779**

Initial Measurement

The Authority measures a lease liability, at the commencement date, at the present value of the lease payments that are not paid at that date. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the Authority uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the Authority 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 of purchase options (where these are reasonably certain to be exercised);
- payments for penalties for terminating a lease, where the lease term reflects the Authority exercising an option to terminate the lease;
- periods covered by extension or termination options are only included in the lease term by the Authority if the lease is reasonably certain to be extended (or not terminated).

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales are recognised by the Authority in profit or loss in the period in which the condition that triggers those payments 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 carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

7.2 Finance costs

	2026 ($000)	2025 ($000)
Lease interest expense	132	227
Finance costs expensed	**132**	**227**

Finance cost includes the interest component of lease liability repayments.

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

7.3 Cash and cash equivalents

7.3.1 Reconciliation of cash

	Notes	2026 ($000)	2025 ($000)
Cash and cash equivalents		35,691	51,369
Restricted cash and cash equivalents		2,418	4,129
Balance at end of period		**38,109**	**55,498**

Restricted cash and cash equivalents

	2026 ($000)	2025 ($000)
Current		
Funds held on behalf of WA Health entities	474	461
Funds on hand from the Digital Capability fund	1,944	3,668
	2,418	**4,129**

7.4 Commitments

7.4.1 Capital expenditure commitments:

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

	2026 ($000)	2025 ($000)
Within 1 year	12,439	40,731
Later than 1 year and not later than 5 years	-	1,848
Later than 5 years	-	396
	12,439	**42,975**

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

8. Financial instruments and Contingencies

This note sets out the key risk management policies and measurement techniques of the Authority.

	Note
Financial instruments	8.1
Contingent assets	8.2.1
Contingent liabilities	8.2.2

8.1 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	35,691	51,369
Restricted cash and cash equivalents	2,418	4,129
Loans and receivables (a)	439,889	403,334
Total financial assets	**477,998**	**458,831**
Financial liabilities		
Payables	52,717	69,355
Lease Liabilities	1,516	3,779
Total financial liability	**54,233**	**73,134**

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

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 nominal value.

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

8.2.1 Contingent assets

At the reporting date, the Authority is not aware of any contingent assets.

8.2.2 Contingent liabilities

At the reporting date, the Authority is not aware of any contingent liabilities.

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

9. Other disclosures

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

	Note
Events occurring after the end of the reporting period	9.1
Compensation of key management personnel	9.2
Transactions With Related parties	9.3
Related bodies	9.4
Affiliated bodies	9.5
Remuneration of auditors	9.6
Equity	9.7
Supplementary financial information	9.8
Explanatory statement	9.9

9.1 Events occurring after the end of the reporting period

There are no events occurring after the reporting period which had a significant financial effect on these financial statements.

9.2 Compensation of key management personnel

Remuneration of members of the Accountable Authority

The Authority has determined that the key management personnel include Ministers, members and senior officers of the Authority. However, the Authority is not obligated to compensate Ministers and therefore disclosures in relation to Ministers' compensation may be found in the Annual Report on State Finances. Total compensation for key management personnel, comprising members and senior officers of the Authority for the reporting period are presented within the following bands:

Compensation of members of the accountable authority:

Compensation Band ($)	2026	2025
$0 - $10,000	1	-
$10,001 - $20,000	-	1
$30,001 - $40,000	1	1
$40,001 - $50,000	4	5
$70,001 - $80,000	2	-
$80,001 - $90,000	1	1
Total:	9	8

	2026 ($000)	2025 ($000)
Total remuneration of members of the accountable authority:	**457**	**369**

Compensation of senior officers:

Compensation Band ($)	2026	2025
$0 - $50,000	1	-
$50,001 - $100,000	2	-
$100,001 - $150,000	-	2
$150,001 - $200,000	-	4
$200,001 - $250,000	2	2
$250,001 - $300,000	6	5
$300,001 - $350,000	1	2
$400,001 - $450,000	-	1
$450,001 - $500,000	2	-
Total:	14	16

	2026 ($000)	2025 ($000)
Total remuneration of senior officers	**3,558**	**3,794**

Total compensation includes the superannuation expense incurred by the Authority in respect of senior officers.

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

9.3 Transactions with related parties

The Authority is a wholly owned and controlled entity of the State of Western Australia. In conducting its activities, the Authority is required to pay various taxes and levies based on the standard terms and conditions that apply to all tax and levy payers to the State and entities related to State.

Related parties of the Authority include:

- all Ministers and their close family members, and their controlled or jointly controlled entities;

- all board members, senior officers and their close family members, and their controlled or jointly controlled entities;

- other statutory authorities and public sector entities, including related bodies included in the whole of government consolidated financial statements;

- associated and joint ventures, that are included in the whole of government consolidated financial statements; and

- the Government Employees Superannuation Board (GESB).

Significant transactions with government related entities

Significant transactions include:

- Department of Health - Service Agreement (note 4.1)

- total income from other public sector entities (note 4.1)

- services received free of charge (note 4.1)

- superannuation payments to GESB (note 3.1(a))

- insurance premium payments to Insurance Commission of Western Australia and RiskCover Fund (note 3.2)

- telecommunication recoups (note 4.1)

- services provided free of charge (note 9.8)

During the year, the Authority paid $9,234,732 in employee superannuation contributions to the Government Employees Superannuation Board.

The Authority had no material related party transactions with Ministers/Senior officers or their close family members or their controlled (or jointly controlled) entities for disclosure.

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

9.4 Related bodies

A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority.

The Authority had no related bodies during the financial year.

9.5 Affiliated bodies

An affiliated body is a body that receives more than half of its funding and resources from an Authority but is not subject to control by the Authority.

The Authority had no affiliated bodies during the financial year.

9.6 Remuneration of auditors

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

	2026 ($000)	2025 ($000)
Auditing the accounts, financial statements and key performance indicators	585	545

9.7 Equity

	2026 ($000)	2025 ($000)
Contributed equity		
Balance at start of period	748,555	619,020
Contributions by owners		
Contribution by owners - Capital appropriation administered by Department of Health	97,746	92,741
Contribution by owners - Digital Capability fund administered by Department of Health	33,271	36,794
	131,017	129,535
Balance at end of period	**879,572**	**748,555**

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

9.7 Equity (continued)

	2026 ($000)	2025 ($000)
Accumulated surplus		
Balance at start of period	25,860	94,263
Prior period adjustment	-	(3,628)
Restated balance at start of period	25,860	90,635
Result for the period	(44,640)	(64,775)
Balance at end of period	**(18,780)**	**25,860**

9.8 Supplementary financial information

(a) Write - offs

a) Revenue and debts written off under the authority of the Accountable Authority	-	4
	-	**4**

(b) Forgiveness of debts

Forgiveness (or waiver) of debts by the Authority	1	-
	1	**-**

(c) Services provided free of charge

During the period the following services were provided to other agencies free of charge:

North Metropolitan Health Services	93,671	89,974
South Metropolitan Health Services	106,479	103,004
East Metropolitan Health Services	74,012	71,534
Child and Adolescent Health Services	57,556	55,216
WA Country Health Services	69,328	66,671
PathWest	19,944	19,375
The Queen Elizabeth II Medical Centre Trust	186	124
Quadriplegic Centre Board	4	3
Mental Health Commission	3,135	2,927
Health and Disability Services Complaints Office	129	104
	424,444	**408,932**

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

9.9 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:
- estimate of the Total Cost of Services for the Statement of comprehensive income and Statement of cash flows ($4.263M), and
- estimate of the Total Assets for the Statement of financial position ($9.673M).

Actual results for the current year and the prior year actual:
- Total Cost of Services for the previous year for the Statement of comprehensive income and Statement of cash flows ($4.620M), and

- Total Assets for the Statement of financial position ($9.082M).

Statement of Comprehensive Income	Note	**2026 Estimates ($000)**	**2026 Actual ($000)**	**2025 Actual ($000)**	**Variance between actual and estimate ($000)**	**Variance between actual 2026 and 2025 ($000)**
COST OF SERVICES						
Expenses						
Employee benefits expense	1	191,630	213,728	199,279	22,098	14,449
Contracts for services		3,798	3,457	2,796	(341)	662
Supplies and services		150,242	162,471	161,273	12,229	1,197
Finance costs		127	132	227	5	(96)
Depreciation and amortisation expense		30,238	30,091	31,122	(147)	(1,032)
Loss on disposal of non-current assets			-	11	-	(11)
Repairs, maintenance and consumable equipment		11,227	7,139	3,133	(4,088)	4,007
Other supplies and services		278	-	-	(278)	-
Other expenses	a	38,755	42,083	64,188	3,328	(22,106)
Total cost of services		**426,295**	**459,101**	**462,029**	**32,806**	**(2,929)**
INCOME						
Revenue						
Fees for services			55	11	55	44
Grants and contributions		600	1,002	658	402	344
Other revenue		333	501	558	168	(57)
Total Revenue		**933**	**1,558**	**1,227**	**625**	**332**
Total income other than income from State Government		**933**	**1,558**	**1,227**	**625**	**332**
NET COST OF SERVICES		**425,362**	**457,543**	**460,802**	**32,180**	**(3,261)**
INCOME FROM STATE GOVERNMENT						
Department of Health - Service Agreement		373,765	387,941	373,050	14,176	14,891
Income from other public sector entities		25,840	24,817	22,695	(1,023)	2,122
Services received free of charge		248	145	282	(103)	(138)
Total income from State Government		**399,853**	**412,903**	**396,027**	**13,050**	**16,875**
SURPLUS/(DEFICIT) FOR THE PERIOD		**(25,509)**	**(44,640)**	**(64,775)**	**(19,130)**	**20,136**
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		**(25,509)**	**(44,640)**	**(64,775)**	**(19,130)**	**20,136**

Significant variances between estimated and actual for 2026

1 Employee benefits expense
Increase of the $22.1m (12%) is primarily attributable to wage cost escalation and additional workforce costs associated with increased demand for services from the WA health system.

Significant variances between actual for 2025 and 2026

a Other expenses
Decrease of $-22.11m (-34%) is largely attributable to the $21.2m write-down of Personal Protective Equipment (PPE) inventory during FY2024-25, in accordance with the inventory management strategy in FY24-25.

Notes to the Financial Statements

For the year ended 30 June 2026

Statement of Financial Position	Note	2026 Estimates ($000)	2026 Actual ($000)	2025 Actual ($000)	Variance between actual and estimate ($000)	Variance between actual 2026 and 2025 ($000)
ASSETS						
Current Assets						
Cash and cash equivalents		49,869	35,691	51,369	(14,178)	(15,679)
Restricted cash and cash equivalents		3,668	2,418	4,129	(1,250)	(1,711)
Receivables		7,247	8,053	6,900	806	1,153
Inventories		49,873	50,831	49,873	958	958
Other current assets		14,526	14,417	14,565	(109)	(147)
Total Current Assets		**125,183**	**111,410**	**126,836**	**(13,773)**	**(15,426)**
Non-Current Assets						
Amounts receivable for services		423,030	425,163	392,793	2,133	32,370
Receivables		8,633	9,438	7,962	805	1,476
Property, plant and equipment	2,b	50,665	2,461	34,096	(48,204)	(31,634)
Right-of-use assets		2,471	1,375	3,546	(1,096)	(2,171)
Intangible assets	3,c	357,300	428,142	342,841	70,842	85,301
Other non-current assets		-	15	93	15	(77)
Total Non-Current Assets		**842,099**	**866,594**	**781,331**	**24,495**	**85,265**
Total Assets		**967,282**	**978,004**	**908,167**	**10,722**	**69,838**
LIABILITIES						
Current Liabilities						
Payables		67,683	52,717	69,355	(14,966)	(16,637)
Lease Liabilities		2,278	1,257	2,274	(1,021)	(1,018)
Employee benefit provision		46,563	47,371	46,980	808	391
Other current liabilities		1,591	1,132	1,599	(459)	(467)
Total Current Liabilities		**118,115**	**102,477**	**120,208**	**(15,638)**	**(17,730)**
Non-Current Liabilities						
Lease Liabilities		748	259	1,505	(489)	(1,246)
Employee benefit provision		11,804	14,476	12,039	2,672	2,438
Total Non-Current Liabilities		**12,552**	**14,735**	**13,544**	**2,183**	**1,191**
Total Liabilities		**130,667**	**117,212**	**133,752**	**(13,455)**	**(16,538)**
NET ASSETS		**836,615**	**860,792**	**774,415**	**24,177**	**86,377**
EQUITY						
Contributed equity		830,118	879,572	748,555	49,454	131,017
Accumulated surplus		6,497	(18,780)	25,860	(25,277)	(44,640)
TOTAL EQUITY		**836,615**	**860,792**	**774,415**	**24,177**	**86,378**

Significant variances between estimated and actual for 2026

2 Property, plant and equipment
Decrease of $-48.2M (-95%) is primarily attributable to the reclassification of $56.3M of Critical Health ICT Infrastructure Program costs from Property,Plant and Equipment to Intangible Assets, partially offset by other asset movements of $8.1M.

3 Intangible assets
Increase of $70.84M (20%) is attributable to the reclassification of $56.3M of Critical Health ICT Infrastructure Program costs to Intangible Assets (Refer to Note 5), in addition to the capitalisation of $7.9M relating to the Human Resource Management Information System program and other asset movements of $6.28M.

Significant variances between actual for 2025 and 2026

b Property, plant and equipment
Decrease of $-31.63M (-93%) is primarily attributable to the reclassification of $30.86M of Critical Health ICT Infrastructure Program costs from Property,Plant and Equipment to Intangible Assets offset by other asset movements.

c Intangible Assets
Increase of $85.3 million (25%) is primarily attributable to ICT capital asset additions for the Human Resource Management Information System program ($50.3M), the Critical Health ICT Infrastructure Program ($25.2M) and other ICT projects, together with the reclassification of $30.9M relating to the Critical Health ICT Infrastructure Program from Property, Plant and Equipment to Intangible Assets. These increases were partially offset by amortisation expense of $27.1M.

Notes to the Financial Statements

For the year ended 30 June 2026

Statement of Cash Flows	Note	2026 Estimates ($000)	2026 Actual ($000)	2025 Actual ($000)	Variance between actual and estimate ($000)	Variance between actual 2026 and 2025 ($000)
CASH FLOWS FROM STATE GOVERNMENT						
Department of Health - Service Agreement		343,528	355,571	338,353	12,043	17,218
Income from other public sector entities		25,840	25,969	23,588	129	2,381
Contribution by owners - Capital appropriation administered by Department of Health	4	81,564	131,018	129,534	49,454	1,484
Net cash provided by State Government		**450,932**	**512,558**	**491,475**	**61,626**	**21,083**
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits	5	(191,630)	(213,373)	(194,617)	(21,743)	(18,756)
Supplies and services	6,d	(165,297)	(184,627)	(155,947)	(19,330)	(28,680)
Finance costs		(127)	-	-	127	-
Other payments		(38,755)	(40,370)	(42,995)	(1,615)	2,625
Receipts						
Other grants and contributions		600	1,002	658	402	344
Other receipts		333	718	1,493	385	(775)
Net cash used in operating activities		**(394,876)**	**(436,650)**	**(391,408)**	**(41,772)**	**(45,241)**
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Payment for purchase of non-current physical and intangible assets	7	(56,564)	(91,086)	(84,206)	(34,522)	(6,882)
Net cash used in investing activities		**(56,564)**	**(91,086)**	**(84,206)**	**(34,522)**	**(6,882)**
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Repayment of lease payments		(753)	(2,211)	(2,695)	(1,458)	483
Net cash used in financing activities		**(753)**	**(2,211)**	**(2,695)**	**(1,458)**	**483**
Net increase / (decrease) in cash and cash equivalents		(1,261)	(17,389)	13,166	(16,128)	(30,556)
Cash and cash equivalents at the beginning of the period		54,798	55,498	42,332	700	13,165
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD		**53,537**	**38,109**	**55,498**	**(15,428)**	**(17,388)**

Significant variances between estimated and actual for 2026

4 Contribution by owners - Capital appropriation administered by Department of Health
Variance of $49.45M (61%) is largely due to the timing of capital appropriation received for ICT capital works projects, including Human Resource Management Information System program and the Critical Health ICT Infrastructure program, together with Digital Capability Funding for other initiatives.

5 Employee benefits
Please refer to note 1 Employee benefits expense for further details regarding this variance.

6 Supplies and services
Variance of $19.33m (-12%) primarily due to differences in delivery timing compared with original estimates for ICT capital projects, including the Critical Health ICT Infrastructure program and Human Resource Management Information System Program.

7 Payment for purchase of non-current physical and intangible assets
Variance of $34.52M (61%) is mostly driven by the timing differences between capital funding received (Please refer to note 4 - Contribution by owners - Capital appropriation administered by Department of Health) and capital expenditure incurred on major ICT capital projects.

Significant variances between actual for 2025 and 2026

d Supplies and services
Variance of $28.68m (-18%) is largely attributable to capital program expenditure associated with the Critical Health ICT Infrastructure and Human Resource Management Information System projects.

Certification of Key Performance Indicators

Health Support Services

Certification of key performance indicators for the year ended 30 June 2026

I hereby certify the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess Health Support Services and fairly represent the performance of the Authority for the financial year ended 30 June 2026.

Margaret Pyrchla
BOARD CHAIR
HEALTH SUPPORT SERVICES
01 September 2026

Pina Caffarelli
FINANCE, RISK AND AUDIT COMMITTEE CHAIR
HEALTH SUPPORT SERVICES
01 September 2026

Key Performance Indicators

Outcome 3

To comply with its legislative obligation as a Statutory Authority, HSS operates under the Outcome Based Management (OBM) performance management framework. The WA health system's OBM Policy Framework specifies the requirements that HSS must comply with in order to ensure the integrity of the OBM Framework. This framework describes how outcomes, services and key performance indicators (KPIs) are used to measure HSS' performance towards achieving the relevant overarching whole of government goal.

Outcome 3 - Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA Health system	Effectiveness KPI	Service 11 – Health Support Services	Percentage of responses from WA Health Service Providers and Department of Health who are satisfied or highly satisfied with the overall service provided by Health Support Services
	Efficiency KPIs	Service 11 - Health Support Services	Average cost of Accounts Payable Services per Transaction Average cost of payroll and support services to Health Support Services' clients Average cost of Supply Services by purchasing transaction Average cost of providing ICT services to Health Support Services' clients

Average cost of Accounts Payable services per transaction

Rationale

HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.

This KPI aligns to the role of HSS as a Health Service Provider in ensuring 'the operations of the Health Service Provider are carried out efficiently, effectively and economically'. This KPI captures the role of HSS in delivering transactional accounts payable finance services to its customers in an efficient manner.

2025-26 Budget Target

The target average cost of accounts payable services per transaction for HSS for the 2025-26 financial year was $6.00. A result below the target is desirable.

Results

The average cost of Accounts Payable services to HSS clients for the 2025-26 financial year was $6.27. This represents a variance of $0.27 or 4% above target.

Performance Measure	Result 2022/23 ($)	Result 2023/24 ($)	Result 2024/25 ($)	Result 2025/26 ($)	Target 2025/26 ($)
Average cost of accounts payable services per transaction	7.06	6.60	6.54	6.27	6.00

Data Sources: *Oracle Financials, HR Data Warehouse, Health Support Services unpublished data.*

Average cost of Payroll and Support services to Health Support Services' clients

Rationale

HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.

This KPI aligns to the role of HSS as the WA health system's shared service provider, delivering a range of employment and payroll services for other Health Service Providers. This KPI captures the role of HSS in providing Payroll services to customers in an efficient manner.

2025-26 Budget Target

The target average cost of payroll and support services per average FTE to HSS customers for the 2025-26 financial year was $1,365.00. A result below the target is desirable.

Results

The average cost of payroll and Support services to HSS clients for the 2025-26 financial year was $934.15. This represents a variance of $430.85 or 32% below target. The variance is primarily attributable to the timing of expected project-specific costs such as Human Resource Management Information System (HRMIS) that didn't materialise and were included in the target.

Performance Measure	Result 2022/23 ($)	Result 2023/24 ($)	Result 2024/25 ($)	Result 2025/26 ($)	Target 2025/26 ($)
Average cost of payroll and support services to HSS' clients	1,001.39	1,037.74	994.50	934.15	1,365.00

Data Sources: *Oracle Financials, HR Data Warehouse, HSS unpublished data.*

Average cost of Supply services by purchasing transaction

Rationale

HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.

HSS' role within the WA health system is to seek to improve efficiencies in supply, procurement, and contract management in order to support improved value for money for the WA health system. This indicator measures the efficiency of HSS to provide supply chain services to its customers.

2025-26 Budget Target

The target average cost of supply services per transaction to HSS for the 2025-26 financial year was $43.00. A result below the target is desirable.

Results

The average cost of supply services to HSS' customers for the 2025-26 financial year was $58.38. This represents a variance of $15.38 or 36% above target. The variance is primarily attributable to the costs of meeting demand for expanded supply chain services across the WA health system, which is not reflected in the target.

Performance Measure	Result 2022/23 ($)	Result 2023/24 ($)	Result 2024/25 ($)	Result 2025/26 ($)	Target 2025/26 ($)
Average cost of Supply services by purchasing transaction	555.68	113.98	66.08	58.38	43.00

Data Sources: *Oracle Financials, HR Data Warehouse, Health Support Services unpublished data.*

Average cost of providing ICT services to HSS' clients

Rationale

HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.

HSS role within the WA health system is to seek to implement and maintain an updated computer operating environment, removing difficulties encountered by staff in using outdated operating and other systems. This indicator measures the ability of HSS to deliver ICT services to its customers in an efficient manner.

2025-26 Budget Target

The target average cost of providing ICT services to HSS customers for the 2025-26 financial year was $5,385.00. A result below the target is desirable.

Results

The average cost of ICT services to HSS clients for the 2025-26 financial year was $5,928.41. This represents a variance of $543.41 or 10% above target. The variance is primarily attributable to additional costs incurred in delivering Major ICT Programs across the WA health system, which increased the average cost of providing ICT services to HSS customers.

Performance Measure	Result 2022/23 ($)	Result 2023/24 ($)	Result 2024/25 ($)	Result 2025/26 ($)	Target 2025/26 ($)
Average cost of providing ICT services to HSS' clients	5,268.68	5,335.06	5,700.23	5,928.41	5,385.00

Data Sources: *Oracle Financials, HR Data Warehouse, HSS unpublished data.*

Percentage of responses from WA Health Service Providers and Department of Health who are satisfied or highly satisfied with the overall service provided by HSS

Rationale

HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.

This KPI reports the customer's satisfaction levels with the services delivered by HSS. Service recipients are provided with a survey to complete and the responses measure the extent to which the expectations of service delivery by HSS were met.

2025-26 Budget Target

The 2025-26 target is set at 75.00 per cent customer satisfaction. A result above the target is desirable.

Results

HSS has achieved its target with a result of 80.00 per cent for the 2025-26 financial year.

2026 HSS Stakeholder Engagement Survey	Result 2021/22 (%)	Result 2022/23 (%)	Result 2023/24 (%)	Result 2024/25 (%)	Result 2025/26 (%)	Target 2025/26 (%)
Highly Satisfied	22.22	20.00	30.00	0.00	30.00	
Satisfied	44.44	60.00	50.00	70.00	50.00	
Total Percentage Satisfied	**66.67**	**80.00**	**80.00**	**70.00**	**80.00**	75.00

Data Sources: *Responses to the survey, as received by Health Support Services.*

Please note: HSS was able to obtain responses from 100 per cent of our customers in the 2025-26 financial year.

Major Capital Projects

Project Name	Expected Year of Completion	Estimated cost to complete ('000)	Estimated Total cost of Project ('000)	Variance from previous financial year
Human Resource Management Information System	2028	$27,683	$274,822	$39,234
Critical Health ICT Infrastructure Program	2031	$60,503	$139,437	$85,827

The above information is based upon:

- The 2025-26 and 2026-27 budget papers, including estimated completion timeframes based upon existing funding.
- Only capital projects that were administered by HSS are included in the above table.

Other financial disclosures

Pricing policy of services provided

HSS receives state appropriation from the Department of Health. HSS does not invoice Health Services Providers or clients for the services provided. Currently HSS provides resources free of charge to each of the following reporting entities:

- Child and Adolescent Health Service
- Department of Health
- East Metropolitan Health Service
- Health and Disability Services Complaints Office
- Mental Health Commission
- North Metropolitan Health Service – including Dental Health Services
- PathWest
- Queen Elizabeth II Medical Centre Trust
- Quadriplegic Centre
- South Metropolitan Health Service
- WA Country Health Service

Pecuniary Interests

In 2025-26, all HSS Executives and Board Members submitted annual declarations regarding this requirement. No perceived, potential or actual conflicts of interest, or interests in any contracts that may provide a financial benefit, were identified.

Act of grace payment

HSS did not make any act of grace payments in the 2025-26 financial year.

Unauthorised use of purchasing cards

Purchasing card by HSS purchasing cardholders	2025-26	Instances
Aggregate amount of personal use expenditure for the reporting period	$79.25	10
Aggregate amount of personal use expenditure settled by the due date (five working days)	$40.02	4
Aggregate amount of personal use expenditure settled after the period (after five working days)	$39.23	6
Aggregate amount of personal use expenditure outstanding at balance date	-	-

Boards and committees remuneration

Position	Member Name	Type of Remuneration	Period of membership months 2025-26	Term of appointment / tenure	Base salary / sitting fee (per annum)	Gross/actual remuneration
Chair	PYRCHLA, MARGARET	Annual	12	1 July 2023 to 30 June 2026	$84,996	$85,112
Deputy	PHATOUROS, CON[1]	N/A	12	1 July 2023 to 30 June 2026	Nil	Nil
Board member	MOTT, PETER R	Annual	12	06 November 2023 to 30 June 2028	$46,748	$75,611
Board member	PONNUTHURAI, YASOTHA	Annual	12	1 July 2022 to 30 June 2028	$46,748	$75,611
Board member	MCKNIGHT, AMANDA C	Annual	12	1 July 2023 to 30 June 2026	$46,748	$47,548
Board member	BOYATZIS, PAUL C	Annual	12	1 July 2023 to 30 June 2026	$46,748	$46,807
Board member	CAFFARELLI, PINA	Annual	12	9 December 2024 to 30 June 2027	$46,748	$46,852
Board member	DONOVAN, MARK F	Annual	11	05 August 2025 to 30 June 2028	$46,748	$34,205
Board member	MCCOUBRIE, DAVID L	Annual	12	01 July 2025 to 30 June 2027	$46,748	$44,827
Total					$412,232	$456,573

Gross /actual remuneration includes Superannuation
1 As a full-time public sector employee, Dr Phatouros is not eligible for remuneration.

Expenditure on advertising

In 2025-26, in accordance with section 175ZE of the Electoral Act 1907 (WA), HSS incurred the following expenditure in advertising.

Total expenditure for 2025-26 was $22,071 and was incurred in the following areas:

Expenditure	Organisation	Amount($)
Advertising	Initiative Media Australia	$16,261
Advertising	LinkedIn	$700
Advertising	Quality Press WA	$5,110
Grand Total		**$22,071**

Consultant expenditure on strategic advice

1. ENGAGEMENTS ≥ $50,000

Consultant	Title of project	Actual cost ($ inc GST) 2025-26
FTI CONSULTING	HSS - Independent review of Business Continuity Management Framework, Business Continuity Plans and Disaster Recovery Plans.	$249,524
KPMG	Critical Health ICT Infrastructure Program - Independent advisory and assurance services related to governance, oversight and reporting.	$106,724
ON POINT CONSULTANCY PTY LTD	Electronic Medical Record Project - Business Advisory Consulting	$101,998
WESTERN AUSTRALIAN TREASURY CORPORATION	Human Resources Management Information System program - Commercial Guidance	$155,620
Total		**$458,246**

2. ENGAGEMENTS < $50,000

Number of engagements	Total cost ($ inc GST)
2	$74,985

Acronyms

ADHA Australian Digital Health Agency
AHMAC Australian Health Medical Advisory Council
API Application Programming Interface
ATO Australian Taxation Office
BRAG Black-Red-Amber-Green
CAHS Child and Adolescent Health Service
CaLD Culturally and Linguistically Diverse
CFO Chief Financial Officer
CIO Chief Information Officer
CHIIP Critical Health ICT Infrastructure Program
CRAMS Corporate Recruitment and Assessment Management System
CRS Criminal Record Screening
CSAT Customer Satisfaction
DCE Data Communication Equipment
DMARC Domain-based Message Authentication, Reporting and Conformance
DMR Digital Medical Record
eDispensing Electronic dispensing
ED Emergency department
EDRMS Electronic Document Records Management System
EMHS East Metropolitan Health Service
EMR Electronic Medical Record
EPMO Enterprise Portfolio Management Office
ePrescribing Electronic prescribing
ESS Enhanced Supplier Screening
ESS Enhanced Supplier Screening
FTE Full Time Equivalent
GP General practitioner
GPASK GP Accessing Specialist Knowledge
HaDSCO Health and Disability Services Complaints Office
HIP Health Integration Platform
HRMIS Human Resource Management Information System
HSS Health Support Services
HSP Health Service Provider
ICT Information and Communications Technology
IGR Independent Governance Review
IPAA WA Institute of Public Administration Australia WA
IR Industrial Relations
KPI Key Performance Indicators
LAN Local Area Network
LTI Lost Time Injury
MAP Multicultural Action Plan
MFA Multi-Factor Authentication
MHC Mental Health Commission
MS Microsoft
NaCS Notifications and Clinical Summaries
NMHS North Metropolitan Health Service
OBM Outcome Based Management
OCE Office of the Chief Executive
OMID Office of Major Infrastructure Delivery
P&S Procurement and Supply
PCMHS Peel Community Mental Health Service
PMO Program Management Office
PoC Proof of Concept
PRIS Privacy and Responsible Information Sharing
PSC Public Sector Commission
RBM Role Based Messaging
SCEDS Specialist Community Eating Disorders Service
SF&R System Flow and Reform
SHOC State Health Operation Centre
SJOG St John of God Health Care
SLA Service Level Agreement
SMHS South Metropolitan Health Service
SSO Single Sign-on
STP2 Single Touch Payroll Phase 2
SWAT Swift Action and Triage
VoC Voice of Customer
WA HDP WA Health Data Platform
WACHS WA Country Health Service
WAMPF Western Australian Multicultural Policy Framework
WAN Wide Area Network
WAVED WA Virtual Emergency Department
WWC Working with Children
WHS Work Health and Safety

Health Support Services

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www.hss.health.wa.gov.au

The Health Support Services Annual Report 2025-26 was published by Health Support Services in September 2026 and is also available at www.hss.health.wa.gov.au

Health Support Services makes every attempt to ensure the accuracy, currency and reliability of the information contained in this publication. However, changes in circumstances over time may impact on the veracity of this information.

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