



Great services, valued partner, healthy Western Australians



ANNUAL REPORT
2021-2022

ACKNOWLEDGEMENT OF COUNTRY



Walking Together as One

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 and Torres Strait Islander communities and their cultures and acknowledge the wisdom of Elders both past and present.

Scan or click the
QR code to watch
the unveiling of
our artwork



CONTENTS

Statement of compliance 2

Overview of agency 3

Executive summary	4
Performance highlights	10
A focus on the future	10
Supporting WA's COVID-19 response	12
Supporting major programs and projects	16
Supporting our people	20
Our year at a glance	22
Operational structure	24
Organisational structure as at 30 June 2022	25
Our Board	26
Senior officers	32
HSS roles and responsibilities	37
Customer Experience	37
Transformation and Strategy	38
Program Delivery	39
Workforce and Organisational Development	40
Office of the Chief Executive	41
Information and Communication Technology	42
COVID-19 Response	43
Procurement and Supply	44
Finance and Operations	45
Performance management framework	46

Agency performance 47

Report on operations	48
Summary of Key Performance Indicators	49

Significant issues 50

Current and emerging issues and trends	51
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Disclosure and compliance 56

Independent Auditor's report	57
Certification of Financial Statements	60
Financial Statements	61
Audited Key Performance Indicators for 2021-22 Financial Year	100
Key Performance Indicators	101
Ministerial Directives	108
Other financial disclosures	108
HSS Board remuneration	115
Expenditure on advertising	116
Disability access and inclusion plan outcomes	116
Compliance with public sector standards and ethical codes	117
Freedom of Information	118
Recordkeeping plan	118
WA Multicultural Policy Framework	118
Substantive equality	120
Workplace health and safety and injury management	121
Workplace health and safety targets	122
Acronyms	123



STATEMENT OF COMPLIANCE

Honourable Amber-Jade Sanderson

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 for the financial year ended 30 June 2022.

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



Michael Walsh
Board Chair
Health Support Services

2 September 2022



Margaret Pyrchla
Deputy Board Chair
Health Support Services

2 September 2022

OVERVIEW OF AGENCY



EXECUTIVE SUMMARY



Robert Toms
Chief Executive

On behalf of the Board, Executive team and all employees of Health Support Services (HSS), we are proud to present our 2021-22 Annual Report.

Preparing our Annual Report is a good opportunity for us all to take a step back and reflect on the success we've achieved, and the difference we've made to the WA health system by working together. What HSS has accomplished over the year, and the consistent excellence of our response to customer needs, is certainly only possible through the hard-work and commitment of each individual team member. It reflects a shared commitment to our vision, purpose and values that we are very proud of.

The HSS Board has now been operating alongside the HSS Executive team for two years. We continue to be impressed at the dedication, resilience and effort demonstrated by HSS employees in delivering high quality outcomes for our customers and all Western Australians.



Michael Walsh
Board Chair

Launch of the 2022-24 Strategic Plan

One of our biggest achievements this year was the launch of our new Strategic Plan 2022-24. This guiding document helps us all to understand the journey HSS is on to achieve our purpose and vision, with the Joornanginy Transformation Program being the roadmap to get there. The Joornanginy Program officially commenced in March 2022, with many achievements already realised. We are looking forward to seeing more of the Joornanginy Program's successes as we move into the 2022-23 financial year.

In line with feedback from HSS employees, we refreshed our HSS values to emphasise the importance of valuing and caring for each other and placing our customers at the heart of everything we do. Updating the values was about reaffirming to our employees that their wellbeing matters to us, as well as maintaining our commitment to our customers.

We also updated our objectives – maintaining our focus on delivering simple, reliable and responsive services to our customers, while also focusing on the need to become more sustainable in the way we deliver our services.



Responding to COVID-19

COVID-19 has once again dominated our landscape this year and we've adapted and responded to the new challenges it has presented. We would like to take this opportunity to recognise the outstanding contribution all HSS business units have made to assist the WA public health system respond to the pandemic.

The saying, 'pressure makes diamonds', certainly rings true for the achievements HSS has delivered during the COVID-19 pandemic so far. The urgency of the pandemic met with the excellence, capability and resourcefulness of HSS employees resulted in the delivery of major technical projects which have directly benefited the lives of all Western Australians.

In November 2021, the WA Government released the WA Safe Transition Plan which outlined the State's transition and easing of border controls once 90 per cent of people aged 12 years and over were double-dose vaccinated against COVID-19. To facilitate the controls for high-volume venue check-in, proof of vaccination, and interstate and international travel to WA, the ServiceWA App was developed.

The successful rollout of the SafeWA app across WA then led to HSS developing this solution for the State. ServiceWA was developed through multi-agency collaboration between HSS, the Department of the Premier and Cabinet, and the WA Police Force. ServiceWA is a one-stop-shop for COVID-19 needs, integrating the trusted SafeWA app, the G2G travel and border control app, and other pandemic essentials, such as proof of vaccination.

ServiceWA was launched in January 2022 and as at 30 June 2022 has been used by over 934,000 people to meet COVID-19 requirements. It was an extraordinary feat, and the widespread uptake across all areas of the State enabled inter-departmental monitoring of COVID-19 and was instrumental in delivering our 'soft landing' when COVID-19 community transition commenced in WA.

In late 2021, the WA Government also approved the use of Rapid Antigen Tests (RATs) to help people self-identify positive cases of COVID-19 and reduce the spread of the virus in the community. HSS' Procurement and Supply team had an integral role in the rollout of the free RAT program to the WA community, from collaborating with PathWest on selection and procurement, to storing enough RATs to supply the whole State. More recently HSS has helped with the WA Government's free RAT program by establishing drive-through RAT collection points across the metropolitan area.

As COVID-19 staff furloughs put pressure on hospitals, NurseWest was able to provide effective support by filling nursing shortfalls across the WA health system. This included critical COVID-19 services, including airport screening, contact tracing, testing and vaccination clinics.

Recognising the need to closely plan, monitor and adapt to the impact of COVID-19 on our own workplace, we established the HSS

COVID-19 Coordination Centre (CC). The CC is an operations team that facilitates collaboration with dedicated COVID-19 representatives from each business unit. Meeting daily, the CC focused on employee wellbeing and by implementing systems and processes that facilitated regular COVID-19 related reporting across our organisation. Thanks to their efforts, we were able to mitigate business continuity risks when COVID-19 began to impact our people and their families. By including representatives from across the business, the CC also listened to the sentiments of employees, and provided effective actions and communications in response.

As COVID-19 began to circulate widely in the community, the burdens felt by the patient-facing Health Service Providers (HSPs) were mirrored at HSS. When hospitals experienced the impact of staff furlough, HSS experienced a corresponding increase in workload in our Payroll, ICT and Contact Centre to support their roster changes and leave requests. Where HSPs felt pressure to access supplies to meet swift changes to public health measures, these challenges were felt by our Accounts Payable, Procurement, Purchasing and Supply functions. We are proud of the consistent, hardworking response from our frontline staff in the face of such extraordinary and uncompromising challenges.

Delivery on major ICT programs

We have continued to deliver on our major ICT programs. Two highlights from the past year include the successful delivery of the HealthNext Program and securing funding for and commencing a program to replace our legacy HR and Payroll systems – both of which will have an impact on the WA health system for many years to come.

Successfully delivered in December 2021, the HealthNext Team established new private and public cloud platforms for the WA health system, migrated nearly 1,000 servers and

applications to the cloud and migrated over 50,000 WA health system users to cloud email – the largest migration in the Southern hemisphere at the time. The dedication, effort and unwavering commitment of the HealthNext team was recognised across the WA health system and we are so proud of their incredible achievements as part of this project.

Having a modern ICT infrastructure is foundational for digital innovation and the use of new technology in health care, as outlined in the WA Digital Health Strategy 2020-30. HealthNext has moved the WA health system forward, providing a more stable ICT environment, faster service delivery and more reliable application performances.



The Human Resource Management Information System (HRMIS) Program will have a lasting impact on the entire WA health system, as every WA Health employee will interact with this new service. After completion of Proof of Concept in July 2021, HRMIS began building momentum. Currently in the implementation and delivery phase, a key emphasis of the Program is providing change management support, including training and communications across the health system before, during and after the new system is implemented. The 2022-23 financial year will be a critical time for the program as we move to build the new system based on the extensive design process completed in August 2022.

Our people make a difference together

HSS employees support a culture of going above and beyond and clearly embrace our value 'we make a difference together'. Although the year's achievements are undisputedly outstanding, having a supported team who enjoy what they do and how they do it is priceless. Recognising the daily effort and contribution of every single HSS employee, team, function and business unit, we acknowledge and celebrate how fortunate we are to steer such an incredible organisation of talented people.

After the curveballs the pandemic has thrown in the last two and-a-half years, it would be tempting to admit 'the only certainty in life is uncertainty,' but we dispute that. We are certain HSS will continue to accomplish and impress in 2022-23 and beyond, and we look forward to being part of those successes.

We look forward to working with HSS employees and our customers to ensure the WA health system continues to make a positive difference to the lives of Western Australians.



Robert Toms
Chief Executive

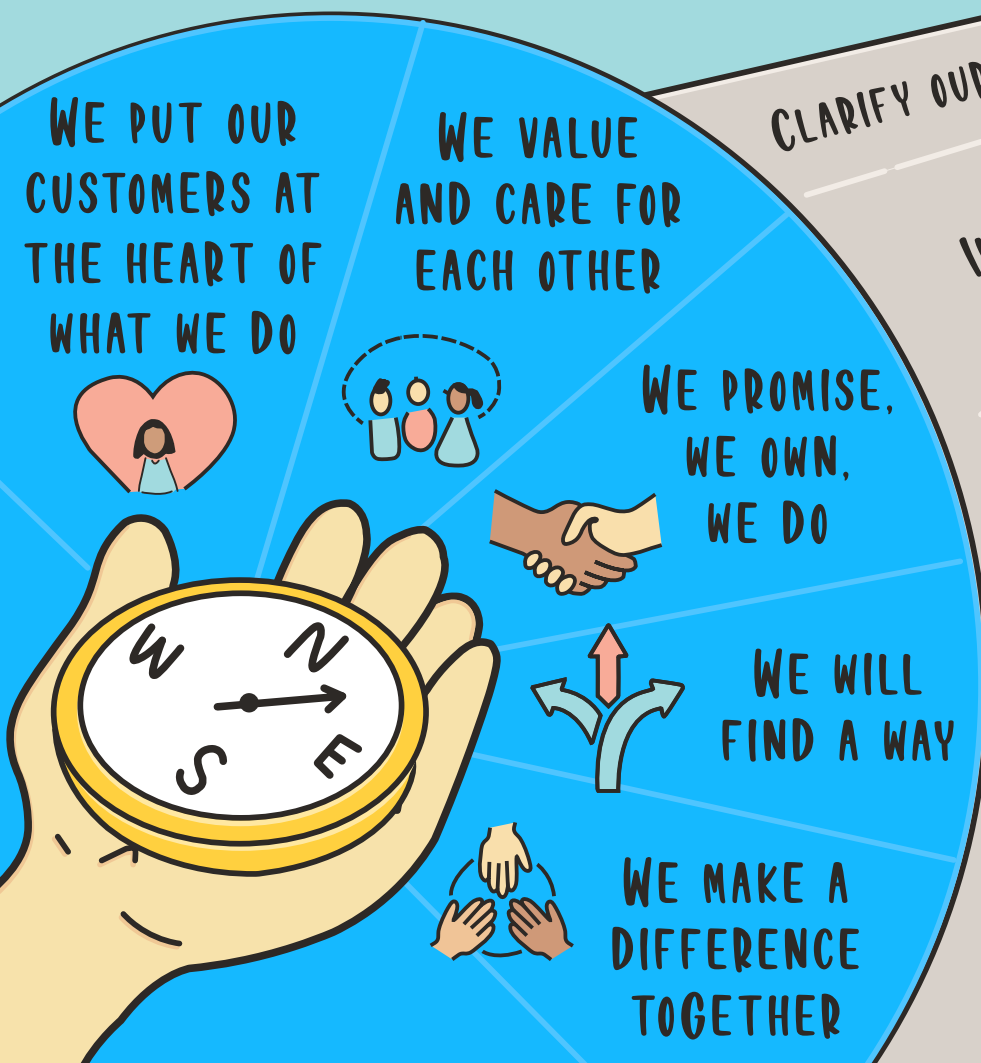


Michael Walsh
Board Chair



GREAT SERVICES, VALUED PARTNER, HEALTHY WESTERN AUSTRALIANS

WE SUPPORT OUR CUSTOMERS TO
PROVIDE EXCELLENT HEALTH CARE



CLARIFY OUR ROLE AND SERVICE OFFERING

IMPROVE CUSTOMER EXPERIENCE

ENHANCE OUR BUSINESS PERFORMANCE

EMPOWER OUR PEOPLE

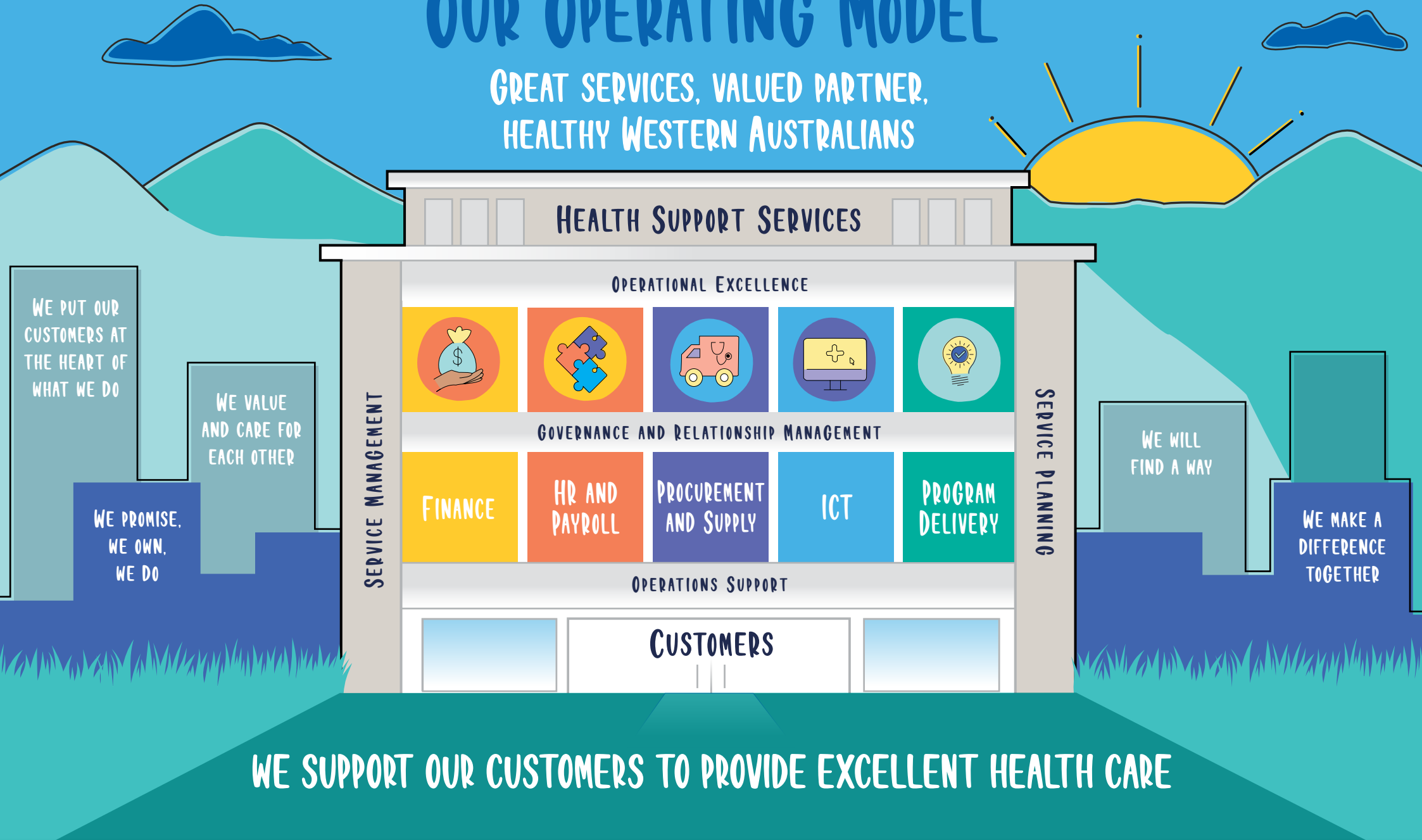
BUILD OUR SOCIAL, ENVIRONMENTAL
AND ECONOMIC SUSTAINABILITY

STRATEGIC PLAN
2022-24



OUR OPERATING MODEL

GREAT SERVICES, VALUED PARTNER,
HEALTHY WESTERN AUSTRALIANS



PERFORMANCE HIGHLIGHTS

As the shared services provider for the WA health system, HSS has again had an integral role in supporting our customers and in turn the WA community throughout the 2021-22 financial year. However, a key focus of this year has been the future of the organisation. Through the development of the HSS Strategic Plan 2022-24 we set a clear vision, underpinned by our values, to ensure we're set up for success in years to come.

A FOCUS ON THE FUTURE

New Strategic Plan for 2022-24

In late 2021, HSS released a new Strategic Plan 2022-24, outlining a clear direction for how we will better support our customers across the WA health system to ensure they can provide excellent health care.

Our new Strategy sets bold and clear aspirations over the next three years to achieve our vision of - Great services, valued partner, healthy Western Australians.

The Strategy was created by the HSS Board and Executive team in consultation with every Health Service Provider, the Department of Health, Mental Health Commission, and Health and Disability Services Complaints Office, as well as our employees. It aims to better address the needs of the WA health system as demand for health services continues to grow and we transition to living with COVID-19.

Under the new Strategy, HSS will continue to put customers at the heart of everything we do while investing in our people. There will be a strong focus on delivering simple, reliable, responsive and sustainable services to support the WA health system into the future.

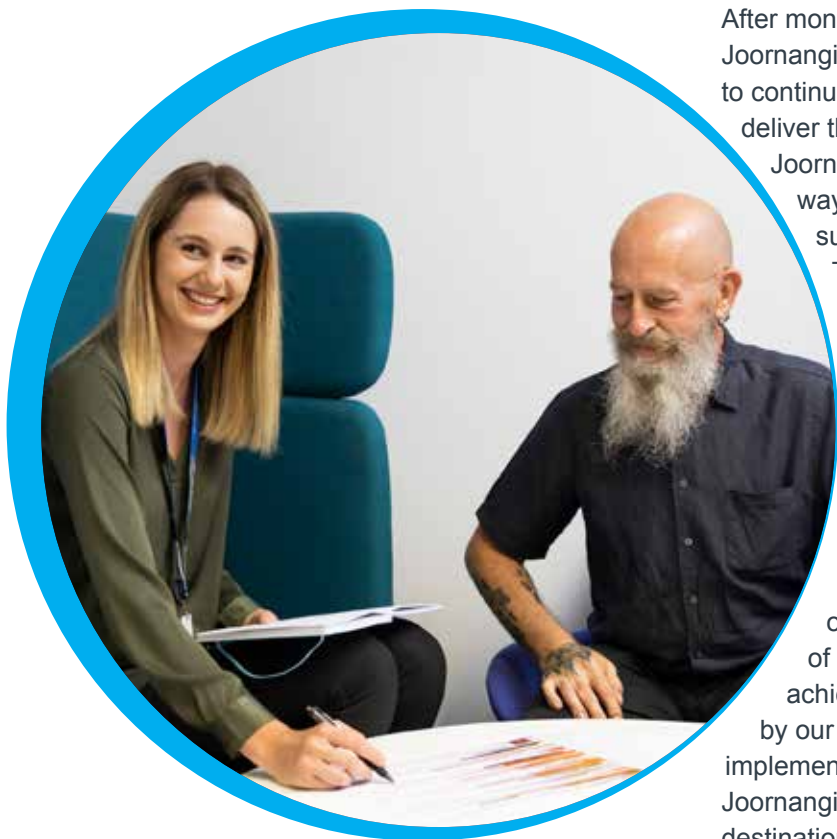
Over the next three years, HSS will work toward achieving the following strategic themes:

- Clarify our role and service offering
- Improve customer experience
- Enhance business performance
- Empower employees
- Build social, environmental and economic sustainability.



10

Health Support Services



Delivering on our promises

The HSS values drive the way we work every day, and when it comes to delivering our Strategic Plan 2022-24, it's no different. The HSS Transformation and Strategy team focus on finding a way to deliver on our promises, while working together with each HSS business unit.

After months of scoping and planning, the new Joornanginy Program has been developed to continue HSS' transformation journey and deliver the Strategic Plan. The delivery of the Joornanginy Program will transform the way we work and enable us to better support each other and our customers. This will help us to achieve future success as a contemporary shared service provider that offers simple, reliable, responsive and sustainable services.

Joornanginy (Joor-nung-in) means 'travelling' or 'journeying' in Noongar language. This name reflects the picture of the Strategic Plan. We are on the road towards our destination of delivering the Strategic Plan and achieving our purpose and vision, guided by our values compass. The journey of implementing the Strategic Plan through the Joornanginy Program is just as important as the destination.

The high-level objectives of the Joornanginy Program are:

- **Clarify our role and service offering** – Align HSS' role and service offering to the impact that it needs to have to best support its customers and the wider WA health system.

- **Improve customer experience** – HSS will openly and authentically engage with its customers to better understand and deliver on their needs.
- **Enhance our business performance** – HSS will improve its processes, invest in technologies, improve program and project delivery, and refine the way it is organised internally to deliver better outcomes for its customers.
- **Empower our people** – HSS will enable, encourage and invest in its people to grow a strong and positive culture.
- **Build our social, environmental and economic sustainability** – HSS will become a future-focused organisation that positively contributes to the world in which it operates – now and into the future.

The Program was officially launched at an organisation-wide Briefing in April 2022. A physical collaboration hub (Manjaree) has been established and the Strategic Communications Plan has been initiated, with consistent messaging and dialogue to internal and external stakeholders occurring regularly.

Delivery and reporting on the Year 1 work packages to achieve the first set of outcomes is underway.

SUPPORTING WA'S COVID-19 RESPONSE

Ensuring critical supply in a global pandemic

The global demand for critical medical products continued to increase as the pandemic continued into another year. HSS focused on maintaining a COVID-19 reserve of essential medical consumables to support the WA health system through this challenging period. HSS continued to lift inventory levels across multiple products to reduce the impact of any supply disruptions and to mitigate against further supply chain risks.

Prior to the COVID-19 pandemic, HSS held four weeks of stock on hand to supply hospitals across the WA health system. As a result of learnings from the COVID-19 pandemic, HSS now holds 12 weeks of stock on hand across all inventory lines, except for critical PPE where we now hold a significant COVID-19 scenario-based reserve.

Throughout the COVID-19 pandemic, HSS has provided uninterrupted supply of quality PPE and medical consumables during surging demand and restricted supply. This supported frontline healthcare workers and the public sector service delivery workforce (police, communities, ambulance, aged care etc.) more broadly. This enabled these critical community members to work safely and with the right supplies which provided a huge confidence boost to the WA public sector.

HSS support of the WA Free RAT Program

In partnership with PathWest, HSS secured vital supplies of RATs to support the State's COVID-19 response in a highly competitive market. The RAT sourcing activities required a significant increase in logistics and warehousing capacity, including dedicated temperature-controlled storage for RATs.

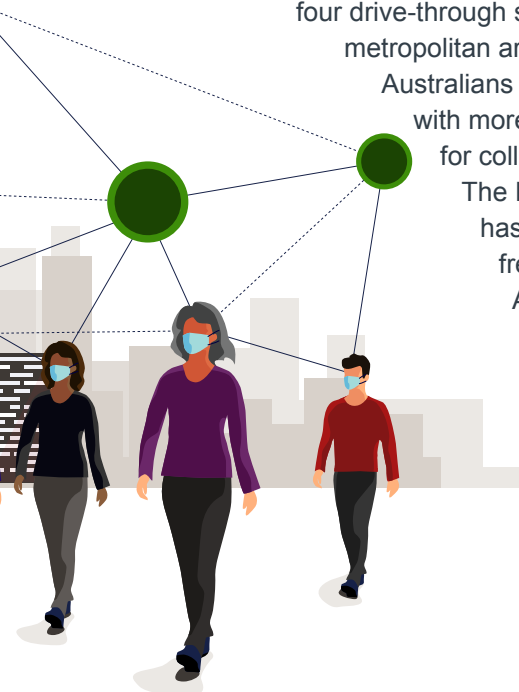
A critical priority for the HSS Procurement and Supply team in early 2022, was their collaborative work with the Department of Health, PathWest, Department of Finance, Department of the Premier and Cabinet, Department of Communities and Department of Treasury to fund, source, distribute and warehouse RATs for the Western Australian community under the McGowan Government Free RAT Program.

The WA Free RAT Program was an Australian first, providing an initial 5.3 million free RATs to more than one million households across the State.



Under the program, each WA household was eligible for fifteen individual tests. The program has also provided RATs to the community service sector, schools and childcare providers to ensure they have supplies when the critical worker furloughing policy took effect. In addition, healthcare workers across the public health system received additional free RATs due to the high risk of being exposed to COVID-19 while at work.

In May 2022, the Program expanded with free RATs available for collection for close contacts across locations throughout metropolitan and regional Western Australia to support testing requirements. This included HSS opening four drive-through sites across the Perth metropolitan area to provide Western Australians who are close contacts with more convenient options for collecting their RATs. The Free RAT Program has delivered millions of free RATs to Western Australians and continues to support close contacts in the community all over the State in staying safe and managing the impacts of COVID-19.



COVID-19 Rapid Recruitment

In 2021-22, HSS' dedicated COVID-19 Recruitment Team continued to work closely with the Department of Health and Health Service Providers (HSPs) on a range of strategies to rapidly recruit, deploy and onboard a highly skilled contingency workforce.

These strategies ensured the WA health system could continue to respond to the impacts of the pandemic as wide-spread community transmission in WA increased for the first time.

Recruitment activity to support metropolitan and regional Western Australia included:

- Recruitment and onboarding of a multidisciplinary reserve workforce to respond to COVID-19 outbreaks in WA (e.g. contact tracing and COVID-19 testers).
- Supporting State-run COVID-19 testing clinics.
- Supporting community COVID-19 vaccination clinics.
- Recruitment and onboarding of various COVID-19 positions within WA public hospitals.

In addition, a new team was also established to support our customers with rapid recruiting to uplift positions across the WA health system. Since the beginning of COVID-19 global pandemic in 2020, there have been an incredible 11,076 appointments made (as at 30 June 2022) to the WA health system in response to the COVID-19 pandemic. Using the rapid recruitment process, the WA health system has been able to recruit and onboard a new employee in an average of 34 working days.

NurseWest

In 2021-22, our NurseWest casual employees helped to keep critical regional health services in operation across Western Australia, through extended rural placements. Our team also contributed to WA's COVID-19 response, staffing COVID-19 services, including airport screening, contact tracing, testing and vaccination clinics.

There have been significant challenges for NurseWest in 2021-22 as demand for services increased for Registered Nurses and Enrolled Nurses due to system-wide nursing shortages and furloughed staff. NurseWest were able to fill 770,937 hours for Registered Nurses and 46,208 hours for Enrolled Nurses. In addition, and despite the doubling of pre-COVID-19 Assistant in Nursing (AIN) shift requests, NurseWest continued to meet supply targets and delivered 732,972 hours of AIN services throughout the year.

ServiceWA

In August 2021, National Cabinet agreed to explore the ability for individuals to voluntarily include their vaccination status in State COVID-19 check-in apps. The HSS COVID-19 business unit was requested to rapidly stand up a project team to deliver a State-based solution that could digitally demonstrate an individual's vaccination status whilst also being integrated with venue check-in functionality.

ServiceWA was developed in response to this requirement. Launched on 11 January 2022, ServiceWA was developed through multi-agency collaboration between HSS, the Department of the Premier and Cabinet (DPC), and the WA Police Force. There was also significant collaboration on a national level, working with Services Australia, the Australian Taxation Office and the Digital Transformation Agency.

The initial deployment of the application focused on providing people a secure way to check in to venues, show proof of vaccination and manage G2G passes, providing a seamless customer experience within one central application. The establishment of the foundational components of the application enabled the ServiceWA app to be further developed, providing future benefits that will be realised in years to come. In early March 2022, HSS began gradually handing over the management of the ServiceWA app to DPC, completing the handover in April 2022.

The success of the ServiceWA application is testament to the HSS COVID-19 team's ability to rapidly mobilise a high performing project team to implement a complex initiative, collaborating with multiple government agencies and jurisdictions.

Service WA

938,160

user
registrations
for SafeWA

341,576

individual
registrations
for SafeWA

29,524

business
registrations
for SafeWA

401,405,169

cumulative scan
events for
SafeWA





Vaccinate WA

HSS has continued to support and enhance the WA health system's VaccinateWA solution. This solution was used to manage the administration of 2,586,041 COVID-19 vaccine doses for people aged five and over in WA.

- 1,045,135 people have received their first dose
- 961,548 people have received their second dose
- 579,301 have received their third dose, and
- 22,185 their winter booster.

Scan or click the QR code to learn how to book with VaccinateWA



PHOCUS Contact Tracing Solution

Contact tracing has been the pillar of the public health response to COVID-19. HSS continues to support this essential activity through the maintenance and improvement of the Public Health Operations COVID-19 Unified System (PHOCUS).

Managed in PHOCUS:

- **909,244** Cases
- **16,336** Close contacts
- **50,310** Returned travelers

COVIDTest WA

COVIDTest WA is a digital patient pre-registration solution that is used to support the WA health system's metropolitan COVID-19 testing strategy. It was developed in partnership with PathWest to improve the accessibility, efficiency and accuracy of testing processes in preparation for widespread community transmission of COVID-19 in the WA community. This system reduces registration errors, while the enhanced sample tracking feature streamlines the collection and testing process.

COVIDTest WA is now used by many people who attend a public testing clinic. Patients can scan a QR code using their mobile phone, which prompts them to securely pre-register their personal details prior to being triaged by a clerk and getting their test.

The system has delivered a number of benefits for patients and clinics. Pre-registration has reduced manual effort and data entry which facilitates a reduction in patient wait times and allows testing laboratories to know, real-time, how many swabs they can expect at any point. It also allows for seamless information flow from registration to testing, significantly reducing paper-based activities and simplifying the user experience.

The project has significantly improved testing capacities for the State, allowing the benefits to be realised by WA health employees working in clinics as well as other members of the community presenting for testing.

SUPPORTING MAJOR PROGRAMS AND PROJECTS

HealthNext

Led by HSS, the HealthNext Program (HealthNext) was successfully completed in December 2021. HealthNext is a foundational element of the WA Health Digital Strategy 2020-2030, specifically contributing to the strategic theme of 'Optimised Performance'. Leveraging the WA Government's GovNext initiative, the Program consolidated WA health system ICT infrastructure from on-premise server rooms and data centres into GovNext-ICT facilities and provided a unified data and communications network, connecting health workers across the State.

The Program, which comprised 12 discrete projects, saw more than 7,000 assets, 1,700 servers and 3,114 databases transitioned into a new hybrid-cloud environment.

Completion of the HealthNext Program improved digital security, reliability of service delivery, reporting and capability. Importantly, it significantly reduced the risk of critical clinical and corporate system failure and reduced the amount of power required to run WA health system servers.

HealthNext

This program is a key enabler of the WA Health Digital Strategy 2020-2030 by transforming the WA health system's ICT legacy on-premise infrastructure to a scalable, cost-effective, hybrid-cloud environment to better support the delivery of health care.



Medical Imaging Replacement Program

The Medical Imaging Replacement Program (MIRP) is a major ICT initiative being led by HSS that will introduce a new medical imaging solution at all major WA health system hospital sites. The new system will replace the existing Picture Archiving and Communication System/ Radiology Information System (PACS/RIS), which is reaching the end of its life, with a new centralised medical imaging platform that has the potential to allow for the sharing of images between public and private radiology providers in WA.

A contemporary medical imaging system will better support clinicians in WA public hospitals to deliver world class clinical care. In preparation for the new medical imaging solution, HSS successfully replaced all end-of-service radiology diagnostic workstations across metropolitan hospitals to assist radiologists with more effective diagnostic imaging.

The Program has successfully completed testing of the new solution and received Change Advisory Board approval to declare the solution technically ready. In parallel, the bulk migration of data from the current PACS/RIS has also been completed.

The South Metropolitan Health Service has started accepting future Radiological service bookings into the new solution.

Starting with Rockingham General Hospital, the new solution will be commissioned in phases at nine hospital sites towards the end of 2022 and start of 2023.


Digital Workspace Program

HSS successfully completed the digital workspace program in February 2022. The Program upgraded approximately 14,000 computers from Windows 7 to Windows 10 over 14 months. WA health system employees now have improved productivity tools, the ability to facilitate remote working, improved compatibility with new applications, reduced support costs, improved information security, digital enablement of new devices, increased reliability of devices and a strong foundation for further technological developments.

Human Resource Management Information System (HRMIS)

Replacing the existing HR, payroll and rostering system with a contemporary HRMIS is a key recommendation of the Sustainable Health Review and the WA Health Digital Strategy 2020-2030. A new HRMIS will enable HSS to deliver a more responsive payroll and rostering service to all WA health entities and a better customer experience to the more than 55,000 WA health system employees. It will also provide HSS and all of our customers access to more reliable and consistent data to improve workforce planning and reporting.





The HRMIS Program moved into the implementation and delivery phase during 2021-22, following funding approval through the WA Government Digital Capability Fund in December 2021. A number of key achievements enabled the program to move into delivery in January 2022, including:

- Successfully concluding a comprehensive procurement process and appointing a partner and software provider to deliver the new HRMIS.
- Awarding contracts to integration partners.
- Remediating the existing HR, payroll and rostering systems, to ensure compliance until the transition to the new HRMIS.
- Undertaking data cleansing activities and establishment data alignment with the revised Establishment and Workforce Data policy.

In February 2022, the Program entered the design stage of delivery, where key decisions were made about how the new solution will be configured, and topics like changes to business processes, user experience, reporting and legislative requirements, and how components work together and with other WA health systems were considered. Work will continue on the design, build and testing of the new solution throughout the 2022-23 financial year.

Improvements to payroll service delivery

In the lead-up to the transition to a replacement HRMIS payroll solution, HSS Payroll Services continues to deliver a range of initiatives to improve service delivery for our customers.

Key initiatives include:

- The delivery of a bespoke learning and development framework to uplift the technical payroll knowledge and competency skills of new and existing team members.
- Implementation of process-based quality assurance to monitor, identify and deliver continuous improvement on internal payroll processing.
- Development of improved roster authorisation and payroll certification controls to reduce the risk of fraudulent activity.
- Collaboration with our customers to improve the timely submission of accurate payroll information to ensure employees are paid correctly.

Our Payroll Services, Assurance and Knowledge Management and HRMIS Program teams will continue to work closely with our customers throughout 2022-23 to enhance payroll service delivery, improve the customers' payroll experience and prepare for transition to a new HRMIS solution.

My Health Record integration

The Australian My Health Record (MHR) system provides an individually controlled online summary of a patient's health information. Through a range of innovative projects undertaken by HSS, WA continues to lead the nation in the use of MHR thanks to its integration with the core clinical and patient administration systems used across the State.

WA health system clinicians access MHR more than 6,500 times per day in order to provide timely patient care. The use of MHR by general practitioners (GPs) has also increased significantly due to the type and volume of documents uploaded through the WA health system applications, making MHR an invaluable source of information in the care of patients.

This year, there was significant growth in the use of MHR by consumers as people were able to view pathology results for COVID-19 tests which were uploaded directly from testing facilities.

This year, key achievements of the HSS MHR Program included the automatic uploading of Same Day Procedure reports, State-wide sharing and upload of specialist/outpatient letters (12,500 per week), and the connection of over 300 community health centres to MHR across the WA Country Health Service.

However, it is the successful launch of a proof of concept for electronic prescribing (ePrescribing) at Royal Perth Hospital (RPH) that will likely prove most tangible for the WA community in the long term. On Wednesday 29 June 2022 at 2:20pm, the WA health system's first electronic prescription was produced by a Gastroenterology clinic at RPH and issued via an SMS token. As a result, WA is the first public health jurisdiction in Australia to successfully deliver an electronic prescription for supply by community pharmacies.

Australian Digital Health Agency CEO Amanda Cattermole said the new service was a major step forward for the WA health system, as well as for patients.

"This is a fabulous development for hospital outpatients to make their lives a little easier upon leaving hospital with proven digital technology that will further enhance the reputation of Western Australia's world-class health system."

As a result of these achievements, the Commonwealth have committed further additional funding to the WA health system in 2022-23 to undertake a range of projects to further integrate MHR with public and private Residential Aged Care facilities and continue the State-wide rollout of ePrescribing.

Voluntary Assisted Dying Information Management System

On 1 July 2021, Voluntary Assisted Dying (VAD) came into effect as a choice available to eligible people under the *Voluntary Assisted Dying Act 2019* (WA). VAD involves a process to access medication so that an eligible person is legally empowered to choose the manner and timing of their death. Put simply, voluntary assisted dying means that some adults can now ask for medical help to end their life if they have a disease or illness that is so severe it is going to cause their death and their suffering cannot be relieved in a manner tolerable to them.

As part of an overall project to implement the legislation, the ICT solution was delivered by HSS to guide practitioners and people through the VAD process while facilitating compliance with the legislative requirements.

The solution assists in reducing the administrative burden of the VAD process for practitioners. It automates specific processes and alerts practitioners when an action is required while ensuring confidentiality of information is maintained at all times. In addition, it provides a means for people to find information and resources to assist them make decisions, understand the process and obtain support.



The VAD Information Management System solution went live on 1 July 2021 and has attracted positive feedback from practitioners and other users. People seeking to access VAD can track their progress via the solution and provide required information and receive support at different stages.

SUPPORTING OUR PEOPLE

HR & Capability Highlights

The safety and wellbeing of our employees has continued to be a priority for HSS throughout 2021-22 and measures continue to be put in place to provide a safe working environment, ensuring continuation of service to our customers.

These measures include providing flexible working arrangements and enabling virtual working to ensure employees can work safely and effectively from home. HSS has upgraded its telephony system so it can be used remotely, supporting business continuity and improving flexible working opportunities. Laptops and other relevant equipment were provided to HSS employees to enable working from home.

This is a significant milestone which ensured the critical support services provided by HSS' customer-facing service delivery teams' ability to operate from their home - reducing the likelihood that these services would be critically impacted by a rise in COVID-19 cases in the office. HSS continues to drive digital strategies that enable flexible work practices and to support the health and wellbeing of its employees.

This year, a wellbeing calendar was launched with a specific focus on tools, resources and initiatives to manage stress in relation to COVID-19. Wellbeing sessions, such as 'Managing Wellbeing in Wonky Times', 'Compassionate Leadership', 'Keeping Sane by Talking Stress Reduction' and 'Leading Hybrid Teams' were attended by over 250 HSS employees.

HSS also responded to employee feedback around the need to increase workforce capacity by placing more FTE in key customer-facing functions. This ensures our teams can meet customer demands, while reducing negative impacts on wellbeing.



Focus on Learning and Development

In 2021-22 the Learning and Development budget was doubled, enabling HSS employees an increased opportunity to access capability development.

A new HSS Learning and Development Framework was implemented to ensure that all development initiatives are aligned with best practice and to guide initiatives that will support our HSS Strategic Plan 2022-2024.

HSS has implemented compulsory mental health first aid training for leaders to support employee wellbeing. Leaders are provided with a greater understanding of mental health issues, how to manage stress and anxiety and learn where to refer employees who need assistance. In addition, inclusive leadership training was introduced to enhance leadership capability, while ensuring all HSS employees feel supported, included and capable of success.

- 40 HSS Managers have completed inclusive leadership training
- 111 HSS Managers have completed Mental Health First Aid training.

Our performance development program, MyPerformance, continues to facilitate regular conversations between employees and their line leaders about the identification of development opportunities, performance recognition and how each person contributes to HSS' purpose.

In 2021-22, 68 per cent of HSS employees had a performance agreement in place and 79 per cent of employees have completed a final review of their 2020-21 performance by 30 June 2022.

Feedback from MyPerformance discussions continues to inform the development of leadership training and technical professional development programs.

An HSS Culture Pulse Survey was conducted in November 2021 to gauge employees' sentiment about their experience at HSS. There was a 13% increase in the overall culture score. Specific questions asked in relation to HSS culture found:

- 79 per cent agree that we treat each other with respect
- 69 per cent agree that we value our health and wellbeing
- 75 per cent agree that we recognise each other's diverse contributions
- 68 per cent agree that we empower and support each other.

An HSS Employee Experience Expo was held in August 2021 to connect our team with benefits available to them as HSS employees. In addition, the annual Excellence Awards ceremony was held, acknowledging employees that 'go above and beyond' to support our customers to deliver excellent health care.



OUR YEAR AT A GLANCE in 2021-22



Processed

519,404

invoices for our
customers



Managed

971

contracts
worth a total

**\$4.3
BILLION**



Processed

507,000

purchase order
lines



Resolved

432,819

ICT support
tickets



Supported

44,045

computing
devices for
customers



NurseWest
Team filled

1,130,440

hours of
metropolitan
Nursing and AIN
shortfalls

405,523

hours of
regional
Nursing and AIN
shortfalls

Scan or click the
QR code to learn how
HSS has supported
the WA health system





Advertised

9,250

external
recruitment
positions



Managed a
catalogue of

92,000

product lines



Contact Centre,
Workforce,
Finance,
Procurement,
Supply and ICT
responded to

628,000

customer calls



Provisioned

95,913

requests for
IT access



Supplied

1.5 MILLION

inventory lines
to customers



Processed

79,500

employment
contract
variations

OPERATIONAL STRUCTURE

Enabling legislation

Health Support Services is a board-governed Health Service Provider established under the Health Services (Health Service Provider) Order 2016 (WA) made by the Minister for Health under section 32 of the *Health Services Act 2016* (WA).

The HSS Board is legally responsible and accountable for providing a standardised suite of technology, supply, workforce and financial services to the System Manager and other HSPs, established under the Health Services (Health Service Provider) Order 2016 (WA).

This is undertaken through active monitoring of performance and setting the health service's strategic direction. The Minister for Health appoints the HSS Board. The HSS Chief Executive is employed by the Director General as the 'Chief Employee' of the HSP and is accountable to the Board.

Responsible Minister

The HSS Board is responsible to the Minister for Health and Mental Health, the Honourable Amber-Jade Sanderson MLA.

Note: From 1 July to 21 December 2021 the HSS Board was responsible to the Deputy Premier; Minister for Health; Medical Research; State Development, Jobs and Trade; Science, the Honourable Roger Cook MLA.

Accountable authority

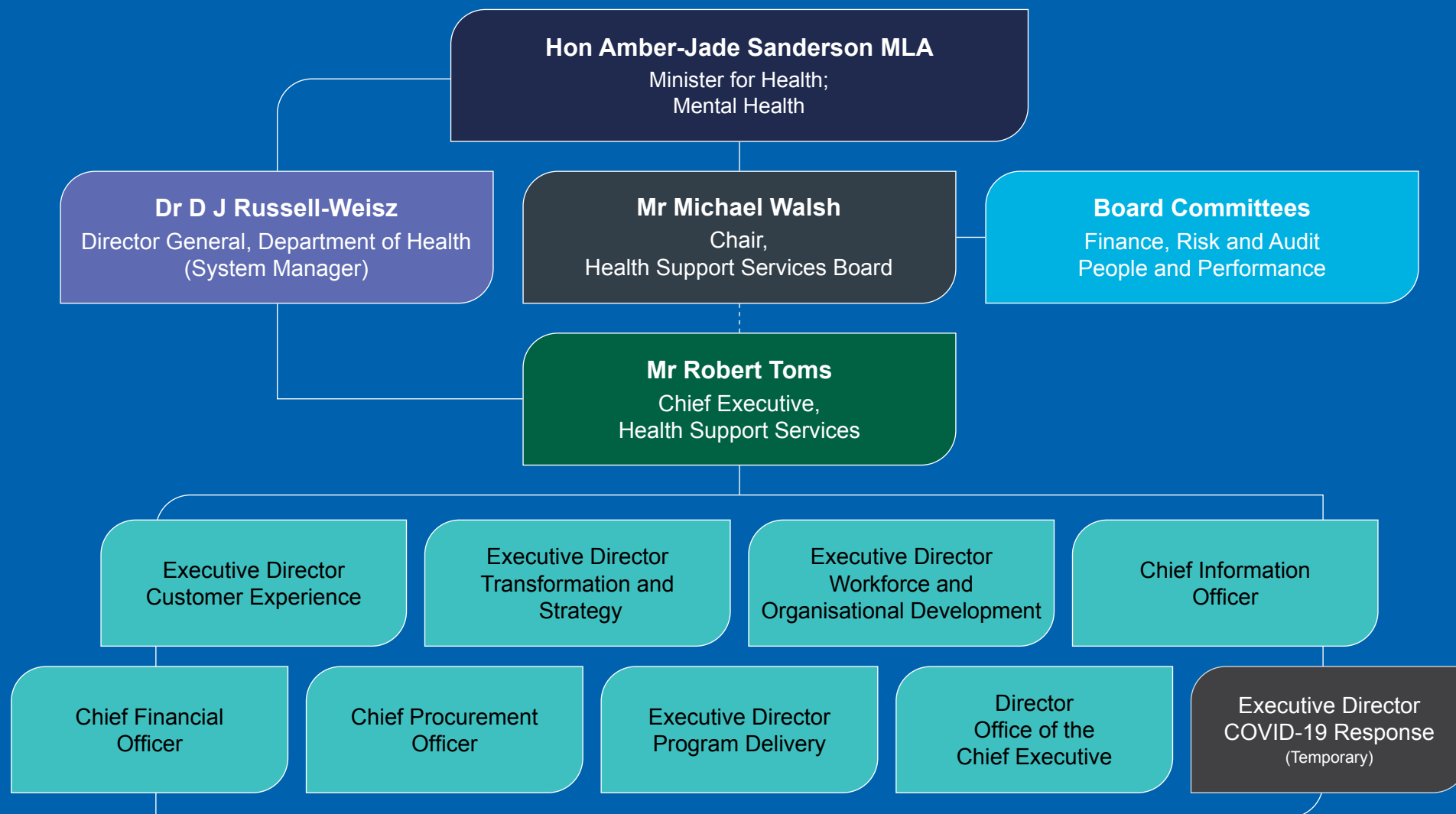
HSS, as a Health Service Provider (HSP), is accountable to the Minister for Health and the WA Department of Health (DoH) Director General, as the System Manager.

The System Manager is responsible for the overall management, performance and strategic direction of the WA public health system, ensuring the delivery of high quality, safe and timely health services.



HSS ORGANISATIONAL STRUCTURE

As at 30 June 2022



The HSS Board enables us to better deliver on what matters – supporting our customers to provide excellent health care so that we can work to achieve our vision - ‘great services, valued partner, healthy Western Australians’. Our HSS Board members bring a diverse range of experience across the fields of medicine and health care, finance, law, community and consumer engagement. Their significant accomplishments in their respective fields are an invaluable asset for our organisation.



Not pictured: Yaso Ponnuthurai

OUR HSS BOARD



Michael Walsh PSM
Board Chair

Michael Walsh, a highly regarded senior executive, has worked in the public health system for many years - having served as Director General of Queensland Health and the inaugural Chief Executive of eHealth NSW. Michael was the Chair of the Australian Health Ministers Advisory Council and was on the board of the Australian Digital Health Agency which is responsible for 'My Health Record'.

He is the Chair of the Digital Health Cooperative Research Centre, working to ensure research and innovation in digital health offers Australia significant economic and business development opportunities, as well as great promise for the better health of our community. Michael is also the Chair of the Queensland Reconstruction Authority working to help communities affected by natural disasters to recover as quickly as possible and to support them to be resilient.

He has managed a number of large-scale projects including leading a team which built three tertiary hospitals in South East Queensland.

Michael's background in strategic advisory services to large organisations feeds his passion for organisational excellence and supporting values-based organisations and teams achieve outcomes that improve the lives of everyone. His skills in leadership, digital health, governance, strategy, planning and transformation will enhance HSS' overall operation and day to day activity.

On 8 June 2020, Michael received a Public Service Medal for outstanding public service to the health sector in Queensland.

"I am committed to providing services to support our WA Health customers to provide excellent health care. We work in partnership with our customers to always find a way to meet their needs and share the common goal with them that a patient's best health outcome interests are paramount. I am proud and humbled to be part of an organisation doing great things for the health of Western Australians."

OUR HSS BOARD



Margaret Pyrchla

Deputy Chair

Chair, Finance, Risk and
Audit Committee

Margaret Pyrchla, HSS' Deputy Chair, is currently Head of Commercial at Western Power. Margaret is an experienced non-executive director who has held numerous roles on boards of small to medium not-for-profit organisations, professional organisations and WA Government agencies. Margaret's professional training, combined with more than 20 years' experience in public accounting practice and federal and state government entities operating in financial services, energy and health sectors, has equipped her with a wide range of skills and expertise.

Margaret is passionate about sharing her knowledge and experience through board directorships but also through teaching. She spent over a decade lecturing for the Chartered Accountants Australia and New Zealand and the Governance Institute of Australia.

Margaret is a graduate of the Institute of Company Directors and she holds a Masters degree in Applied Finance and Investments, Postgraduate Diploma in Accounting, Postgraduate Diploma in Applied Corporate Governance, and a Bachelor's degree in Business.

"Being part of the HSS Board provides an incredible opportunity to shape the future of HSS as a shared services provider of choice for the health sector in Western Australia, for the benefit of our community."



Cheryl Chan

Chair, People and
Performance Committee

Cheryl Chan has over two decades' experience specialising in employment and discrimination law and has worked internationally across several different industries including oil and gas, financial services, health, and education. Cheryl has managed numerous high-profile mergers, acquisitions and divestments, restructures, regulatory investigations, employment and discrimination issues and litigation and industrial relations matters.

Cheryl runs a consulting business, Remotely Legal, helping employers and boards with employment law issues, strategic HR and industrial relations advisory services, dispute resolution, training and investigations.

In 2019 Cheryl was named Woman Lawyer of the Year by Women Lawyers of Western Australia, and in 2020 she was named Senior Lawyer of the Year by the Asian Australian Lawyers Association. In 2020 and 2021, she was named in Doyle's international guide as a 'Leading In-house Employment and WHS lawyer – Australia 2021'.

Cheryl brings a strong focus on people and culture to the HSS Board.

"If we look after our people, get the culture right, then we look after our customers, health care workers and in turn, all West Australians."



Dr Paul Boyatzis
Member, People and
Performance Committee

Former WA Executive Director and Group CEO of the Australian Medical Association for more than 30 years, Dr Paul Boyatzis brings a wealth of business and health management experience to the HSS Board.

He has a strong understanding and in-depth knowledge of the health sector, with experience at Sir Charles Gairdner and King Edward Memorial Hospitals in senior executive management roles. Paul has served on several boards and his extensive experience interacting with WA Health makes his representation on the HSS Board invaluable.

Paul's expertise lies in implementing change management practices in complex organisations while ensuring a front facing credible social conscience. He is highly motivated with a strong record in improving organisational performance, people and culture and achieving outcomes. Paul is a Fellow of the Australian Institute of Company Directors and the Australian Institute of Management, an Honorary Doctor of Laws, and holds a Graduate Diploma in Health Sciences (Dist) and a Bachelor of Business.

"Health is going through a complex evolution particularly in the IT arena. Instead of just building on existing programs, now is the right time to overhaul how things are done and be in a position to shape exciting new initiatives that will complement much needed structural reform."



Dr Rowan Ellis
Member

Currently an Anaesthetic Trainee Registrar at Joondalup Health Campus, Rowan started his medical career as an intern at Fiona Stanley Hospital (FSH) in 2015 and remained within the WA health system for the next five years working across several hospitals.

Rowan brings a wealth of experience as a clinical ICT end-user and is a passionate advocate of the clinical user experience. He has worked closely with HSS to make significant improvements to key clinical applications and has been a Clinical Reference Lead with the Australian Digital Health Agency since 2018.

Rowan's contribution to clinical ICT process improvement led him to work with the Chief Clinical Information Officer and the ICT Strategy and Governance team as the Department of Health's main clinical consultant on the WA Health Digital Strategy 2020-2030, planning for a State-wide Electronic Medical Record System (EMR), and multiple other projects. Rowan supports the renewed focus by HSS on customer experience, especially that of the end-users of the many ICT applications supported by HSS.

"Digital systems are a critical tool which will only grow in importance in coming years, and I look forward to working with the HSS teams that will bring the future of healthcare to the clinical frontlines."

OUR HSS BOARD



Diana Forsyth

Member, People and
Performance Committee

Diana Forsyth's international career as a business leader and management consultant has led her to work with a range of organisations in the health, education, community service and resources sectors, focusing on leading change and business improvement.

She has held executive, consulting and managerial roles in both commercial and not-for-profit organisations including the Harry Perkins Institute of Medical Research, Rio Tinto Iron Ore, and St John of God Health Care. From 2006 to 2016, Diana lived in the United Kingdom, where she advised Australian and European businesses.

Diana's focus is to challenge and support those delivering front line services to remove institutional barriers to improvement. Diana's belief is that authentic leadership, precise organisational design, and well-designed and engaging change, development, and management practices ensure the successful achievement of strategy. She holds an MBA and a Bachelor of Commerce.

"Having worked with public and private health and service organisations in Australia and internationally, I hope to ensure that HSS is an exceptional place to work that enables even more improvement to the already fantastic service provided to customers."



Yaso Ponnuthurai

Member, Finance, Risk
and Audit Committee

Yaso Ponnuthurai has worked in resources and health, capital projects, governance, multicultural community, tourism, the arts, and local government. She has expertise in financial management, stakeholder engagement and organisational governance. She has worked in management positions in Sri Lanka, India and Australia.

Yaso is an independent board member of Thalanyji Trust Advisory Council, Fairbridge Festival, Australia India Business Council WA Chapter and Multicultural Service Centre Boards. She holds an MBA, a Bachelor of Commerce and is a member of Australian Institute of Company Directors.

Formerly a Councillor at the City of Canning, Yaso championed the interests of women and local multicultural communities and advocated for investment in services that empower, with a focus on tackling inequality. Yaso migrated to Australia in 1996. A practicing musician, she has long standing interests in using music and the arts to build bridges within and between communities.

"I bring my background in audit, financial management and governance and my abilities in both long-term project strategy and obtaining the best possible outcome for investment to the HSS Board and ensure risk management systems are robust and secure."



Amanda McKnight
Member, Finance,
Risk and Audit Committee

Amanda McKnight has over 40 years' experience in the WA health sector and has held several clinical and leadership roles. She is currently the Nurse Co-Director of Speciality and Ambulatory Services at Sir Charles Gairdner Osborne Park Health Care Group.

She has also held numerous state and national executive positions including a term as President of the Gastroenterological Nurses College of Australia where she led the transition of the college from a committee-led society to a board-led college.

Amanda is a Rotarian and committed to the various projects her club is involved in. She has also held executive positions within the club, including President and was the recipient of a Paul Harris Fellowship Award.

"I enjoy working with the HSS Executive and Board to shape the future direction of shared services. This assists health more broadly in its commitment to achieving excellent patient outcomes by supporting staff to be able to be their best selves."



Dr Con Phatouros
Member, People and
Performance Committee

Dr Con Phatouros is a radiologist with 30 years' experience in a comprehensive speciality, research and leadership practice, including in the United Kingdom and North America. He is currently a Consultant Neuroradiologist and Head of Department, Neurological Intervention and Imaging Service of WA (NIISWA).

He is President of the Australia & New Zealand Society of Neuroradiology (ANZSNR) and Vice President of the Australian Salaried Medical Officers' Federation (ASMOF) WA branch.

Con was the inaugural Head of Department of NIISWA upon its formal establishment by the Western Australian Health Department in 2007. He was subsequently appointed Medical Co-Director of the Division of Neurosciences at Sir Charles Gairdner Hospital for a term of three years. He was instrumental in establishing the 24/7 state-wide acute stroke thrombectomy service that commenced in 2017.

He holds a Fellowship of the Royal Australian and New Zealand College of Radiologists, a Bachelor of Medicine and a Bachelor of Science.

"As an end-user I experience every day the indispensable contribution of HSS to patient care and staff satisfaction. I am keen to support HSS achieve its maximum potential and ensure HSS staff are valued and appreciate the incredibly important work they do."



SENIOR OFFICERS



SENIOR OFFICERS



Robert Toms
Chief Executive



Emily Pestell
Director, Office of the
Chief Executive

- Governance, risk and compliance
- Policy
- Audit
- Internal and external communications
- Board liaison and coordination
- Ministerial liaison
- Legal counsel



Sash Tomson
Chief Financial Officer

- Accounts Payable
- Facilities
- Fleet
- Statutory and management reporting
- Month-end Accounting
- Budgeting and Planning
- Cash Management
- Taxation
- Costing
- Service Level Agreement and KPI management



Jonathan Smith
Chief Information Officer

- ICT Planning and Architecture
- Applications
- Service Operations
- Cyber Security and Risk Management
- ICT Infrastructure

SENIOR OFFICERS



Carolyn Peel

**A/Executive Director,
Customer Experience**

- Governance of the Service Level Agreements between HSS and customers
- Managing the Voice of Customer program
- Customer contact centre management
- Customer relationship management
- Resolution of major customer issues



Louise Williams

**A/Executive Director,
Transformation and Strategy**

- Strategy, innovation and transformation
- Program and project delivery
- Business change management
- Performance improvement
- Scoping, costing and planning of transformation initiatives
- Program governance, scheduling and reporting



Tim Evans

**A/Executive Director,
Program Delivery**

- Delivery of the ICT major programs portfolio:
 - Medical Imaging Replacement Program
 - HealthNext
 - Human Resources Management Information System
 - Digital Workspace Program
- ICT project portfolio
- Electronic Medical Record program support



Mark Thompson

Chief Procurement Officer

- Governance and leadership of WA health system procurement
- Procurement advisory and education
- Category management
- Warehousing, logistics, supply, and inventory management
- Purchasing, systems and analysis



Ralph Bates

**A/Executive Director,
COVID-19 Response***

- Delivery of key COVID-19 ICT initiatives
- External surge planning and response
- Internal COVID-19 business continuity coordination and oversight



Siobhán Mulvey

**Executive Director, Workforce and
Organisational Development**

- Organisational culture
- Capability and capacity
- Organisation-wide learning and development
- Payroll services
- Employee services, including management of end-to-end customer recruitment
- Management of people data
- Work health and safety
- Internal human resources
- NurseWest
- Assurance and knowledge management
- Executive Sponsor for the Human Resource Management Information System (HRMIS) Program

HSS Senior Officers

The HSS Executive structure displays all officers who were members of the HSS Executive as at 30 June 2022. Alison Mann performed the role of Director, Office of the Chief Executive for the period 1 July 2021 to 6 January 2022.

* Temporary position created to oversee HSS' COVID-19 response.

Note: As per Treasury guidelines, the definition of Senior Officer excludes any person acting in such a position for a period of three months or less.

Key legislation impacting on HSS activities

- *Auditor General Act 2006 (WA)*
- *Construction Contracts Act 2004 (WA)*
- *Contaminated Sites Act 2003 (WA)*
- *Criminal Code Act Compilation Act 1913 (WA)*
- *Dangerous Goods Safety Act 2004 (WA)*
- *Disability Services Act 1993 (WA)*
- *Electronic Transactions Act 2011 (WA)*
- *Equal Opportunity Act 1984 (WA)*
- *Evidence Act 1906 (WA)*
- *Financial Management Act 2006 (WA)*
- *Freedom of Information Act 1992 (WA)*
- *Government Financial Responsibility Act 2000 (WA)*
- *Health (Miscellaneous Provisions) Act 1911 (WA)*
- *Health Practitioner Regulation National Law (WA) Act 2010 (WA)*
- *Health Professionals (Special Events Exemption) Act 2000 (WA)*
- *Health Services Act 2016 (WA)*
- *Industrial Relations Act 1979 (WA)*
- *Long Service Leave Act 1958 (WA)*

- *Minimum Conditions of Employment Act 1993 (WA)*
- *Occupational Safety and Health Act 1984 (WA)*
- *Procurement Act 2020 (WA)*
- *Public Health Act 2016 (WA)*
- *Public Sector Management Act 1994 (WA)*
- *Public Works Act 1902 (WA)*
- *Salaries and Allowances Act 1975 (WA)*
- *State Records Act 2000 (WA)*
- *State Superannuation Act 2000 (WA)*
- *State Trading Concerns Act 1916 (WA)*
- *Unclaimed Money Act 1990 (WA)*
- *Work Health and Safety Act 2020 (WA)*
- *Workers' Compensation and Injury Management Act 1981 (WA)*
- *Working with Children (Criminal Record Checking) Act 2004 (WA)*

Administered legislation

- Nil

Changes in written law

There were no changes in any written law that affected HSS during the reporting period.



HSS ROLES AND RESPONSIBILITIES



Customer Experience

The Customer Experience business unit is responsible for customer relationship management and customer experience across HSS. Its key objectives are to ensure HSS delivers services that are aligned to our customers' changing needs. It also provides a clear escalation path for HSS' customers to engage with the organisation to resolve service issues.

Business functions within Customer Experience include Customer Relationships and the HSS Contact Centre. Customer Relationships provides relationship management services across the WA health system, ensuring that HSS is delivering services in line with Service Level Agreements (SLAs), and is the key contact point for senior WA health system stakeholders. This function works closely with other HSS functions to resolve escalated

customer issues and ensures the requirements and expectations of the customer are considered in the delivery of services.

The Contact Centre offers a simple, responsive and reliable service for our customers by providing one contact number and an easy-to-navigate menu to resolve queries. The Contact Centre works closely with Payroll and Employee Services to ensure a seamless customer experience by handling queries or processing forms to meet customer expectations via a number of channels.



I came back to HSS for the people – they're very friendly and the leadership group is so supportive. Not to mention the great culture, endless learning and development opportunities, and flexible working options – which really helps me as a working mum.

Kate Tomancak
Change Manager

HSS ROLES AND RESPONSIBILITIES



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. This work will lead to an improvement in customer experience and provide value for money for the WA health system.

The Strategy function supports the HSS Board and Executive Team to develop, implement, and review progress against the HSS Strategy and ensure it remains relevant and effective.

The Transformation function uses program and project management expertise to deliver the Joornanginy Program, in partnership with

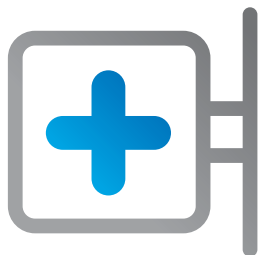
the business. The Joornanginy Program is the vehicle HSS is using to deliver on the Strategic Plan and set the organisation up for future success as a contemporary shared services provider.

The HSS Enterprise Portfolio Management Office aims to strengthen and improve the delivery of programs and projects for our customers. The Program and Project Management Framework sets a benchmark for performance and aims to foster a shared delivery responsibility across the organisation.

The Change Management function provides support to HSS-run programs and projects from both a strategic planning and delivery perspective. The function maintains and

provides a consistent framework, methodology and toolset for implementing change. This is designed to bring a consistent approach to program and project delivery and effective and sustainable change impact. The function is also responsible for collating and providing visibility of change impacts across HSS to inform strategic decision making.

The Transformation and Strategy Business unit also acted as the Crisis Management Lead for the organisation's internal response to COVID-19 until September 2021 to ensure HSS maintained business continuity whilst responding to the needs of the WA health system.



Program Delivery

The HSS Program Delivery business unit is responsible for delivering all major ICT programs and project delivery services across a portfolio driven by business need. This portfolio, valued at nearly \$400M, is driving digital innovation and transformation across the WA health system. Programs include:

- HealthNext
- Medical Imaging Replacement Program (MIRP)
- Network Infrastructure Refresh Program (NIR Program)
- Human Resource Management Information System (HRMIS).

The Program Delivery business unit also delivers a range of other customer-driven ICT Projects, including:

- MyHealth Record integration
- Voluntary Assisted Dying Information Management System.
- PSOLIS Improvement Project
- Monitoring of Drugs of Dependence System Replacement Project

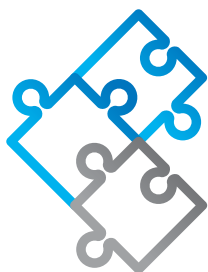


The favourite part of my role is who I work with. The senior leadership team that I am a part of has been one of the most supportive teams I have come across. We work hard, we challenge each other, we encourage individuality, and we remember to laugh.

Sarah Visser

A/Manager Service Operations

HSS ROLES AND RESPONSIBILITIES



Workforce and Organisational Development

Workforce and Organisational Development is responsible for building the capability and capacity of HSS employees and the provision of payroll, recruitment, appointment and employee services across the WA health system.

The business unit works to boost the importance of people management across HSS and empower employees to make decisions. It also seeks to provide and increase support for leaders within HSS, as well as advocate for a customer-focused culture.

Workforce and Organisational Development consists of four functions:

- **HR and Capability** provides human resource consultancy services to HSS managers and employees. In addition, they provide oversight and support for strategic workforce planning, technical, leadership and personal capability development, plus the management of the HSS work, health and safety commitments. HR and Capability also leads the implementation of the organisation's culture and employee engagement strategies.
- **Payroll Services** ensures more than 55,000 WA health system employees are paid accurately and correctly each fortnight, while providing specialist payroll advice and assistance to customers.
- **Employee Services** provides customer focused end-to-end recruitment and appointment services and manages workforce and establishment data.
- **Assurance and Knowledge Management (AKM)** supports the Employee and Payroll Services functions to deliver reliable and consistent service to our customers, assisting the teams to meet required quality, legal and compliance standards. This includes implementing changes to pay rates, quality assurance, compliance, education and improvement activities.

Forming part of the AKM function, NurseWest provides a state-wide centralised casual pool of nurses, midwives, enrolled nurses and assistants-in nursing (AINs) to fill temporary nursing shifts across both metropolitan and regional areas.



Office of the Chief Executive

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

The HSS Governance, Risk and Compliance team provides oversight of corporate risk and business continuity management, policy development and review, Freedom of Information (FOI), legal matters as well as compliance monitoring and reporting. This ensures all HSS employees have a clear understanding of the regulatory and policy frameworks to guide their decision-making.

The HSS Audit team develops and conducts a comprehensive annual internal audit program that enables the independent testing of operational processes, systems and controls,

and provides assurance to the HSS Board and its Finance, Risk and Audit Committee (FRAC). By partnering with other HSS functions, the Audit team can ensure continuous process improvements are implemented in a timely manner.

The HSS Communications team provides internal and external corporate communications services across HSS. By engaging with each HSS function, the team is a key enabler to ensure messages are disseminated to employees and customers in a timely and consistent manner. Public relations and media liaison also form part of their day-to-day role, ensuring HSS is able to provide prompt and appropriate responses.

The Board Liaison and Coordination team is responsible for supporting the operations and management of the HSS Governing Board and its sub-committees to fulfil their functions under relevant legislative and policy requirements.



I've loved the variety of projects I've been able to get involved in at HSS so far and I'm excited for what's to come later this year! I've also had so much support and have felt included and heard which is especially important for an Indigenous person to feel in any space.

Jasmine Unno
HSS Cadet

HSS ROLES AND RESPONSIBILITIES



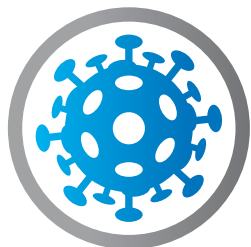
Information and Communication Technology

The HSS Information and Communication Technology (ICT) business unit comprises five functions: Planning and Architecture, Applications, Service Operations, Cyber Security and Risk Management and Infrastructure, who work together to provide end-to-end ICT services for the WA health system.

ICT provides 24-hour service provision and support for critical clinical and corporate systems, network, telephony services and other critical ICT assets. ICT develop and implement policies, processes and systems for maintaining and improving patient safety and dependability of our ICT services to HSPs. ICT also provides network and system security, as well as solution design services for digital innovation across the WA health system.

The ICT core functions are:

- **Planning and Architecture** provide innovative, strategic advice to support WA Health efforts in working towards a digitally enabled health care system.
- The **Applications** team support the delivery of more than 400 enterprise application services used across all hospital sites to deliver health care, an extensive range of enabling technology services, data integration and data delivery used every day across the WA health system.
- **Service Operations** support all WA public health employees by providing digital workspace support and software access, including service desk, field support and the coordination of service management and performance across HSS ICT technologies.
- The **Cyber Security and Risk Management** team are tasked with maintaining and improving cyber security across the WA health system.
- **ICT Infrastructure** underpin all HSS ICT services by managing the network and telephony support to over 540 sites across WA, as well as platform support for the servers which run the systems across WA Health sites.



COVID-19 Response

The continued management of COVID-19 response created a number of significant challenges for HSS. Like many organisations, HSS had to operate in an environment that was volatile, uncertain, complex and ambiguous – for which there was no precedent to refer to as part of our response.

The COVID-19 Response business unit was established temporarily in December 2020 to provide a coordinated approach in supporting system-wide COVID-19 response and preparedness for any potential COVID-19 outbreaks. This business unit is responsible for the delivery of COVID-19 ICT projects, management of COVID-19 applications and supporting the internal and external surge planning and response.

In early 2022, the COVID-19 Response business unit expanded to include HSS specific COVID-19 planning in preparation for the opening of the WA border in early 2022. The HSS COVID-19 Coordination Centre was established to monitor the impact of COVID-19 on our workforce and service delivery to customers. This includes internal contract tracing to minimise the spread of COVID-19 in our workplace as much as possible.

The effort of the COVID-19 business unit continued in 2021-22 to ensure support for HSS and frontline healthcare workers so they could do their jobs safely, but more broadly, continue to make a major contribution to the State's response to managing COVID-19.

I'm proud to have played a role in supporting our customers respond to COVID-19. Access to ICT has enabled clinic nurses and administration staff to quickly and easily sign people in on arrival, administer the vaccine and register them for their next vaccination.

Damian Pacecca

Service Operations Consultant



HSS ROLES AND RESPONSIBILITIES



Procurement and Supply

The Procurement and Supply business unit is responsible for providing procurement and supply chain services across the WA health system. This includes clinical, medical equipment, ICT and other health related contracts. This team leverages the buying power of the WA health system to achieve the best outcomes for customers.

Procurement and Supply focuses on category management and supply chain services to drive value for money for our customers. The business unit delivers value through enhanced supplier performance as well as increased customer responsiveness by reducing lead times for critical sourcing activities.

Procurement and Supply provides guidance and risk management support for the WA health system to reduce exposure of the WA health system to procurement and supply risk.

The Procurement and Supply functions are:

- **Category Management Clinical:** responsible for procurement of HSS managed inventory and consumables and contract management of critical HSS and state-wide panel contracts.
- **Category Management ICT:** responsible for procurement and contract management of critical ICT goods and services to support the ICT operations within HSS and across WA Health.
- **Warehousing and Logistics:** responsible for inventory management, warehouse operations and distribution.
- **Procurement Systems and Analytics:** responsible for spend analysis and procurement intelligence to inform business decisions.
- **Office of the Chief Procurement Officer:** accountable for the implementation of WA health system-wide procurement policies, including providing advice, education and implementation leadership.

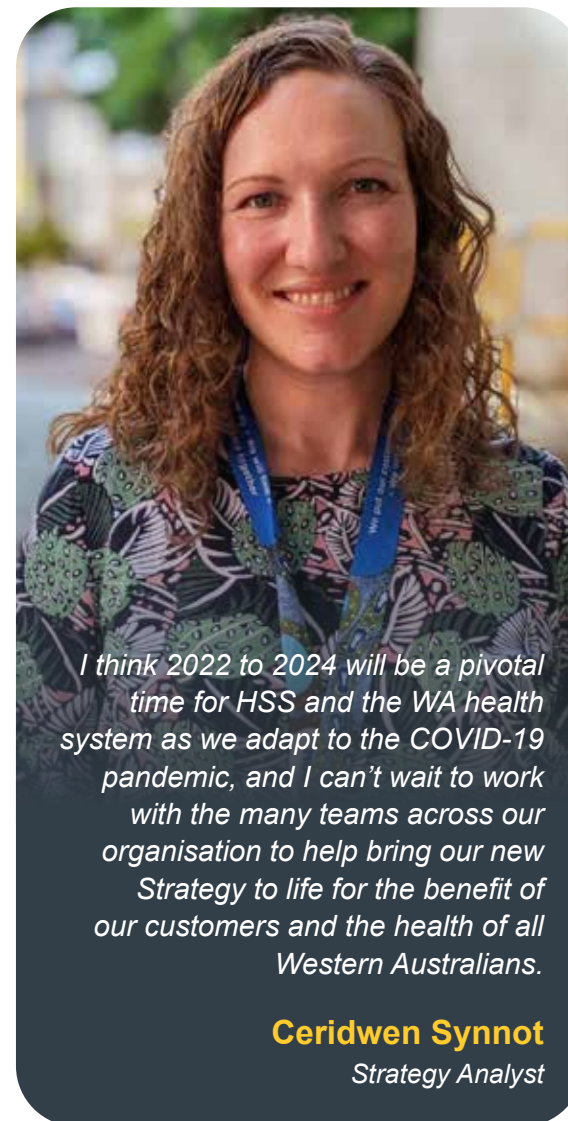


Finance and Operations

The HSS Finance and Operations business unit is responsible for maintaining a strategic focus on the provision of value-for-money services through timely processing of financial services for customers. They manage HSS' internal finance and operations.

The three core Finance and Operations functions are:

- **Accounts Payable:** responsible for managing consolidated accounts payable services across the WA health system.
- **Finance:** responsible for HSS' internal accounting, budgeting, corporate taxation and financial reporting responsibilities as well as operational services including facility and fleet management, and the Digital Mail Room. This function also provides General Ledger and Taxation services to WA health system customers.
- **Analytics and Reporting:** accountable for monitoring and reporting on HSS' performance against agreed measures while providing a central analytics capability for HSS performance data.



I think 2022 to 2024 will be a pivotal time for HSS and the WA health system as we adapt to the COVID-19 pandemic, and I can't wait to work with the many teams across our organisation to help bring our new Strategy to life for the benefit of our customers and the health of all Western Australians.

Ceridwen Synnot
Strategy Analyst

PERFORMANCE MANAGEMENT FRAMEWORK

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 (DoH).

This framework describes how outcomes, services and Key Performance Indicators (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 2021-22 OBM KPIs measure the effectiveness and efficiency of HSS in achieving the outcomes 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 are summarised in the Summary of Key Performance Indicators section (see page 100) and described in detail in the Key Performance Indicators section (refer to pages 100 to 101).

Changes to outcome-based management framework

HSS' outcome-based management framework did not change during 2021-22.

Shared responsibilities with other agencies

HSS works closely with its customers to ensure it delivers simple, reliable and responsive services to enable them to provide excellent health care.

Our customers include the: Department of Health, Health Service Providers, Mental Health Commission, Health and Disability Services Complaints Office and the Quadriplegic Centre.

HSS also:

- provides some ICT services to the WA Department of Justice.
- manages a state-wide contract for Pharmaceuticals that other agencies are able to purchase from.



AGENCY PERFORMANCE

REPORT ON OPERATIONS

The total cost of providing services to the WA health system in 2021-22 was \$489.897 million.

Results for 2021-22 against agreed financial targets (based on Budget statements) with full details of HSS' financial performance during 2021-22, are presented in the Financial Statements section of this report.

Financial targets	2021-22 Target (\$'000')	2021-22 Actual (\$'000')	2021-22 Variations ^(a) (\$'000')
Total cost of services	313,026	489,897	176,871
Net cost of services	311,052	484,683	173,631
Total Equity	533,082	921,457	388,375
Net increase/decrease in cash held	0	-3,698	-3,698
Approved Full time equivalent staff level (salary associated with FTE^(b))	1,146	1,366	220

(a) Please refer to the explanatory statement for further details

(b) Capital FTE accounts for 75 and the remainder can largely be attributed to COVID-19

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 Key Performance Indicators for the 2021-22 period is provided. This should be read in conjunction with detailed information on each key performance indicator found in the Key Performance Indicators section of this report.

This includes an explanation of any variance between actual and target figures.

Key Performance Indicators	2021-22 Actual	2021-22 Target
<i>Efficiency Indicators</i>		
Average cost of Accounts Payable services per transaction	\$6.17	\$6.00
Average cost of Payroll and support services to HSS' clients	\$887.59	\$913.00
Average cost of Supply Services by purchasing transaction	\$247.50	\$39.00
Average cost of providing ICT services to HSS' clients	\$5,566.68	\$4,313.00
<i>Effectiveness Indicators</i>		
The percentage of responses from WA Health Service Providers and Department of Health who are satisfied with the overall service provided by Health Support Services	66.67%	66.00%



SIGNIFICANT ISSUES



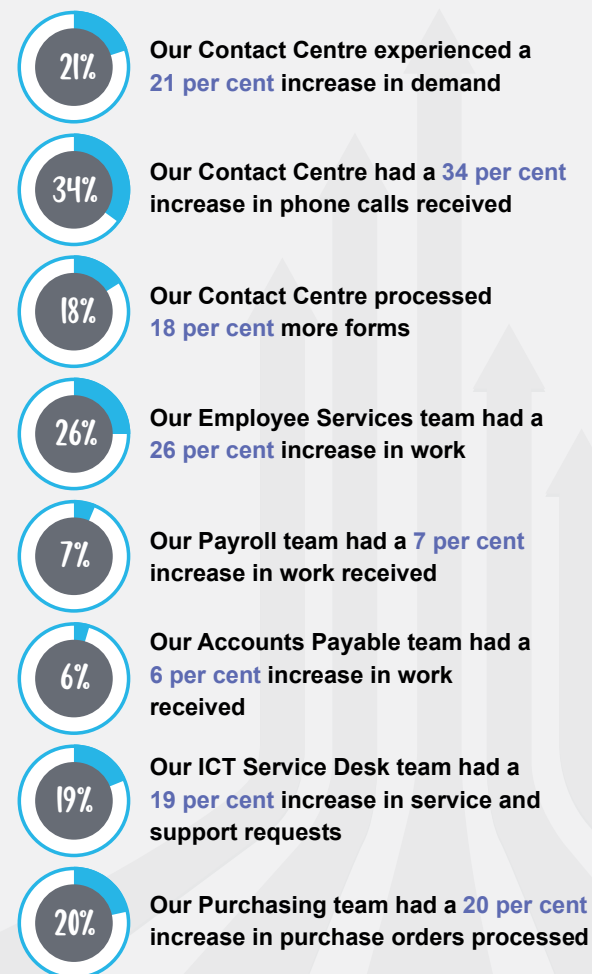
CURRENT AND EMERGING ISSUES AND TRENDS

Increased demand for services

HSS has continued to support the WA health system throughout the evolving COVID-19 pandemic. The pandemic has meant more people are being employed to support the system, which means there are more contracts to issue, pays to process and IT requests to resolve. COVID-19 has also led to additional leave being taken across the system, leading to more payroll processing and customer queries about leave.

This increase in the demand for HSS services has resulted in significant workload pressures during 2021-22. HSS responded quickly, onboarding new resources to specifically support the COVID-19 response, as well as additional permanent resources to manage the permanent demand uplift. This has ensured our employees are able to manage the increase in demand and that customer experience is not impacted.

To quantify these challenges, our percentage increase in demand compared to last year in HSS service areas are as follows:



Improving the customer experience

At HSS, we put our customers at the heart of what we do. We have taken note over the past year that our customer satisfaction (CSAT) survey scores have not been as good as in previous years. Some of this feedback is reflective of the busy environment across the WA health system, the demand challenges previously outlined and our focus on COVID-19 activities, which limited our ability to improve frontline processes.

While our CSAT surveys tell us that our employees are helpful and actively work towards achieving the best outcome for our customers, HSS has identified several key drivers for improvement. These centre on our timeliness to respond and achieve resolution of customer queries, indicating that workflow and workload management are key areas for review.

To make sure we're focusing on the things that are important to our customers, we have included a theme in our Joornanginy Program that aims to 'improve customer experience' and one to 'enhance our business performance'. The aim is to simplify our processes and operating technologies, and ensure we are organised in the right way, to deliver better outcomes for our customers.

Ongoing COVID-19 response

The COVID-19 pandemic continued to challenge our organisation in 2021-22. In previous years our response efforts have focused on building an extensive stock of Personal Protective Equipment (PPE) and COVID-19 ICT and workforce initiatives. This year, the focus was two-fold: supporting our customers to respond to COVID-19 through enabling technologies and functions and support our own business as widespread community transmission commenced in WA.

To support our business, HSS developed a 100-day plan that outlined the activities required to prepare our organisation for the opening of the WA state border. We ensured all business continuity plans (BCPs) were up to date in preparation for the impact of COVID-19 community transmission on our organisation and fast tracked the Enabling Virtual Working Project so that the majority of employees were able to easily and efficiently work from home.

The HSS COVID-19 Coordination Centre was established in early 2022 to monitor COVID-19 cases and furlough impacts across our workforce, monitor business performance and to ensure a dedicated team were available to support all HSS employees through this challenging period. An HSS employee COVID-19 helpline was commissioned, and regular COVID-19 specific communications were issued to support our employees.



To support our customers, HSS continued to deliver on a number of essential COVID-19 support initiatives including the development and implementation of ServiceWA and COVIDTestWA, the continued support of COVID-19 rapid recruitment activities and the ongoing management of PPE supply chains.

HSS continues to support the supply of RATs to the WA Health workforce and has expanded its role to include other WA public sector agencies and the wider WA community.

Delivery of key Digital Strategy 2020-2030 initiatives

Aligned to the Sustainable Health Review, the WA Health Digital Strategy 2020-2030 is the System's roadmap for digital transformation. The Strategy aims to improve health service delivery across the State, improve equity of access, and empower consumers to become true partners in their own care. HSS supports these digitalisation goals through the major ICT transformation programs being delivered by the HSS Program Delivery business unit.


Central to this Strategy is the digital enhancement of older facilities, the development of a system-wide electronic medical record (EMR), and investment in a digital health technologies applications roadmap that balances long-term strategic planning and short-term actions.

Achieving these digital goals will enable the WA health system to accommodate digital disruptions and better respond to changing health industry needs.

In October 2021, HSS mobilised the Network Infrastructure Refresh Program (NIR Program) in response to the network security issues identified by the Office of the Auditor General (OAG) in their annual audit processes for 2020-21 across multiple WA health system entities. The NIR Program will replace the legacy high-risk Local Area Network (LAN) infrastructure at WA Health sites with contemporary, secure, Infrastructure-as-a-Service (IaaS) based LANs. This, together with the work completed by the HealthNext Program, will provide the foundations required to enable WA Health's Digital Strategy 2020-2030.

To deliver another key foundational element of the Digital Strategy 2020-2030, HSS partnered with the Department of Health during the COVID-19 pandemic to enable advanced analytics and reporting capabilities to enhance emergency response and demand management during the public health emergency. The real time data platform was originally implemented in April 2020 to alleviate





operational risks associated with key clinical support systems in the event of a significant outbreak. This year, the platform has been enhanced to facilitate real-time (less than 30 seconds) data reporting for critical clinical areas such as emergency departments. Funding has now been secured to continue the development of the system over the next three years to support investment in real-time data capability to manage system pressures and improve the flow of patients through emergency departments.

While HSS has been working to get our ICT foundations in place, COVID-19 has accelerated the pace of ICT innovation, which has dramatically increased the demand for knowledgeable and skilled ICT professionals. HSS is acutely aware of this challenge, having seen a 270 per cent increase in voluntary ICT employee attrition this year compared to 2020-21. This is primarily due to the highly competitive labour market in WA coupled with high salaries being offered across the ICT service sector. HSS continues to invest in flexible working, employee wellbeing initiatives and development opportunities to boost our employer value proposition, retain our skilled workforce and attract new talent into our organisation.

Moving to the Oracle Public Cloud

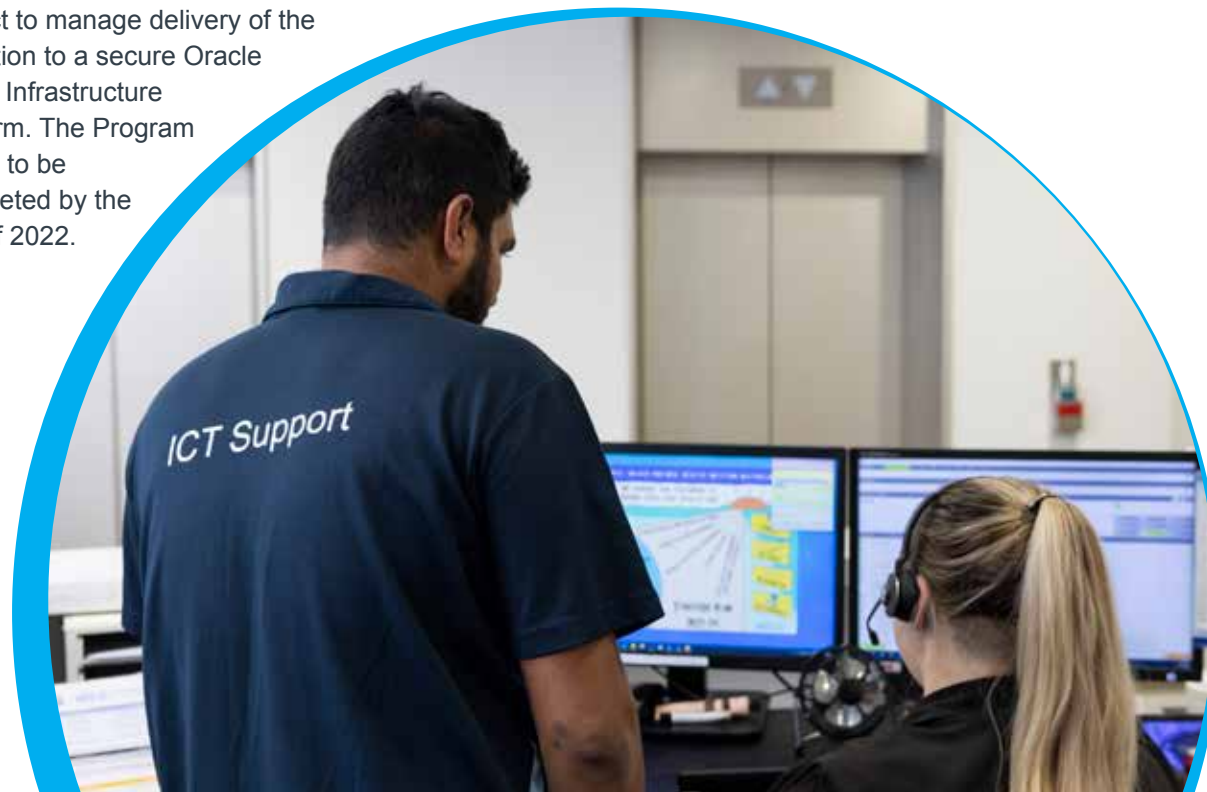
On 30 November 2021, a test of the fire suppression system at the WA health system's Shenton Park data centre inadvertently caused extensive damage to equipment providing disaster recovery for a number of critical, WA health ICT applications. An immediate, interim solution saw the WA health system move disaster recovery application versions to its other data centre in Malaga and on to non-impacted equipment at Shenton Park in December 2021.

In parallel, the WA health system began working on a longer-term disaster recovery solution for these applications. Several options were explored, and HSS has established a project to manage delivery of the transition to a secure Oracle Cloud Infrastructure platform. The Program is due to be completed by the end of 2022.

Cyber Security

The cyber security landscape across the world is changing every day. Cyber-attacks are becoming more common and health systems are not immune to their impact. As a very large and complex technical environment, and a custodian of sensitive information, the WA health system faces many challenges associated with this continual threat.

As a result of the changing landscape, the Commonwealth and State Governments are responding. HSS participated with the Department of the Premier and Cabinet and Department of Health in the federal government critical infrastructure reform consultation





process concerning the *Security of Critical Infrastructure Act 2018 (Cth)*, including inputting to the *Security Legislation Amendment (Critical Infrastructure Protection) Bill 2022 (Cth)*. HSS is now working with our customers to understand and implement relevant controls for HSS to detect, deter and prevent real threats from compromising critical infrastructure assets within our remit.

HSS is responsible for optimising cyber resilience across the shared services it delivers to the WA health system, in order to safeguard WA Health services and data, and contribute to overall patient safety. HSS implemented several cyber security initiatives in 2021-22 to address the increasing risk of cyber security threats, some of which are outlined below.

- Services to improve detection and responsiveness, and improve system security, to enable flexible and distributed working were integrated with WA Government Security Incident and Event Management (SIEM).
- Implemented Data Loss Prevention (DLP) monitoring capability (with SIEM integration) across the WA health system to aid in detecting and responding to data loss security incidents.
- Negotiated a new 'Gateway Services' contract for WA Health internet services, including enhanced security capability which enables HSS to analyse internet traffic for security threats and suspicious activity.

Supporting employee wellbeing

HSS is committed to maintaining a safe, positive and healthy workplace environment, with the aim of supporting employees to manage their physical, mental and emotional wellbeing.

Despite the challenges presented by the COVID-19 pandemic, HSS continued its strong commitment to promoting and maintaining employee wellbeing and mental health through a series of wellness activities and events. Some of these activities included:

- Free flu vaccinations onsite or through a community pharmacy.
- Onsite skin cancer checks.
- Body composition scans for better understanding of a person's overall physical fitness.
- 10-minute massages in the workplace.
- 10-minute health checks.



DISCLOSURE AND COMPLIANCE



INDEPENDENT AUDITOR'S REPORT



Auditor General

INDEPENDENT AUDITOR'S REPORT
2022
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 Health Support Services which comprise:

- the Statement of Financial Position at 30 June 2022, and 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 significant accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of Health Support Services for the year ended 30 June 2022 and the financial position 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.

Emphasis of Matter

I draw attention to Notes 6.2 and 9.1 of the financial statements which detail the significant increase in inventory balances in 2022, particularly in relation to the procurement and write down of Rapid Antigen Tests. Note 9.1 also details a 50% write down of Rapid Antigen Tests that are currently quarantined following recent advice from the Therapeutic Goods Administration. My opinion is not modified in respect of these matters.

Responsibilities of the Board for the financial statements

The Board are 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 Board are 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 Health Support Services.

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.augasb.gov.au/auditors_responsibilities/ar4.pdf.

Report on the audit of controls

Basis for Qualified Opinion

I identified significant weaknesses in controls over inventory (receiving, recording and distribution) at Health Support Services, including the controls and management of Rapid Antigen Tests. These weaknesses could result in misappropriation of inventory and the misstatement of the inventory balances in the financial statements.

INDEPENDENT AUDITOR'S REPORT

Qualified Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by Health Support Services. The controls exercised by the Board 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 legislative provisions (the overall control objectives).

My opinion has been formed on the basis of the matters outlined in this report.

In my opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, in all material respects, the controls exercised by Health Support Services are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2022.

The Board's responsibilities

The Board are 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 qualified 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 Health Support Services for the year ended 30 June 2022. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators of Health Support Services are relevant and appropriate to assist users to assess Health Support Services' performance and fairly represent indicated performance for the year ended 30 June 2022.

The Board's responsibilities for the key performance indicators

The Board are responsible for the preparation and fair presentation of the key performance indicators in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions and for such internal control as the Board determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Board are responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 904 *Key Performance Indicators*.

Auditor General's responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the entity's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 904 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

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

My independence and quality control 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 ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, and Other Assurance Engagements*, the Office of the Auditor General maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Other information

Those charged with governance are responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2022, 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 Health Support Services for the year ended 30 June 2022 included in the annual report on Health Support Services' website. Health Support Services' management is responsible for the integrity of Health Support Services' website. This audit does not provide assurance on the integrity of Health Support Services' website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from the annual report. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version.



Caroline Spencer
Auditor General for Western Australia
Perth, Western Australia
3 September 2022



CERTIFICATION OF FINANCIAL STATEMENTS

Health Support Services

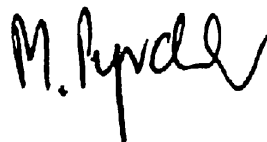
Certification of Financial Statements for the year ended 30 June 2022

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 2022 and the financial position as at 30 June 2022.

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.



Michael Walsh
Board Chair
Health Support Services



Margaret Pyrchla
Finance, Risk and Audit Committee Chair
Health Support Services



Sash Tomson
Chief Financial Officer
Health Support Services

2 September 2022

2 September 2022

2 September 2022

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2022

	Notes	2022 (\$'000)	2021 (\$'000)		Notes	2022 (\$'000)	2021 (\$'000)
COST OF SERVICES				INCOME FROM STATE GOVERNMENT			
Expenses							
Employee benefits expense	3.1(a)	142,888	130,047	Department of Health - Service Agreement	4.1	528,887	294,850
Contracts for services	3.2	3,566	3,233	Income from other public sector entities	4.1	311,322	40,222
Supplies and services	3.2	137,430	114,001	Assets (transferred)/assumed	4.1	-	8,528
Finance costs	7.2	313	429	Services received free of charge	4.1	7,447	219
Depreciation and amortisation expense	5.1.2, 5.2.1, 5.3.1	28,151	29,356				
Loss on disposal of non-current assets	5.3	598	-	Total income from State Government		847,656	343,819
Repairs, maintenance and consumable equipment	3.2	15,190	10,366				
Other expenses	3.2	161,761	44,809	SURPLUS FOR THE PERIOD		362,973	14,124
Total cost of services		489,897	332,240				
INCOME				TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		362,973	14,124
Revenue							
Fees for services	4.2	94	233				
Grants and contributions	4.3	1,416	1,066				
Donation revenue	4.4	3,495	1,001				
Other revenue	4.5	209	245				
Total revenue		5,214	2,545				
Total income other than income from State Government		5,214	2,545				
NET COST OF SERVICES		484,683	329,695				

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

STATEMENT OF FINANCIAL POSITION

As at 30 June 2022

	Notes	2022 (\$'000)	2021 (\$'000)		Notes	2022 (\$'000)	2021 (\$'000)
ASSETS				LIABILITIES			
Current Assets				Current Liabilities			
Cash and cash equivalents	7.3	47,276	51,787	Payables	6.5	74,160	55,463
Restricted cash and cash equivalents	7.3.1	395	32	Lease Liabilities	7.1	1,569	2,911
Receivables	6.1	17,352	10,510	Employee benefit provision	3.1(b)	32,582	29,077
Inventories	6.2	450,088	54,514	Other current liabilities	6.6	703	527
Other current assets	6.4	12,771	12,766	Total Current Liabilities		109,014	87,978
Total Current Assets		527,882	129,609	Non-Current Liabilities			
Non-Current Assets				Lease Liabilities	7.1	8,988	10,192
Restricted cash and cash equivalents	7.3.1	2,912	2,462	Employee benefit provision	3.1(b)	9,317	9,435
Amounts receivable for services	6.3	298,786	267,007	Total Non-Current Liabilities		18,305	19,627
Property, plant and equipment	5.1	9,525	22,431	Total Liabilities			
Right-of-use assets	5.2	10,190	12,804			127,319	107,605
Intangible assets	5.3	199,193	163,450	NET ASSETS			
Other non-current assets	6.4	288	129			921,457	490,287
Total Non-Current Assets		520,894	468,283	EQUITY			
Total Assets				Contributed equity	9.8	429,968	361,772
		1,048,776	597,892	Accumulated surplus	9.8	491,489	128,516
				TOTAL EQUITY		921,457	490,288

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 2022

	Notes	2022 (\$'000)	2021 (\$'000)
CONTRIBUTED EQUITY	9.8		
Balance at start of period		361,772	327,399
Transactions with owners in their capacity as owners:			
Contribution by owners - Capital appropriation administered by Department of Health		61,856	34,373
Other contributions by owners		6,340	-
Balance at end of period		429,968	361,772
ACCUMULATED SURPLUS	9.8		
Balance at start of period		128,516	114,392
Surplus for the period		362,973	14,124
Balance at end of period		491,489	128,516
TOTAL EQUITY			
Balance at start of period		490,288	441,791
Total comprehensive income for the period		362,973	14,125
Transactions with owners in their capacity as owners		68,196	34,373
TOTAL EQUITY		921,457	490,288

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 2022

	Notes	2022 (\$000)	2021 (\$000)
CASH FLOWS FROM STATE GOVERNMENT			
Department of Health - Service Agreement		496,064	265,858
Income from other public sector entities		308,159	37,620
Funds transferred from the Department of Health for capital project		-	10,824
Contribution by owners - Capital appropriation administered by Department of Health		68,196	34,372
Net cash provided by State Government		872,419	348,674
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(144,711)	(131,898)
Supplies and services		(548,313)	(181,783)
Finance costs		(291)	(430)
Other payments		(134,364)	(31,714)
Receipts			
Other grants and contributions		1,394	659
Other receipts		1,609	478
Net cash used in operating activities		(824,676)	(344,688)

	Notes	2022 (\$000)	2021 (\$000)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Payment for purchase of non-current physical and intangible assets		(48,796)	(43,003)
Receipts			
Proceeds from sale of non-current physical assets		-	-
Net cash used in investing activities		(48,796)	(43,003)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease payments		(2,644)	(4,911)
Net cash used in financing activities		(2,644)	(4,911)
Net increase in cash and cash equivalents			
Cash and cash equivalents at the beginning of the period		54,281	98,209
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	7.3.1	50,583	54,281

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 2022

1 Basis of preparation

Health Support Services (The Authority) is a WA Government entity and is controlled by the State of Western Australia, which is the ultimate parent. The Authority is a not-for-profit entity (as profit is not its principal objective).

These annual financial statements were authorised for issue by the Accountable Authority of the Authority on 2nd September 2022.

Statement of compliance

These general purpose financial statements have been prepared in accordance with:

- 1) The *Financial Management Act 2006* (FMA)
- 2) The Treasurers Instructions (the Instructions or TIs)
- 3) Australian Accounting Standards (AAS) Reduced Disclosure Requirements
- 4) Where appropriate, those AAS paragraphs for not-for-profit entities have been applied.

The *Financial Management Act 2006* and the Treasurer's Instructions (the Instructions) take precedence over AAS. Several AAS are modified by the Instructions to vary application, disclosure format and wording. Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of preparation

The 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).

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.

Contributed equity

AASB Interpretation 1038 '*Contributions by Owners Made to Wholly-Owned Public Sector Entities*' requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to transfer) before such transfers can be recognised as equity contributions. Capital funding has been designated as contributions by owners by Treasurer's Instruction 955 '*Contributions by Owners made to Wholly Owned Public Sector Entities*' and have been credited directly to Contributed Equity.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

Contributed equity (continued)

The transfer of net assets to/from other agencies, other than as a result of a restructure of administrative arrangements, are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal.

Comparative information

Except when an AAS 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.

2 Agency outputs

How the Authority operates

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.

Agency Objectives

Schedule of Income and Expenses by Service

Note

2.1

2.2

2.1 Agency objectives

Mission

We support our customers to provide excellent health care.

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, Information and Communication Technology (ICT) services, workforces 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 2022

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	2022 (\$000)	2021 (\$000)
Employee benefits expense	3.1(a)	142,888	130,047
Employee benefits provision	3.1(b)	41,899	38,512
Other expenses	3.2	317,946	172,409

3.1(a) Employee benefits expense

Employee benefits	130,115	119,109
Termination benefits	1,074	607
Superannuation - defined contribution plans	11,667	10,303
Total employee benefits expenses	142,856	130,019
Add: AASB 16 Non-monetary benefits	52	48
Less: Employee Contributions	(20)	(20)
Net employee benefits	142,888	130,047

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.

Termination benefits: 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: 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.

AASB 16 Non-monetary benefits: 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 2022

3.1(b) Employee benefits provision

	2022 (\$000)	2021 (\$000)
Current		
<u>Employee benefits provision</u>		
Annual leave	19,119	17,097
Time off in lieu leave	387	357
Long service leave	12,809	11,338
Deferred salary scheme	267	285
	32,582	29,077
Non-current		
<u>Employee benefits provision</u>		
Long service leave	9,317	9,435
	9,317	9,435
Total employee related provisions	41,899	38,512

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: 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.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

Deferred salary scheme liabilities: 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 2022

3.2 Other Expenditure

	2022 (\$000)	2021 (\$000)
Contracts for services		
Australian Digital Health Agency - Member Contribution	3,566	3,233
Total contracts for services	3,566	3,233
Supplies and Services		
Computer services	130,086	109,892
Domestic charges and consumables	3,747	858
Utility costs	404	304
Subsidy spectacle scheme	2,092	2,646
Sanitisation and waste removal services	214	95
Administration and management services	388	34
Interpreter services	-	13
Security services	327	131
Other	172	28
Total supplies and services expense	137,430	114,001
Repairs, maintenance and consumable equipment		
Repairs and maintenance	5,947	7,914
Consumable equipment	9,243	2,452
Total repairs, maintenance and consumable equipment	15,190	10,366

	2022 (\$000)	2021 (\$000)
Other expenses		
Telecommunication expenses	11,404	11,747
Workers compensation insurance	443	494
Operating lease expenses	15,243	13,170
Other insurances	370	140
Other employee related expenses	1,593	703
Printing and stationery	280	174
Doubtful debts expense	92	57
Motor vehicle expenses	56	48
Inventory write down	25,150	11,246
Ex-Gratia payments	-	1,911
Rapid antigen testing kits (a)	84,907	-
Freight costs	15,320	1,301
Project Management and contractor costs	3,455	2,413
Other	3,448	1,405
Total other expenses	161,761	44,809
Total other expenditure	317,946	172,409

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

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.

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.

(a) Rapid Antigen Testing Kits represent total issuances free of charge as outlined in Note 9.9 of \$82.704M. Health Support Services has provided \$1.848M to the Department of Health and utilised \$0.355M.

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	2022 (\$000)	2021 (\$000)
Income from State Government	4.1	847,656	343,819
Fees for services	4.2	94	233
Grants and contributions	4.3	1,416	1,066
Donation revenue	4.4	3,495	1,001
Other revenue	4.5	209	245

4.1 Income from State Government

	2022 (\$000)	2021 (\$000)
Service agreement revenue received during the period:		
Department of Health - Service Agreement	248,921	262,334
COVID-19 funding (funding via the Department of Health)	279,966	32,516
Total service agreement revenue	528,887	294,850

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

4.1 Income from State Government (continued)

	2022 (\$000)	2021 (\$000)
Income received from other public sector entities during the period:		
Service provided to the Department of Health	34,173	21,481
National Partnership Agreement COVID-19 Response (a)	272,867	14,919
Telecommunication recoups	3,692	3,171
RiskCover insurance premium rebate	590	651
Total income from other public sector entities	311,322	40,222
Assets transferred from/(to) other State government agencies during the period:		
Funds transferred from the Department of Health for the HealthNext capital project	-	10,824
Assets Transferred to Child and Adolescent Health Services for the Medical Imaging Replacement Project	-	(198)
Assets Transferred to South Metropolitan Health Service for the Medical Imaging Replacement Project	-	(929)
Assets Transferred to East Metropolitan Health Service for the Medical Imaging Replacement Project	-	(496)
Assets Transferred to North Metropolitan Health Service for the Medical Imaging Replacement Project	-	(673)
Total assets assumed	-	8,528

	2022 (\$000)	2021 (\$000)
Services received free of charge from other State government agencies during the period:		
Department of Finance - Government Accommodation - Leasing	262	219
Department of Finance - Rapid Antigen Tests	7,185	-
Total services received	7,447	219
Total Income from State Government	847,656	343,819

(a) Revenue in the 2021-22 financial year from the National Partnership Agreement COVID-19 Response has increased by \$258M primarily due to funding provided to procure Rapid Antigen Tests.

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 occur 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.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

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.

4.2 Fees for services

	2022 (\$000)	2021 (\$000)
Non clinical services to other health organisations	94	233
	94	233

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

	2022 (\$000)	2021 (\$000)
Australian Digital Health Agency - My Health Records rollout	1,416	1,066
	1,416	1,066

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

4.4 Donation revenue

	2022 (\$000)	2021 (\$000)
Donated personal protective equipment	-	936
Donated vaccine consumables	1,213	-
Donated rapid antigen tests	2,282	-
Donated cash for personal protective equipment	-	65
	3,495	1,001

During the 2021-22 and the 2020-21 financial year HSS received donated Personal Protective Equipment (PPE), Vaccine Consumables and Rapid Antigen Tests (RATs) on behalf of WA Health. This stock was received from the Commonwealth National Medical Stockpile. Under the National Partnership Agreement, WA Health will be expected to pay 50% of the cost of this inventory. HSS has valued the inventory as per Note 6.2 Inventories and recorded 50% of the value as donation revenue and 50% as a liability payable to the Commonwealth.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

4.5 Other Revenue

	2022 (\$000)	2021 (\$000)
Criminal Screen Recording	58	75
Recoveries	-	150
Other	151	20
	209	245

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

5 Key assets

Assets the Authority utilises for economic benefit or service potential.

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	2022 (\$000)	2021 (\$000)
Property, plant and equipment	5.1	9,525	22,431
Right-of-use assets	5.2	10,190	12,804
Intangibles	5.3	199,193	163,450
Total key assets		218,908	198,686

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

5.1 Property, plant and equipment

Year ended 30 June 2022	Computer equipment (\$000)	Furniture and fittings (\$000)	Medical equipment (\$000)	Other plant and equipment (\$000)	Work in progress (\$000)	Total (\$000)
1 July 2021						
Gross carrying amount	33,055	4,099	246	1,783	13,750	52,933
Accumulated depreciation	(28,766)	(832)	(232)	(672)	-	(30,502)
Carrying amount at start 1 July 2021	4,289	3,267	14	1,111	13,750	22,431
Additions	390	102	44	120	2,321	2,977
Transfers	329	(4)	-	62	(13,921)	(13,534)
Depreciation	(1,479)	(432)	(3)	(437)	-	(2,351)
Carrying amount at 30 June 2022	3,529	2,933	55	856	2,150	9,523
Gross carrying amount	6,190	4,197	73	1,914	2,150	14,523
Accumulated depreciation	(2,660)	(1,264)	(18)	(1,057)	-	(4,998)
Accumulated impairment loss	-	-	-	-	-	-

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).

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

Subsequent measurement

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

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

5.1.2 Depreciation and Impairment

	2022 (\$000)	2021 (\$000)
<u>Depreciation</u>		
Computer equipment	1,479	2,747
Furniture and fittings	432	437
Medical equipment	3	3
Other plant and equipment	437	178
Total Depreciation for the period	2,351	3,365

As at 30 June 2022 there were no indications of impairment to property, plant and equipment.

Please refer to note 5.2 for guidance in relation to the impairment assessment that has been performed for intangible assets.

Finite useful lives

All property, plant and equipment having a limited useful life are depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits. The exceptions to this rule include items under operating leases.

Depreciation is calculated on a straight line basis, at rates that allocate 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:

Leasehold improvements	Term of the lease
Computer equipment	4 to 7 years
Furniture and fittings	2 to 20 years
Motor vehicles	3 to 10 years
Medical equipment	10 years
Other plant and equipment	5 to 10 years

The estimated useful lives are reviewed at the end of each annual reporting period, and adjustments should be made where appropriate.

Leasehold improvements are depreciated over the shorter of the lease term and their useful lives.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

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.

5.2 Right-of-use assets

	2022 (\$000)	2021 (\$000)
<u>Right-of-use assets</u>		
Buildings	9,998	12,501
Vehicles	90	132
ICT Equipment	102	171
	10,190	12,804

Additions to right-of-use assets during the 2021-22 financial year were \$0.

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'.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

5.2 Right-of-use assets (continued)

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.

	2022 (\$000)	2021 (\$000)
Buildings	2,644	4,349
Vehicles	51	49
ICT Equipment	68	68
Total right-of-use asset depreciation	2,763	4,466
Lease interest expense (included in Finance cost)	313	429
Expenses relating to variable lease payments not included in lease liabilities		
Short-term leases (included in Other expenditure)	158	427
Low-value leases (included in Other expenditure)	11	7
Total amount recognised in the statement of comprehensive income	3,245	5,329

The total cash outflow for leases in the 2021-22 financial year was \$2,909,663.

The Authority has leases for vehicles, buildings and ICT data centres.

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

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

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

5.3 Intangible assets

Year ended 30 June 2022	Computer Software (\$000)	Work in Progress (\$000)	Total (\$000)
1 July 2021			
Gross carrying amount	213,972	48,633	262,605
Accumulated depreciation	(99,155)	-	(99,155)
Carrying amount at 1 July 2021	114,817	48,633	163,450
Additions	278	45,567	45,845
Transfers from works in progress	55,294	(41,760)	13,534
Transfers between asset classes	-	-	-
Amortisation expense	(23,037)	-	(23,037)
Disposals	(598)	-	(598)
Carrying amount at 30 June 2022	146,753	52,440	199,193

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

- The technical feasibility of completing the intangible asset so that it will be available for use or sale;
- An intention to complete the intangible asset and use or sell it;
- the ability to use or sell the intangible asset;
- The intangible asset will generate probable future economic benefit;
- The availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset;
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Acquisitions of intangible assets costing \$5,000 or more and internally generated intangible assets at a minimum of \$5,000 that comply with the recognition criteria as per AASB 138.57 (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.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

5.3 Intangible assets (continued)

Subsequent measurement

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

5.3.1 Amortisation and impairment

Charge for the period

	2022 (\$000)	2021 (\$000)
<u>Amortisation</u>		
Computer software	23,037	21,525
	23,037	21,525

As at 30 June 2022 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 2021-22 financial year the Authority has revised the useful life of computer software assets were required under the useful life review, the impact on amortisation is as follows:

	2022 (\$000)	2023 (\$000)	2024 (\$000)	Future years (\$000)
(Decrease) Increase in amortisation	(862)	(3,034)	(3,034)	6,930

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

Computer software 3 - 15 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 2022

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	2022 (\$000)	2021 (\$000)
Receivables	6.1	17,352	10,510
Inventories	6.2	450,088	54,514
Amounts receivable for services	6.3	298,786	267,007
Other assets	6.4	13,060	12,895
Payables	6.5	74,160	55,463
Other liabilities	6.6	703	527

6.1 Receivables

Current

Other receivables	2,248	1,963
Less: Allowance for impairment of receivables	(142)	(61)
Accrued revenue	10,270	5,223
GST Receivables	4,976	3,385
Total current	17,352	10,510
Total receivables	17,352	10,510

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

	2022 (\$000)	2021 (\$000)
<u>Current</u>		
State Distribution Centre - supply stores (at cost)	450,088	54,514
Total current inventories	450,088	54,514

The State Distribution Centre has increased level of consumable equipment as at 30 June 2022 as result of stockpiling for COVID-19.

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.

HSS has received and is holding inventory on behalf of WA Health from the Commonwealth National Medical Stockpile. The value of these goods received was \$1.87M in 2020-21 and \$6.99M in 2021-22. Inventory received has been valued at current replacement cost at the date of acquisition, adjusted where applicable for any loss of service potential. During the financial year, on behalf of WA Health, HSS procured \$437M of Rapid Antigen Tests of which \$425M were purchased, \$7M provided free of charge (note 4.1) and \$5M were donated (note 4.4). At balance date HSS had \$339M on hand, \$85M had been utilised and \$13M had been in written down, which is a component of the total write down of \$25M within note 3.2.

HSS at balance date had 1,475,703 Rapid Antigen Tests held within inventory that are due to expire within the next 12 months.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

6.3 Amounts receivable for services (Holding Account)

	2022 (\$000)	2021 (\$000)
Non-current	298,786	267,007
Balance at end of period	298,786	267,007

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).

6.4 Other assets

	2022 (\$000)	2021 (\$000)
<u>Current</u>		
Prepayments	12,771	12,766
Total current	12,771	12,766
<u>Non-Current</u>		
Prepayments	288	129
Total non-current	288	129
Balance at end of period	13,059	12,895

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

	2022 (\$000)	2021 (\$000)
Current		
Trade creditors	6,198	6,142
Other creditors	2	6
Accrued expenses	58,243	43,906
Inventory payable to the Commonwealth	5,497	2,002
Accrued salaries	4,220	3,407
Total current payables	74,160	55,463
Balance at end of period	74,160	55,463

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 7.3.1 'Restricted cash and cash equivalents') 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.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

6.6 Other liabilities

	2022 (\$000)	2021 (\$000)
<u>Current</u>		
Income received in advance	204	235
Paid parental leave scheme	6	19
Patient receipts on behalf of WA Health	395	32
Other	98	241
Total current	703	527
Balance at end of period	703	527

7 Financing

This section sets out the material balances and disclosures associated with the financing and cashflows 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
Other expenditure commitments	7.4.2

7.1 Leases

Lease liabilities

	2022 (\$000)	2021 (\$000)
Current	1,569	2,911
Non-current	8,988	10,192
	10,557	13,103

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 Australian Treasury Corporation.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

7.1 Leases (continued)

Lease liabilities (continued)

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.

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 modification.

7.2 Finance costs

	2022 (\$000)	2021 (\$000)
Lease interest expense	313	429
Finance costs expensed	313	429

Finance cost includes the interest component of lease liability repayments.

7.3 Cash and cash equivalents

7.3.1 Reconciliation of cash

	2022 (\$000)	2021 (\$000)
Cash and cash equivalents	47,276	51,787
Restricted cash and cash equivalents	395	32
Accrued salaries suspense account (a)	2,912	2,462
Balance at end of period	50,583	54,281

(a) Funds held in the suspense account for the purpose of meeting the 27th pay in a reporting period that occurs every 11th year. This account is classified as non-current for 10 out of 11 years.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

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:

	2022 (\$000)	2021 (\$000)
Within 1 year	12,736	15,225
Later than 1 year, and not later than 5 years	22,473	3,968
	35,209	19,193

The totals presented for capital commitments are GST inclusive.

7.4.2 Other expenditure commitments:

Other expenditure commitments contracted for at the reporting period but not recognised as liabilities are payable as follows:

	2022 (\$000)	2021 (\$000)
Within 1 year	170,738	134,302
Later than 1 year, and not later than 5 years	175,535	213,249
Later than 5 years	2,081	26,540
	348,354	374,091

The totals presented for other expenditure commitments are GST inclusive.

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:

	2022 (\$000)	2021 (\$000)
<u>Financial assets</u>		
Cash and cash equivalents	47,276	51,787
Restricted cash and cash equivalents	3,307	2,494
Loans and receivables (a)	311,162	274,131
Total financial assets	361,745	328,413
<u>Financial liabilities</u>		
Payables	74,160	55,463
Total financial liability	74,160	55,463

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

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

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.

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
Administered trust accounts	9.6
Remuneration of auditors	9.7
Equity	9.8
Supplementary financial information	9.9
Explanatory statement	9.10

9.1 Events occurring after the end of the reporting period

At balance date, HSS held 234,000 Rapid Antigen Tests (RATs) from a particular supplier. Subsequently a further 2 million Rapid Antigen Tests were received from the same supplier in July 2022. The products that remain in stock have been quarantined and are written down to 50% of the purchase price. The WA health system is currently reviewing the effectiveness of these tests following recent advice from the Therapeutic Goods Administration. Initial advice is that these Rapid Antigen Tests are effective within a clinical environment, however the matter is currently under review awaiting outcome of a formal decision.

There were no other events occurring after the reporting period which had a significant financial effects on these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

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, Board 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 (\$)	2022	2021
\$0 - \$10,000	3	-
\$10,001 - \$20,000	1	-
\$20,001 - \$30,000	-	1
\$30,001 - \$40,000	-	1
\$40,001 - \$50,000	5	4
\$80,001 - \$90,000	1	1
Total:	10	7

	2022 (\$000)	2021 (\$000)
Total remuneration of members of the accountable authority:	325	324

Compensation of senior officers:

Compensation Band (\$)	2022	2021
\$100,001 - \$110,000	-	2
\$110,001 - \$120,000	2	-
\$120,001 - \$130,000	1	-
\$130,001 - \$140,000	-	1
\$150,001 - \$160,000	-	1
\$160,001 - \$170,000	1	-
\$180,001 - \$190,000	-	1
\$210,001 - \$220,000	3	1
\$220,001 - \$230,000	1	-
\$230,001 - \$240,000	1	2
\$240,001 - \$250,000	1	1
\$250,001 - \$260,000	1	-
\$260,001 - \$270,000	-	1
\$270,001 - \$280,000	-	1
\$360,001 - \$370,000	-	1
\$390,001 - \$400,000	1	-
Total:	12	12

	2022 (\$000)	2021 (\$000)
Total remuneration of senior officers	2,517	2,527

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 2022

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))
- telecommunication recoups (note 4.1)
- services provided free of charge (note 9.9)
- assets transferred/assumed (note 4.1)

During the year, the Authority paid \$4,640,338 in employee superannuation contributions to the Government Employees Superannuation Board.

Health Support Services is currently in dispute with Big Start Pty Ltd whose Chief Executive Officer is the son of the WA Attorney General, the Hon. John Quigley LLB JP MLA. This dispute is currently before the Supreme Court of Western Australia.

HSS did not have any transactions with Big Start Pty Ltd in the 2021-22 financial year.

Other than the disclosure above 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.

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.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

9.6 Administered trust accounts

Funds held in these trust accounts are not controlled by the Authority and are therefore not recognised in the financial statements.

The Authority administers a trust account for medical practitioners exercising a 'right of private practice' when treating privately referred non-inpatients.

A summary of the transactions for this trust account is as follows:

	2022 (\$000)	2021 (\$000)
Balance at the start of period	1	1
Add Receipts	-	
	1	1
Less Payments	(1)	-
Balance at the end of period	-	1

9.7 Remuneration of auditors

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

	2022 (\$000)	2021 (\$000)
Auditing the accounts, financial statements and key performance indicators	388	324

9.8 Equity

	2022 (\$000)	2021 (\$000)
Contributed equity		
Balance at start of period	361,772	327,399
Contributions by owners		
Contribution by owners - Capital appropriation administered by Department of Health	61,856	34,373
Contribution by owners - Digital Capability fund administered by Department of Health	6,340	-
	68,196	34,373
Balance at end of period	429,968	361,772
Accumulated surplus		
Balance at start of period	128,516	114,392
Restated balance at start of period	128,516	114,392
Result for the period	362,973	14,124
Balance at end of period	491,489	128,516

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

9.9 Supplementary financial information

	2022 (\$000)	2021 (\$000)
(a) Write - offs		
a) Revenue and debts written off under the authority of the Accountable Authority	10	5
b) Public and other property written off under the authority of the Accountable Authority	118	84
	128	89
(b) Losses of public moneys and other property		
Losses of public moneys and public or other property through theft or default	-	-
Less amount recovered	-	-
Net losses	-	-

(c) Services provided free of charge

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

	2022 (\$000)	2021 (\$000)
North Metropolitan Health Services	77,639	70,531
South Metropolitan Health Services	72,496	60,327
East Metropolitan Health Services	63,504	53,863
Child and Adolescent Health Services	45,283	36,711
WA Country Health Services	61,667	50,493
Pathwest	16,319	11,810
The Queen Elizabeth II Medical Centre Trust	79	82
Quadriplegic Centre Board	5	2
Mental Health Commission	2,020	1,836
Health and Disability Services Complaints Office	143	126
	339,155	285,781
Rapid Antigen Tests procured on behalf of WA Health provided free of Charge:		
WA Health	31,883	-
Government Departments	28,553	-
External Agencies	22,268	-
Total	82,704	-

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

9.10 Explanatory statement

All variances between annual estimates (original budget) and actual results for 2022 are shown below. Narratives are provided for selected major variances, which are generally greater than:

- 10% and 1% of Total Cost of Service (ie \$3.13m) for budgeted Statements of Comprehensive Income, and Cash Flows, or 10% and 1% of Total Assets for the previous year (ie \$5.98m) for the Statements of Financial Position and Changes in Equity

Statement of Comprehensive Income	Note	2022 Estimates (\$000)	2022 Actual (\$000)	2021 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2021 and 2022 (\$000)
COST OF SERVICES						
Expenses						
Employee benefits expense	1,a	116,857	142,888	130,047	26,031	12,841
Contracts for services		3,464	3,566	3,233	102	333
Supplies and services	2,b	91,129	137,430	114,001	46,300	23,428
Finance costs		280	313	429	33	(115)
Depreciation and amortisation expense	3	33,172	28,151	29,356	(5,021)	(1,205)
Loss on disposal of non-current assets		-	598	-	598	598
Repairs, maintenance and consumable equipment	c	14,680	15,190	10,366	510	4,824
Other supplies and services		421	-	-	(421)	-
Other expenses	4,d	53,023	161,761	44,809	108,738	116,952
Total cost of services		313,026	489,897	332,241	176,871	157,656
INCOME						
Revenue						
Fees for services		92	94	233	2	(139)
Grants and contributions		545	1,416	1,066	871	350
Donation revenue	5	-	3,495	1,001	3,495	2,494
Other revenue		1,337	209	245	(1,128)	(36)
Total Revenue		1,974	5,214	2,545	3,240	2,669
Total income other than income from State Government		1,974	5,214	2,545	3,240	2,669
NET COST OF SERVICES		311,052	484,683	329,697	173,631	154,987

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

9.10 Explanatory statement (continued)

Statement of Comprehensive Income	Note	2022 Estimates (\$000)	2022 Actual (\$000)	2021 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2021 and 2022 (\$000)
INCOME FROM STATE GOVERNMENT						
Department of Health - Service Agreement	6,e	300,214	528,887	294,850	228,673	234,036
Income from other public sector entities	7,f	17,225	311,322	40,222	294,097	271,100
Assets (transferred)/assumed	g	-	-	8,528	-	(8,528)
Services received free of charge	8,h	241	7,447	219	7,206	7,228
Total income from State Government		317,680	847,656	343,819	529,976	503,836
SURPLUS/(DEFICIT) FOR THE PERIOD		6,628	362,973	14,123	356,345	348,849
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		6,628	362,973	14,123	356,345	348,849

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

Significant variances between estimated and actual for 2022

- 1 Employee benefits expense
Increase of \$26.03m (22%) are largely driven by FTE employed for COVID-19 and increased demand for services within the WA Health sector.
- 2 Supplies and services
Increase of \$46.3m (51%) are largely driven by costs for compute and storage which are associated with HealthNext and costs associated with COVID-19.
- 3 Depreciation and amortisation expense
Decrease of \$-5.02m (-15%) is largely driven by the transition to a consumption based Infrastructure as a service model for ICT services and extension in useful life of intangible software based assets.
- 4 Other expenses
Increase of \$108.74m (205%) are largely driven by Rapid Antigen Tests provided free of charge of \$85m and the write down of inventory values of \$25.1m.
- 5 Donation revenue
Increase of \$3.5m is a result of donated inventory from the national medical stockpile including vaccine consumables and rapid antigen testing kits that was not budgeted for.
- 6 Department of Health - Service Agreement
Increase of \$228.67m (76%) is a result of funding from the Department of Health to undertake COVID-19 activities and for the procurement of WA Health's inventory strategies including Rapid Antigen Tests.
- 7 Income from other public sector entities
Increase of \$294.1m (1707%) is a result of funding from the Commonwealth via Department of Health to undertake COVID-19 activities and for the procurement of WA Health's inventory strategies including Rapid Antigen Tests.

- 8 Services received free of charge
Increase of \$7.21m (2990%) is primarily a result of Rapid Antigen Testing Kits being provided to Health Support Services from Department of Finance during the 2021-22 financial year.

Significant variances between actual for 2021 and 2022

- a Employee benefits expense
Please see note 1 Employee benefits expense for further details.
- b Supplies and services
Please see note 2 Supplies and services for further details.
- c Repairs, maintenance and consumable equipment
Increase of \$4.82m (47%) is largely a result of purchase of equipment associated with COVID-19 activities.
- d Other expenses
Please see note 4 Other expenses for further details.
- e Department of Health - Service Agreement
Please see note 6 Department of Health - Service Agreement for further details.
- f Income from other public sector entities
Please see note 7 Income from other public sector entities for further details.
- g Assets (transferred)/assumed
Decrease of \$-8.53m (-100%) is a result of the completion of the HealthNext Capital Program.
- h Services received free of charge
Please refer to note 8 Services received free of charge for further information.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

9.10 Explanatory statement (continued)

Statement of Financial Position	Note	2022 Estimates (\$'000)	2022 Actual (\$'000)	2021 Actual (\$'000)	Variance between estimate and actual (\$'000)	Variance between actual 2021 and 2022 (\$'000)
ASSETS						
Current Assets						
Cash and cash equivalents		52,396	47,276	51,787	(5,120)	(4,511)
Restricted cash and cash equivalents		-	395	32	395	363
Receivables	9,i	9,119	17,352	10,510	8,233	6,842
Inventories	10,j	54,514	450,088	54,514	395,574	395,574
Other current assets		12,859	12,771	12,766	(88)	5
Total Current Assets		128,888	527,882	129,609	398,995	398,274
Non-Current Assets						
Restricted cash and cash equivalents		2,812	2,912	2,462	100	450
Amounts receivable for services	k	300,179	298,786	267,007	(1,393)	31,779
Property, plant and equipment	11,l	83,905	9,525	22,431	(74,380)	(12,906)
Right-of-use assets		15,832	10,190	12,804	(5,642)	(2,614)
Intangible assets	12,m	105,366	199,193	163,450	93,827	35,743
Other non-current assets		-	288	129	288	159
Total Non-Current Assets		508,094	520,894	468,284	12,800	52,610
Total Assets		636,982	1,048,776	597,892	411,794	450,884

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

Statement of Financial Position	Note	2022 Estimates (\$000)	2022 Actual (\$000)	2021 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2021 and 2022 (\$000)
LIABILITIES						
Current Liabilities						
Payables	13,n	55,030	74,160	55,463	19,130	18,698
Lease Liabilities		2,911	1,569	2,911	(1,342)	(1,342)
Employee benefit provision		29,077	32,582	29,077	3,505	3,505
Other current liabilities		439	703	527	264	176
Total Current Liabilities		87,457	109,014	87,978	21,557	21,037
Non-Current Liabilities						
Lease Liabilities		6,987	8,988	10,192	2,001	(1,205)
Employee benefit provision		9,435	9,317	9,435	(118)	(118)
Other non-current liabilities		21	-	-	(21)	-
Total Non-Current Liabilities		16,443	18,305	19,627	1,861	(1,323)
Total Liabilities		103,900	127,319	107,605	23,419	19,715
NET ASSETS		533,082	921,457	490,287	388,376	431,170
EQUITY						
Contributed equity		397,939	429,968	361,772	32,029	68,197
Accumulated surplus		135,143	491,489	128,516	356,346	362,973
TOTAL EQUITY		533,082	921,457	490,287	388,375	431,170



NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

9.10 Explanatory statement (continued)

Significant variances between estimated and actual for 2022

9 Receivables

Increase of \$8.23m (90%) is largely caused by timing of recovery of services for ICT related costs.

10 Inventories

Increase of \$395.57m (726%) can be attributed to the inventory strategies to support WA Health and the community for COVID-19, this includes the procurement of Rapid Antigen Tests.

11 Property, plant and equipment

When combining both Property plant and equipment and Intangible assets there is an increase of \$19.45m (12%) this can be attributed to the capital works programs for the Human Resource Information System, Medical Imaging Replacement program and Vaccinate WA systems.

12 Intangible assets

Please refer to note 11 Property plant and equipment for further details.

13 Payables

Increase of \$19.13m (35%) can largely be attributed to the commitment of purchasing inventory in 2022-23 financial year.

Significant variances between actual for 2021 and 2022

i Receivables

Please refer to note 9 Receivables for further details.

j Inventories

Please refer to note 10 Inventories for further details.

k Amounts receivable for services

Increase of \$31.78m (12%) can be attributed to the funding for depreciation received during the 2021-22 financial year.

l Property, plant and equipment

Please refer to note 11 Property Plant and Equipment for further details.

m Intangible assets

Please refer to note 11 Property Plant and Equipment for further details.

n Payables

Please refer to note 13 Payables for further details.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

Statement of Cash Flows	Note	2022 Estimates (\$000)	2022 Actual (\$000)	2021 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2021 and 2022 (\$000)
CASH FLOWS FROM STATE GOVERNMENT						
Department of Health - Service Agreement	14,o	267,844	496,064	265,858	228,220	230,206
Income from other public entities	15,p	16,395	308,159	37,620	291,764	270,539
Funds transferred from the Department of Health for capital projects	q	-	-	10,824	-	(10,824)
Contribution from owners - Capital appropriation administered by Department of Health	16,r	35,928	68,196	34,372	32,268	33,824
Net cash provided by State Government		320,167	872,419	348,674	552,251	523,746
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits	17,s	(116,457)	(144,711)	(131,898)	(28,254)	(12,813)
Supplies and services	18,t	(162,849)	(548,313)	(181,783)	(385,464)	(366,530)
Finance costs		(280)	(291)	(430)	(11)	139
Other payments	19,u		(134,364)	(31,714)	(134,364)	(102,650)
Receipts						
Other grants and contributions			1,394	659	1,394	735
Other receipts		1,974	1,609	478	(365)	1,131
Net cash used in operating activities		(277,612)	(824,676)	(344,688)	(547,064)	(479,987)

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

9.10 Explanatory statement (continued)

Statement of Cash Flows	Note	2022 Estimates (\$000)	2022 Actual (\$000)	2021 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2021 and 2022 (\$000)
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Payment for purchase of non-current physical and intangible assets	20	(39,590)	(48,796)	(43,003)	(9,206)	(5,793)
Net cash used in investing activities		(39,590)	(48,796)	(43,003)	(9,206)	(5,793)
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Repayment of lease payments		(2,965)	(2,644)	(4,911)	321	2,267
Net cash used in financing activities		(2,965)	(2,644)	(4,911)	321	2,267
Net increase / (decrease) in cash and cash equivalents		-	(3,698)	(43,928)	(3,698)	40,233
Cash and cash equivalents at the beginning of the period		55,207	54,281	98,209	(926)	(43,928)
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD		55,207	50,583	54,281	(4,624)	(3,695)

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2022

Significant variances between estimated and actual for 2022

- 14 Department of Health - Service Agreement
Please refer to note 6 Department of Health - Service Agreement for further details.
- 15 Income from other public sector entities
Please refer to note 7 Income from other public sector entities for further details.
- 16 Contribution by owners - Capital appropriation administered by Department of Health
There is an increase of \$32.27m (90%) which largely be attributed to funding for the Human Resource Information System and Vaccinate WA.
- 17 Employee benefits
Please refer to note 1 Employee benefits expense for further details.
- 18 Supplies and services
When combining Supplies and services and Other payments there is an increase of \$519.83m (319%) This can largely be attributed to the purchase of \$425m Rapid Antigen Tests on behalf of WA Health.
- 19 Other payments
Refer to note 18 Supplies and services for further details.
- 20 Payment for purchase of non-current physical and intangible assets
There is an increase of \$9.21m (23%) This can largely be attributed to the Human Resource Information Management System, Medical Imaging Replacement Program and Vaccinate WA systems.

Significant variances between actual for 2021 and 2022

- o Department of Health - Service Agreement
Please refer to note 6 Department of Health - Service Agreement for further details.
- p Income from other public sector entities
Please refer to note 7 Income from other public sector entities for further details.
- q Funds transferred from the Department of Health for capital project
Decrease of \$10.82m (-100%) is for funding for the HealthNext program which has completed in the 2021-22 financial year.
- r Funds transferred from the Department of Health for capital project
Please refer to note 16 Contribution by owners - Capital appropriation administered by Department of Health.
- s Employee benefits
Please refer to note 1 Employee benefits expense for further details.
- t Supplies and services
Please refer to note 18 Supplies and services for further details.
- u Other payments
Please refer to note 18 Supplies and services for further details.
- v Payment for purchase of non-current physical and intangible assets
Please refer to note 20 Payment for purchase of non-current physical and intangible assets for further details.



AUDITED KEY PERFORMANCE INDICATORS

for the year ended 30 June 2022

Certification of Key Performance Indicators

Health Support Services

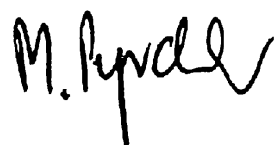
Certification of key performance indicators for the year ended 30 June 2022

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 2022.



Michael Walsh
Board Chair
Health Support Services
Accountable Authority

2 September 2022



Margaret Pyrchla
Deputy Board Chair
Health Support Services
Accountable Authority

2 September 2022

KEY PERFORMANCE INDICATORS

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	<p>Average cost of accounts payable services per transaction</p> <p>Average cost of payroll and support services to Health Support Services' customers</p> <p>Average cost of supply services by purchasing transaction</p> <p>Average cost of providing ICT services to Health Support Services' customers</p>



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.

2021-2022 Budget Target

The target average cost of accounts payable services per transaction for HSS for the 2021-2022 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 2021-2022 financial year was \$6.17. This represents a variance of \$0.17 or 2.8% above target.

Performance Measure	Result 2019-20 (\$)	Result 2020-21 (\$)	Result 2021-22 (\$)	Target 2021-22 (\$)
Average cost of accounts payable services per transaction	7.00	6.5	6.17	6.00

Please note comparatives for 2019-20 (from 7.71) and 2020-21 (from 7.22) financial year have been restated to remove financial products in line with the changes to the Outcome Based Management Framework within the WA State Budget Papers for 2022-23.

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

AVERAGE COST OF PAYROLL AND SUPPORT SERVICES TO HEALTH SUPPORT SERVICES' CUSTOMERS

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.

2021-2022 Budget Target

The target average cost of payroll and support services per average FTE to HSS customers for the 2021-2022 financial year was \$913.00. A result below the target is desirable.

Results

The average cost of payroll and support services to HSS clients for the 2021-2022 financial year was \$887.59. This represents a variance of \$25.41 or 2.8% below target.

Performance Measure	Result 2019-20 (\$)	Result 2020-21 (\$)	Result 2021-22 (\$)	Target 2021-22 (\$)
Average cost of payroll and support services to HSS' clients	923.65	863.44	887.59	913.00

Please note comparatives for 2019-20 (from 1,008.60) and 2020-21(from 948.24) financial year have been restated to remove financial products in line with the changes to the Outcome Based Management Framework within the WA State Budget Papers for 2022-23.

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.

2021-22 Budget Target

The target average cost of supply services per transaction to HSS for the 2021-22 financial year was \$39.00. A result below the target is desirable.

Results

The average cost of supply services to HSS' customers for the 2021-2022 financial year was \$247.50. This variance of \$208.50 or 534.6% above target is due to a significant increase in expenditure as part of the State's response to COVID-19, including additional supply of stock, equipment, and warehousing facilities. This includes costs to procure and distribute Rapid Antigen Tests (RATs).

Performance Measure	Result 2019-20 (\$)	Result 2020-21 (\$)	Result 2021-22 (\$)	Target 2021-22 (\$)
Average cost of supply services by purchasing transaction	43.76	50.29	247.50	39.00

Please note comparatives for 2019-20 (from 47.85) and 2020-21 (from 56.09) financial year have been restated to remove financial products in line with the changes to the Outcome Based Management Framework within the WA State Budget Papers for 2022-23.

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

AVERAGE COST OF PROVIDING ICT SERVICES TO HSS' CUSTOMERS

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.

2021-22 Budget Target

The target average cost of providing ICT services to HSS customers for the 2021-22 financial year was \$4,313.00. A result below the target is desirable.

Results

The average cost of ICT services to HSS clients for the 2021-2022 financial year is \$5,566.68. This variance of \$1,253.68 or 29.1% above target is due to increased expenditure as part of the State's response to COVID-19, including software licences, project related costs, and supporting staff resource requirements.

Performance Measure	Result 2019-20 (\$)	Result 2020-21 (\$)	Result 2021-22 (\$)	Target 2021-22 (\$)
Average cost of providing ICT services to HSS' clients	4,357.92	5,111.06	5,566.68	4,313.00

Please note comparatives for 2019-20 (from 4,925.67) and 2020-21 (from 5,680.81) financial year have been restated to remove financial products in line with the changes to the Outcome Based Management Framework within the WA State Budget Papers for 2022-23.

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 services 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.

2021-22 Budget Target

The 2021-22 target is set at 66 per cent customer satisfaction. A result above the target is desirable.

Results

HSS has exceeded its target with a result of 66.67 per cent for the 2021-22 financial year.

Performance Measure: Stakeholder Engagement Survey Result	Result 2016-17 (%)	Result 2017-18 (%)	Result 2018-19 (%)	Result 2019-20 (%)	Result 2020-21 (%)	Result 2021-22 (%)	Target 2021-22 (%)
Highly Satisfied	4.55	0.00	25.00	11.11	22.22	22.22	-
Satisfied	43.18	66.67	50.00	77.78	66.67	44.44	-
Total Percentage Satisfied	47.73	66.67	75.00	88.89	88.89	66.67	66.00

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

Please note: HSS was able to obtain a 90% response rate for the survey for the 2021-22 financial year.

MAJOR CAPITAL PROJECTS

Project Name	Expected Year of completion ('\$000)	Estimated cost to complete ('\$000)	Estimated total cost of Project ('\$000)	Variance from previous financial year ('\$000)
Continued Roll-out of the Patient Administration system	Ongoing	1,073	8,003	-
Human Resource Management Information System	Ongoing	206,919	231,488	223,643
HealthNext	Completed	-	51,127	-
Picture Archiving and Communication System Regional Information System AGFA Remediation	Completed	6,584	-	164

Notes

The above information is based upon:

- The 2020-21 and 2021-22 budget papers.
- Completion timeframes are based upon a combination of known dates at the time of reporting.
- Only capital projects that were administered by HSS are included in the above table.
- The variance represents the difference between the estimated total cost of the project in comparison to the total cost or estimated total cost of the project. An explanation is provided below where a variance is greater than or equal to 10 per cent.
 - Human Resource Management Information System has been awarded funding for phase 2 of the project in the 2021-22 financial year.

MINISTERIAL DIRECTIVES

Treasurer's Instructions 902 (12) requires the disclosure of information on any Ministerial Directives relevant to the setting or achievement of desired outcomes or operational objectives, investment activities and financing activities.

Although no Ministerial Directives were issued to HSS in 2021-22, the Minister for Health provided a Statement of Expectation in June 2021, which set out the Minister's expectations for the functions and responsibilities of HSS, as well as some areas of priority action. HSS responded to this with a Statement of Intent in July 2021. HSS provided a report to the Minister for Health on the progress against the Statement of Intent on a quarterly basis.

Both of these documents are available on the Health Support Services website www.hss.health.wa.gov.au



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

EMPLOYMENT AND INDUSTRIAL RELATIONS

Employee profile 2021-22

The Full Time Equivalent (FTE) staffing within HSS in the 2021-22 financial year was 1,366.

Health Support Services

Category	Definition	2020-21	2021-22
Administration and clerical	Includes all clinical-based occupations together with patient-facing (ward) clerical support staff.	1,117	1,211
Agency	Includes FTE associated with the following occupational categories: administration and clerical, hotel services and other.	69	89
Nursing	Includes all nursing occupations. Does not include agency nurses.	3	8
Hotel services	Includes catering, cleaning, stores/supply, laundry and transport occupations.	46	46
Other Categories	Includes Aboriginal and ethnic health worker related occupations.	9	12
Total		1,244*	1,366*

* Capital and Operational FTE have been included

INDUSTRIAL RELATIONS

Within the HSS HR and Capability team, there is a dedicated industrial relations specialist, the Principal Industrial Relations Consultant (PIRC). The PIRC provides an IR consultancy service to HSS leaders on a range of workplace relations issues and employment policies. The PIRC also represents HSS in all industrial and workplace relations matters and actively engages with relevant unions to ensure constructive relationships.

Key activities for 2021-22 included:

- Assisting with breach of discipline and misconduct matters to ensure procedural fairness for respondents.
- Providing advice to the HR and Capability team in circumstances where employees were managing mental and other health issues. Independent medical examinations were advised where necessary, so HSS could assess what supports (if any) were required, to assist employees to perform their duties.
- Advising on matters relating to performance management, employee change management, overpayments and underpayments and casual and fixed-term contract conversion to permanency. The

PIRC worked with the HR and Capability team to ensure that any decisions were correct and defensible.

- Working with our unions around flexible work arrangements, workload and staffing levels, including change management issues affecting the Contact Centre and State Distribution Centre's new operating structures.
- Providing support to HR and Capabilities' COVID-19 team, to ensure a consistent approach across the WA health system to mandatory vaccination and booster requirements.
- Managing communications with HSS' employee representatives on all IR matters, including hosting regular meetings with unions to provide updates on HSS' COVID-19 response.
- Managing the HSS/ HSUWA Joint Consultative Committee meeting and working with System-Wide Industrial Relations (SWIR) on strategic matters. These included the ongoing implementation of the entitlement to long service leave (LSL) for NurseWest's

casual employees, coordinating HSS' input into the replacement of current industrial agreements due to expire this year and the implementation of the WA Government's mandatory and booster vaccination policy.

- Participation in the SWIR Employment Security Working Group.
- Attending regular liaison meetings with the Corruption and Crime Commission to facilitate open communication and good stakeholder management and ensure HSS meets its notification obligations under the *Corruption, Crime and Misconduct Act 2003* (WA).





EMPLOYEE DEVELOPMENT

HSS is committed to developing a highly engaged and capable workforce and providing development opportunities to our people that will contribute towards achieving HSS' vision, purpose and objectives.

COVID-19 impacted workloads and the ability of HSS employees to participate in development opportunities throughout 2021-22. To support the wellbeing of our people, a conservative approach to scheduled development was implemented between January and May 2022. Wherever possible, HSS adapted all training to virtual delivery mechanisms so we could continue to support employee and capability development, with a focus on employee wellbeing.

Our people

The Learning and Development budget available to HSS employees was doubled in 2021-22 to provide HSS employees with greater access to individual development opportunities.

These opportunities included:

- Executive writing workshops to support employees to write effectively, efficiently and with influence.
- Advanced PowerBI application training across the organisation to support our teams to work in new and innovative ways. This has equipped our employees with the skills to make data driven decisions, achieving better outcomes for HSS and our customers.

- ICAM investigator training to support a robust and consistent approach to work health and safety investigations, including managing any near misses, incidents or accidents, reducing recurrence, risk, and potential impact for our employees.
- Essential Cyber Security Training across HSS – by the end of 2021-22, 93 per cent of HSS employees had completed this online training course.
- Participation in the Institute of Health Leadership (IHL) Graduate Development Program by offering placements to one graduate in the ICT stream, one in the Finance stream and one general Corporate graduate.

HSS has continued to embed our Learning Management System (MyLearning) and is partnering with other HSPs to achieve the WA Health Digital Reform Strategy outcome of having a single learning management system to facilitate recognition of training across HSPs.

Our performance development program, MyPerformance, is in its second year of implementation. Launched in July 2020, the Program enables employees and leaders to review and recognise performance and development opportunities that will support employees to reach their full potential. Regular and meaningful conversations remain at the centre of this approach and are designed to enable every employee to engage in meaningful

dialogue about their progression, identification of opportunities for learning, while also focusing on values and behaviours.

A 'Courageous Conversations' series, with focus topics, support checkpoints in the MyPerformance cycle (e.g. Effective Performance Conversations and Providing Excellent Feedback) was also launched this year. Leaders have received training to support them in having effective conversations with employees that will encourage individual and team success.

In 2021-22, HSS continued to participate in the Aboriginal Cadetship Program. HSS had one cadet successfully complete the program, two cadets roll over into their second year and one new cadet commence. The Program offers participants the opportunity to gain paid work experience whilst completing an undergraduate degree. It is also an ideal way to lay the foundations for a career in the WA public health sector.

Our leaders

Leadership development was a priority for HSS in 2021-22. Senior HSS leaders participated in a series of Senior Leadership Forums, focused on improving collaboration and alignment at a strategic level. Monthly HSS Extended Leadership Team (ELT) forums were held to expand leadership capability, enable information sharing and support cultural change.

Targeted leadership development programs such as 'Managing at HSS', 'Coaching to Empower and Engage' and 'Foundations of Leadership' continued to build capability. In addition, the Mental Health First Aid and Inclusive Leadership courses were introduced as compulsory requirements to enhance and support leadership skills and improve employee engagement.

Family and domestic violence training was conducted for Human Resource team managers and ELT members to provide the knowledge required to support employees and refer them to appropriate services when necessary.

HSS is looking forward to 2022-23, with the launch of the HSS Leadership Academy being a central focus point as part of our commitment to enhancing leadership effectiveness and ensuring all HSS employees are engaged and empowered.




WORKERS' COMPENSATION

The WA Workers' Compensation system was established by the *Workers' Compensation and Injury Management Act 1981* (WA).

HSS is committed to providing our employees with a safe and healthy work environment.

In 2021-22, a total of eight new workers compensation claims were made.

	2019-20	2020-21	2021-22
All Other Diseases	2	0	0
Burns	0	0	0
Contusion and Crushing	0	0	0
Fractures	1	0	0
Foreign Bodies	0	0	0
Sprains, Strains and Dislocations	5	6	8
Superficial Injury	0	0	0
Mental Disorders	1	3	0
Musculoskeletal System	1	0	0
Open Wound	1	2	0
Total Number of Workplace Injuries resulting in claims	11	11	8



PECUNIARY INTERESTS

Senior Officers of government agencies are required to declare any interest in an existing or proposed contract that has or could result in the member receiving a financial benefit and/or present an actual, potential or perceived conflict of interest.

In 2021-22, all HSS Executives 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.

ACTS OF GRACE PAYMENTS

There was no act of grace payments in the 2021-22 FY.

UNAUTHORISED USE OF PURCHASING CARDS

HSS uses corporate purchasing cards for the purchase of goods and services. This enables HSS to achieve savings through improved administrative efficiency and more effective cash management.

The purchasing card is a personalised credit card that provides a clear audit trail for management.

HSS purchasing cards are only issued to employees who have a justified work need and meet relevant criteria. Purchasing cards are not to be used for personal (unauthorised) purposes (e.g. a purpose that is not directly related to performing functions for the agency).

Should a cardholder use a purchasing card for a personal purpose, they must give written notice to the Accountable Authority within five working days and refund the total amount of expenditure.

Personal use expenditure by HSS purchasing cardholders, 2021-22

Purchasing card personal use expenditure	2021-22
Aggregate amount of personal use expenditure for the reporting period	\$75.88
Aggregate amount of personal use expenditure settled by the due date (within five working days)	\$0
Aggregate amount of personal use expenditure settled after the period (after five working days)	\$75.88
Aggregate amount of personal use expenditure outstanding at balance date	\$0

HSS BOARD REMUNERATION

Position	Member name	Type of remuneration	Period of membership months 2021-22	Term of appointment / tenure	Base salary/ sitting fees (per annum)	Gross/actual remuneration ¹
Chair	Michael Walsh	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$76,230	\$83,722
Deputy Chair	Margaret Pyrchla	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926	-
Member	Paul Boyatzis	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926	\$45,971
Member	Cheryl Chan	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926	\$45,971
Member	Rowan Ellis	Annual	12	1 July 2020 to 30 June 2025 (5 years)	\$41,926	\$40,667 ²
Member	Jonathan Ford	Annual	4	7 September 2020 to 2 November 2021	\$41,926	\$17,151
Member	Diana Forsyth	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926	\$45,971
Member	Amanda McKnight	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926	-
Member	Constantine (Con) Phatouros	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926	-
Member	Yasotha (Yaso) Ponnuthurai	Annual	12	1 July 2020 to 30 June 2025 (5 years)	\$41,926	\$45,971
Total					\$453,564.00	\$325,425.55

Notes

¹ Includes superannuation

² Rowan Ellis was remunerated from 2 August 2021 to 30 June 2022

EXPENDITURE ON ADVERTISING

In 2021-22, in accordance with section 175ZE of the *Electoral Act 1907* (WA), HSS incurred the following expenditure in advertising.

Total expenditure for 2021-22 was \$6,256 and was incurred in the following areas:

Expenditure	Organisation	Amount (\$)
Advertising	Initiative Media	\$6,256
Grand Total		\$6,256

DISABILITY ACCESS AND INCLUSION PLAN OUTCOMES

The *Disability Services Act 1993* (WA) was introduced to ensure people with disability have the same opportunities to access the range of services, facilities and information available to all members of the public.

The Act also requires public authorities ensure people with a disability have equal opportunities for employment. HSS is continually seeking to improve accessibility for people with disability who engage with HSS.

The HSS Diversity and Inclusion Strategy aims to increase the participation of different demographic groups across HSS, including people with disability. Consistent with the *Disability Services Act 1993* (WA), HSS aims to be a disability confident employer and is working towards creating an environment of trust where employees feel comfortable sharing information about their disability with HSS.

In 2021-22, HSS continued its partnership with the National Disability Services on the 'Building the Talent Pool' project. This focuses on helping organisations become disability confident employers, with support and resources provided. Through this partnership, HSS conducted face-to-face disability recruitment training sessions for HSS recruitment consultants and human resources team members. The purpose of the training was to provide participants with knowledge and skills in relation to inclusive and accessible recruitment processes and the benefits of employing people with a disability.

Throughout the year, HSS continued to actively educate its workforce on disability access and inclusion through the celebration of 'International Day of People with Disability', information on reasonable adjustments, accessible interviewing and the availability of disability awareness training. The services and support provided by Job Access was also promoted and used by teams needing additional guidance.

HSS has updated its job advertisement template to better communicate who we are and the type of workplace experience we can offer potential applicants. With a strong emphasis on diversity and inclusion, HSS added a new section to advise applicants about reasonable adjustments that we can make to enable them to fully participate in the application and interview process when required. HSS has also worked closely with the



National Disability Services to actively promote HSS vacancies throughout the disability network and directly with disability employment service providers.

During the mask mandate associated with COVID-19, HSS educated its employees on the impact masks can have on effective workplace communication, particularly for those with a hearing impairment. HSS procured a stock of transparent face masks, which have been welcomed by our employees and reflect our commitment to facilitating a safe and healthy workplace, whilst proactively supporting diversity and inclusion.

COMPLIANCE WITH PUBLIC SECTOR STANDARDS AND ETHICAL CODES

Public Sector Standards guide the design and practical implementation of HSS policies, procedures and processes. They ensure that our decision-making is transparent, capable of review and robust enough to withstand scrutiny. HSS employees are required to adhere to the Public Sector Code of Ethics 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 PSC hold quarterly meetings to discuss public sector issues and HSS employees are provided with training and information about the Code of Ethics and Code of Conduct through the HSS induction process.

Processes are in place to ensure Breach of Standard claims are reported to the Public Sector Commission, as required, and that complainants are provided with advice on lodging a breach, should they wish. Where a Breach of Standard claim has been lodged, an internal assessment is undertaken, compliant with the Public Sector Commission's Breach of Standard Claims - Agency Guide.

In 2021-2022, HSS formally identified and managed 12 issues of compliance with the WA Health Code of Conduct and finalised matters carried forward from 2020-21.



FREEDOM OF INFORMATION

The *Freedom of Information Act 1992* (WA) gives all Western Australians a right of access to information held by HSS. Information and details about the process to lodge a Freedom of Information (FOI) application is available on the HSS website.

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 2021-22 financial year, HSS received four non-personal FOI applications and five personal access applications.

RECORDKEEPING PLANS

In compliance with the *State Records Act 2000* (WA) and with State Records Commission Standard 2, Principle 6, HSS has an approved Recordkeeping Plan. HSS is committed to maintaining systems that enable employees to manage transactional and corporate content to support business practices.

All HSS business records, correspondence that enters HSS for business purposes or supports evidence of business activity and decision making is identified and captured into the electronic records management system. All employees within HSS are required to undertake mandatory Recordkeeping Awareness Training.

HSS is committed to continually improving its information and records management practices to meet business needs and legislative responsibilities. During the reporting period HSS updated its Information

and Records Management Policy, undertook a review of the HSS information and records management maturity and initiated the development of an Information and Knowledge Management Strategy due for completion in September 2022.

WA MULTICULTURAL POLICY FRAMEWORK

The first HSS Multicultural Action Plan 2020-22 was launched in March 2021 during Harmony Week. The plan responds to the Western Australian Multicultural Policy Framework, released by the Department of Local Government, Sport and Cultural Industries in March 2020.

The HSS Multicultural Action Plan 2020-22 represents a pathway for our organisation to develop leadership and workplace practices that foster a culturally and linguistically diverse (CaLD) workforce where employees feel valued, supported and equipped to reach their full potential. This is particularly important for HSS as over 25% of our workforce are from CaLD backgrounds.

Scan or click the
QR code for the
Harmony Week video



One of the achievements from the Action Plan during 2021-22 was the creation of an HSS Multicultural Reference Group. The purpose of the Reference Group is to provide advice and feedback on the progress of Action Plan initiatives, raise awareness and promote the Action Plan across HSS. It is also responsible for assisting with the development of new multicultural strategies and to be a voice for cultural unity and inclusion.

The inaugural meeting of the Reference Group in August 2021 focused on developing measures of success, and building on the CaLD communications calendar to include more cultural events and days of significance. The second meeting in February 2022 focused on event planning for Harmony Week and an agreement was made to meet quarterly to maintain momentum and ensure the Plan is achieved.

During Harmony Week, HSS developed a video vignette of employees sharing personal insights and stories about their culture. The vignettes were shared internally as well as via our HSS profile on LinkedIn. Sharing stories demonstrates that HSS' workforce respects and values its cultural diversity and recognises its benefits in facilitating innovation, new practices and ideas.

In April 2022, with input from CaLD employees, HSS identified and designed a new multi-faith and non-denominational prayer room at our



81 St George's Terrace location. This new prayer room is in addition to existing prayer spaces at 140 William Street and our Boorda Jandakot warehouse. The prayer rooms have been created to encourage all employees to embrace their faith and culture in the workplace without discomfort and are a symbol of how HSS embraces harmony and inclusiveness at HSS.



SUBSTANTIVE EQUALITY

HSS contributes to substantive equality for all Western Australians through the implementation of the Equal Opportunity Commission's Policy Framework for Substantive Equality. The Framework provides clear direction for HSS as an employer and service provider by addressing the potential for systemic discrimination and promoting sensitivity to the different needs of HSS' customer groups.

The HSS Diversity and Inclusion Strategy 2019-22 aims to ensure our workforce broadly reflects that of the WA community and our culture is recognised as one of openness and inclusiveness.

In 2021-22, HSS continued providing leaders with the opportunity to attend Inclusive Leadership workshops. These workshops foster awareness of how bias can influence decision-making and ultimately impact the psychological safety of a workplace.

HSS also participated in a whole of WA Health collaboration to co-design an Equity, Diversity and Inclusion eLearning package. The aim of the package is to educate and empower staff as part of our commitment to

the Public Sector Commission's Workforce Diversification and Inclusion Strategy for WA Public Sector Employment. HSS developed the 'Overview' module which includes the topics of unconscious bias, psychological safety and inclusive leadership.

HSS continues to focus on creating a culturally safe and respectful workplace that attracts and supports Aboriginal people to work at HSS. This includes commencing the recruitment for a Senior Aboriginal Workforce Consultant to assist HSS design and implement strategies that will help increase Aboriginal Workforce participation.

As part of building cultural competency across the organisation, HSS has continued acknowledging key events for Aboriginal people. HSS employees have had the opportunity to attend NAIDOC and Reconciliation Week activities, including events across our three sites to share stories, their background and thoughts on how HSS can become more inclusive.

As part of our Aboriginal Workforce Action Plan, HSS has further embedded the Aboriginal artwork developed by local Whadjuk/Balladong Nyoongar, Eastern Arrernte artist Jade Dolman and HSS employees in 2020-21. The artwork has now been integrated into our internal and external branding.

We have also renamed our five key HSS locations with Noongar names. These site names are unique to the locations and were researched and selected by Whadjuk Noongar traditional owner, Professor Len Collard. The site names, Kura (yesterday), YeYe (today) and Boorda (tomorrow), were chosen for their connection to our Aboriginal artwork. Jin Da Koort (knowing, being, doing) pays respect to the correct Noongar place in which our Jandakot warehouse sites are located. Our new HSS transformation program has also been renamed to 'Joornanginy', meaning 'to travel together', with our Transformation Hub being renamed Manjaree (meeting place).

These initiatives represent a strong demonstration of HSS' commitment to creating a culturally competent and safe organisation, in addition to representing HSS's story of reconciliation with the Aboriginal people of Western Australia.

With regard to balanced gender representation across HSS, analysis of our workforce data has commenced to identify and address disparities. These relate to the gender pay gap, parental leave, caring responsibilities and gender imbalance in some business units which may be influenced by industry stereotyping and unconscious bias.

WORK HEALTH AND SAFETY AND INJURY MANAGEMENT

HSS is committed to providing a safe and healthy work environment for all our workers and other people involved with our operations. We do this in alignment the HSS Statement of Commitment to Safety, the Work Health and Safety (WHS) policy and the continued support from senior managers and through meaningful consultation with employees about WHS issues.



In 2021-22, HSS had nine Health Safety Representatives (HSR) available across our work locations. These HSRs met monthly as part of the WHS Committee, conducted 77 site inspections, consulted with employees on WHS matters, were involved in monitoring WHS issues and conducted incident investigations, where appropriate.

There were 53 hazards and 63 incidents reported in the last financial year of which 114 have been resolved. The two open issues relate to no speed limit signs in the supply delivery area at SCGH and sun protection cover required for outside used forklifts, both of which are actively being worked on.

HSS has a cohort of 35 aid officers appointed across different locations, including warehouses, to assist with providing immediate response to injured or ill employees.

HSS continues to offer preventative and proactive WHS programs to employees including, ergonomic assessments, health assessments and a flu vaccine program. In 2021-22, 546 employees received their flu vaccination at one of HSS onsite clinics or through our voucher program.

Injury Management

HSS remains committed to providing injury management and return to work services to all employees regardless of work or non-work-related injuries in accordance with the

Injury Management Policy and the requirements of the *Workers' Compensation and Injury Management Act 1981* (WA). This year HSS has been actively involved in assisting eight employees with workers compensation claims.

Wellbeing

The wellbeing of employees at HSS continues to be an area of primary focus, despite the challenging environment presented by the COVID-19 pandemic and the necessity to limit gatherings of people in close proximity to each other. This has included regular promotion of the HSS Employee Assistance Program (EAP) service, the appointment of four Employee Support Officers and frequent articles on COVID-19 and other wellness topics.

Employee Assistance Program

HSS continues to offer and champion the use of the EAP to assist employees and their families deal with work-related and personal issues.

In 2021-22, there were 58 new referral and 85 hours of EAP utilised. This represents an annualised utilisation rate of 1.9 per cent, a decrease (2.3) from previous years.

Deidentified issues raised through the EAP reports help form the basis of some of the topics offered within the Wellbeing Program.

WORKPLACE HEALTH AND SAFETY TARGETS

Measures	Results 2019-20	Results 2020-21	Results 2021-22 Current reporting year	Targets	Comments towards targets
Number of fatalities	0	0	0	0	Target met
Lost time injury and disease incidence rate	.75*	.83*	0.54	0 or 10% reduction in incidence rate	Target met
Lost time injury and severity rate	13%	27%	29%	0 or 10% reduction in severity rate	Target not met Two claims (of seven) were classed as severe.
Percentage of injured workers returned to work (i) within 13 weeks	83%	64%	33%	Greater than or equal to 80%	A total of 7 LTIs were recorded in the 2021-22 Financial Year One case has not yet reached the 13 week benchmark due to the incident date relative to financial year end and therefore cannot be assessed.
Percentage of injured workers returned to work (ii) within 26 weeks	100%	64%	75%	Greater than or equal to 80%	Total of 7 LTIs in the 2021-22 Financial Year Three of the seven cases have not yet reached the 13 week benchmark due to the incident date relative to financial year end and therefore cannot be assessed.
Percentage of managers trained in occupational safety, health and injury management responsibilities, including refresher training within 3 years	94%	93%	100%	Greater than or equal to 80%	Target met

*These figures have been updated from previous reports where they had been incorrectly calculated.

ACRONYMS

ACSC	Australian Cyber Security Centre	MIRP	Medical Imaging Replacement Program
AIN	Assistant in Nursing	NIR	Network Infrastructure Refresh
AKM	Assurance and Knowledge Management	OBM	Outcome Based Management
CaLD	Culturally and Linguistically Diverse	OCE	Office of the Chief Executive
DLP	Data Loss Prevention	PACS	Picture Archiving and Communication System
EAP	Employee Assistance Program	PHOCUS	Public Health Operations COVID-19 Unified System (contact tracing system)
ELT	Extended Leadership Team	PHOPs	Public Health Operations
EMR	Electronic Medical Record	PIRC	Principal Industrial Relations Consultant
EPMO	Enterprise Portfolio Management Office	PPE	Personal Protective Equipment
FRAC	Finance, Risk and Audit Committee	PSOLIS	Psychiatric Services Online Information System
GPs	General Practitioners	QA	Quality Assurance
HPH	Hollywood Private Hospital	RAT	Rapid Antigen Test
HRMIS	Human Resource Management Information System	RIS	Radiology Information System
HSPs	Health Service Providers	RPH	Royal Perth Hospital
HSS	Health Support Services	SHR	Health and Safety Representatives
ICAM	Incident Cause Analysis Method	SIEM	Security Incident and Event Management
ICT	Information and Communications Technology	SLA	Service Level Agreement
IHL	Institute of Health Leadership	SWIR	System-Wide Industrial Relations
IR	Industrial Relations	VAD	Voluntary Assisted Dying
KPI	Key Performance Indicator	VAD-IMS	VAD Information Management System
LAN	Local Area Network	WAPHA	WA Primary Health Alliance
LSL	Long Service Leave	WHS	Work Health and Safety
LTI	Lost Time Injury		
MHR	My Health Record		

A PATIENT JOURNEY



Meet James. He's a 34-year-old teacher and he lives in Perth. James is playing rugby one Sunday when after a tackle he is unable to get up and in severe pain. His team members think he's broken a leg and call an ambulance.



James is taken to a WA public hospital. He's first triaged by a friendly NurseWest nurse and has his vital signs checked.

- HSS supports over 80 hospitals and over 400 health sites across WA. When James is triaged, his details are captured on the Emergency Department Information System, which is supported by HSS' ICT team, to ensure his care can be tracked.
- HSS also provides 1.5 million hours in nursing shifts every year from our NurseWest team to fill temporary nursing shortages across the WA health system.

An Emergency Registrar, Dr Clare Wheeler, examines James.

- HSS' Employee Services team recruited Dr Wheeler to the WA health system by processing her information and onboarding her to the health service provider – one of HSS' customers
- HSS' Supply team at the State Distribution Centre ensures both the NurseWest Nurse and Emergency Registrar have gowns, examination gloves, sterile wipes, wound dressings and other items needed to examine and treat James.
- HSS' Finance team pays the invoices for the consumables ordered and used by these health care workers.

With a care plan in place, James is prepared for discharge and provided with a discharge summary.

- HSS developed and supports the Notifications and Clinical Summaries system which produces the discharge summary. A copy is also provided to his GP and HSS facilitates its upload to the national My Health Record platform.

Then Dr Wheeler sends James for an X-Ray to determine if his leg is broken.

- Dr Wheeler requests a Radiology Imaging Assessment via iCM which will create an order for the WA health system's Medical Imaging solution - this system is supported by HSS.



It's time to go home. James leaves on crutches while thinking about how he received excellent care from a WA public hospital.



- Every employee James encountered on his patient journey is paid by the HSS Payroll Services team. On average, the team will pay over 50,000 WA health system employees each fortnight.

The X-ray results have confirmed James has a broken leg. James' leg is placed in a cast and he is prescribed medication to manage the pain.

- HSS' Supply team manages the Whole-of-Health Pharmaceutical Products contract and works to ensure the best price from suppliers. Pharmaceuticals are ordered via the iPharmacy system which is administered by HSS' ICT team.

Shortly after, the X-Ray results are ready, and Dr Wheeler uses her health computer network login to retrieve the results.

- HSS' ICT teams allocate each health care worker a unique health login number, enabling access to 400 clinical and corporate ICT systems used to provide patient care.



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The Health Support Services Annual Report 2021-22 was published by Health Support Services in September 2022 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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