

Health Support Services

Annual Report 2024-25


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Acknowledgement of country

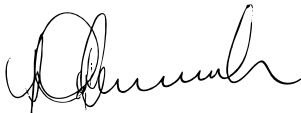
Health Support Services acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters, and community. We pay our respects to all members of the Aboriginal and Torres Strait Islander communities and their cultures and acknowledge the wisdom of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

Statement of compliance

Honourable Meredith Hammat
BA MIR MLA
[Minister for Health, Mental Health](#)

In accordance with section 61 of the Financial Management Act 2006 (WA), we hereby submit for your information and presentation to Parliament, the Annual Report of Health Support Services (HSS) for the financial year ended 30 June 2025. The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006 (WA)*.


Margaret Pyrchla
Board Chair
Health Support Services
20 August 2025


Pina Caffarelli
Finance, Risk and Audit Committee Chair
Health Support Services
20 August 2025

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Executive Summary

On behalf of the Board, Executive team, and all our colleagues at HSS, we are pleased to share our 2024-25 Annual Report.

The 2024-25 financial year has been one of meaningful progress and collaboration, as HSS continued to deliver impactful programs and services that support the WA health system and the communities we serve. Guided by our Strategic Plan, we remained focused on innovation, strengthening partnerships with our customers, and supporting our people while ensuring HSS' work delivers real value where it matters most.

Cyber security remains a key priority, with HSS implementing a range of enhancements to strengthen system resilience and safeguard users. Through the Essential 8 Maturity Project, we introduced macro restrictions, multi-factor authentication, and application hardening, reducing risk without compromising functionality.

Our digital health initiatives continued to evolve, with the Digital Medical Record (DMR) now live at 96 per cent of WA Health sites. Supporting technologies like Single Sign On and Virtual Desktop Infrastructure have improved clinical mobility and security.

My Health Record usage grew by 30 per cent, with WA leading the nation in digital integration, being the only jurisdiction with full ePrescribing, Healthcare Provider

Identifier Individual (HPII) Integration and Structured Pathology Uploads to My Health Record, enabling safer clinical decisions, faster access to test results, and more complete patient records.

Infrastructure upgrades through the Critical Health ICT Infrastructure Program (CHIIP) have laid the foundation for future digital transformation with over 460 sites now benefitting from enhanced firewall protection and Wide Area Network (WAN) macro segregation.

The WA Health Data Platform (WAHDP) program is helping the health system make better use of its data. By bringing information together from different areas, it makes it easier for teams to see the full picture and make faster, more informed decisions. The system is built with strong security and gives people the right access based on their role. Now that the foundation is in place, the platform is being rolled out more widely and becoming part of everyday operations across WA Health.

Environmental sustainability remains a strong focus. HSS launched an ICT device recycling program that significantly reduces emissions and began diverting expired medical consumables from landfill through waste-to-energy solutions. We improved supplier sustainability evaluations, expanded procurement training, and introduced tools like the Carbonisation Dashboard to support data-driven environmental

decisions. These efforts align with WA Health's goal of an 80 per cent reduction in carbon emissions by 2029-30.

NurseWest saw remarkable growth, with workforce supply to WA Country Health Service (WACHS) increasing by 50% over the year. This increase has been vital in supporting regional health services and ensuring continuity of care in communities across the state.

HSS continues to champion diversity, inclusion, and workforce equity. We redesigned recruitment practices to promote fairness and accessibility, strengthened cultural capability and support for Aboriginal employees, and formalised workplace adjustments to better support employees with disability. A Youth Action Plan was introduced to support early-career professionals, while targeted strategies for LGBTQIA+ and gender equity are underway. We have also embedded Equity, Diversity and Inclusion training in our leadership onboarding.

Workplace health and safety remains a cornerstone of our operations. HSS continued its impressive Lost Time Injury (LTI)-free record at our warehouses this year, thanks to proactive risk management and targeted interventions. We addressed key risks such as manual handling, ergonomics, and psychosocial hazards through new equipment, tools, assessments, and training.

The achievements outlined in this report, grouped under our strategic themes, are a testament to the dedication, expertise, and care shown by our people every day. Whether through strengthening cyber security, advancing digital health, supporting sustainability, or building a more inclusive workforce, HSS' work continues to make a meaningful difference across the WA health system.

As we look ahead, HSS remains committed to delivering high-quality services, supporting strategic health priorities, and driving positive change across the system. We thank our customers and employees for their continued support and contribution to another successful year.

Giles Nunis*
Chief Executive

Margaret Pyrchla
Board Chair

*Giles Nunis commenced as Chief Executive on 1 July 2025

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Our year at a glance 2024-2025

Customer Experience

Contact Centre, Workforce, Finance, Procurement, Supply and ICT responded to **647,273** customer calls



Procurement and Supply

927 Procurement Development and Management System (PDMS) submissions reviewed and actioned

Two years LTI free at HSS warehouses

Managed contracts

ICT contracts: **212 contracts**
\$2Bn value

Clinical contracts: **856 contracts**
76 panel arrangements
\$5Bn value



Processed **797,230** purchase order lines

Managed a catalogue of **125,102** product lines



Supplied **1.8** million inventory lines across **22** hospitals and **355** other delivery locations

Workforce and Organisational Development

Paid over **69,000** WA Health employees each fortnight

NurseWest team filled a total of **2.1** million hours of Nursing and AIN staffing across metropolitan and regional shortfalls

Advertised **7,320** external recruitment positions resulting in over **19,600** appointments

Processed over **77,700** employment contract variations

Finance and Operations

Processed **572,960** invoices and accounts payable forms for our customers

40,066 claims processed from members of the public participating in the spectacle subsidy scheme



Information and Communication Technology

Managed more than **400** corporate and clinical applications

Provisioned **120,670** requests for IT access

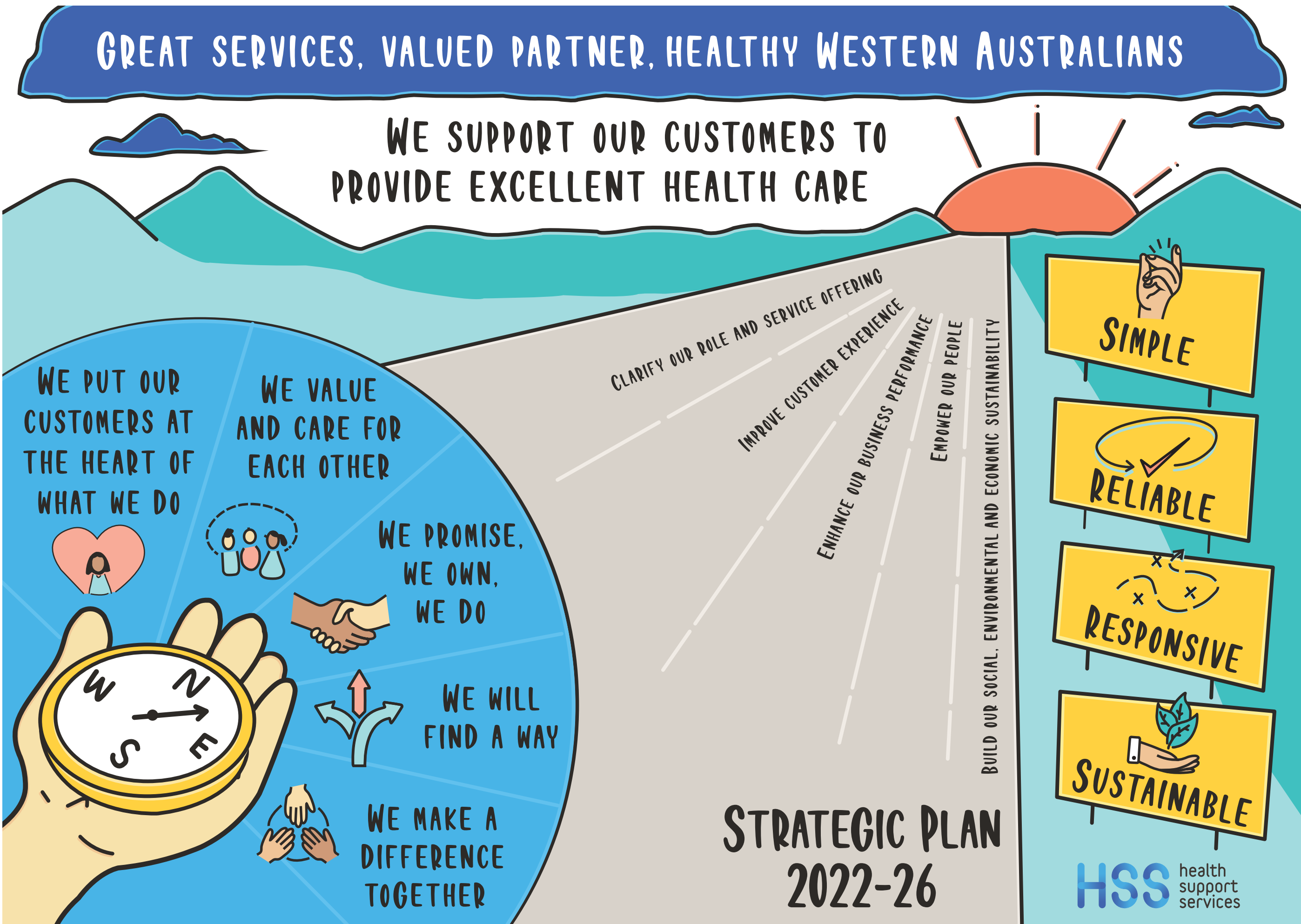
Supported **85,261** computing devices for customers

Resolved **413,913** ICT support tickets

Successfully implemented **8,597** ICT changes that enhance our products and services



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Clarify our role and service offering



Richard Bamsey and Gordon Hill led the Next Step transfer project



Everyone at HSS makes a meaningful and immeasurable impact on our WA health system.

Together, we all contribute to supporting Western Australia's 69,000+ health care workers so they can provide excellent care to their patients.

We pay, we recruit, we supply, and we connect health care workers with technology, so we can all keep WA healthy.

Improving Service Level Agreements

The HSS Service Level Agreement (SLA) formally defines the roles, responsibilities and services provided by HSS, the Department of Health in its capacity as System Manager, Health Service Providers (HSPs) and Independent Statutory Authorities (ISAs). The current SLA expired on 30 June 2025 and new SLAs are required to be in place by 31 July annually, as per the Health Services Act 2016.

HSS commenced consultation with HSPs and ISAs in late 2024. The consultation scope included services referred to in the SLA, the Information Communication Technology (ICT) Service Catalogue, new or adjusted KPIs and operational performance indicators.

Customer support

HSS manages strategic engagement across WA Health entities to ensure provision of services in line with customer expectations, and has provided targeted support to coordinate cross-functional working groups and intensive go-live assistance ensuring successful delivery of several customer initiatives such as;

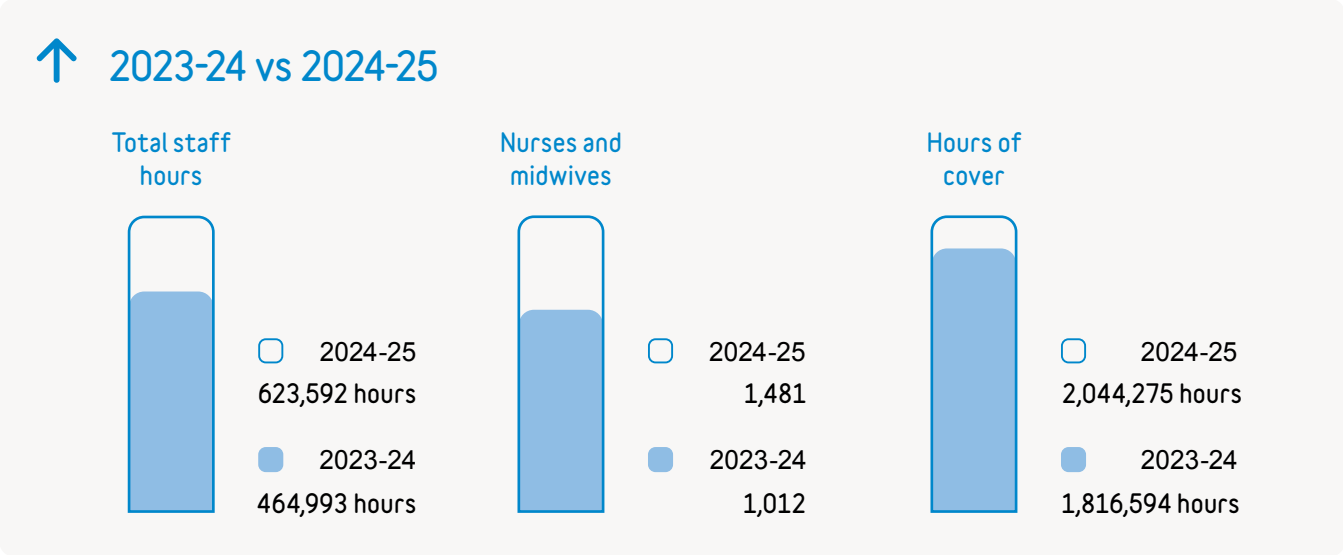
- the South Metropolitan Health Service (SMHS) commissioning of Cockburn Mental Health Facility and the MediHotel
- transfer of the Next Step Drug and Alcohol Service from the Mental Health Commission to the East Metropolitan Health Service (EMHS)
- transfer of the Corporate SmartRider Scheme from the North Metropolitan Health Service (NMHS) to HSS.

The Customer Experience team's collaboration with other internal HSS functions has improved cross-functional understanding of key customer pain points, resulting in more responsive and user-focused services and support mechanisms including our new 'Live Call Wait Times' feature.

Growing NurseWest

In 2024-25 NurseWest successfully implemented and managed staffing through HSS' new Nursing and Midwifery Panel Agency contract. This change has enabled a significant increase in workforce supply to the WA Country Health Service (WACHS), with total staff hours increasing from 464,993 hours in 2023-24 to 623,592 hours in 2024-25.

Overall, NurseWest has increased its workforce to 1,481 nurses and midwives providing 2,044,275 hours of cover across WA Health in 2024-25, from 1,012 nurses and midwives providing 1,816,594 hours of support in 2023-24. This growth has played a vital role in sustaining critical health services across the state.



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Clarify our role and service offering

Independent Governance Review

The Independent Review of WA Health System Governance Report (IGR) 2023 aims to improve governance practices and processes across the WA health system and HSS is accountable for 11 recommendations.

Commencing in 2023 with 'Minister's Immediate Priorities', implementation in 2024-25 has continued delivery over the five planned 'Horizons,' with Horizon 2 recommendations beginning in July 2024 and Horizon 3 recommendations in January 2025.

Some early successes include:

- HSS became the accredited body for criminal record screening within WA Health under a three-year agreement with the Australian Criminal Intelligence Commission (ACIC). HSS and Department of Health partnered to reform and implement the Criminal Record Screening Policy and procedures.

The updated Policy was published in March 2025. As a result, Health Service Providers (HSPs) will benefit from:

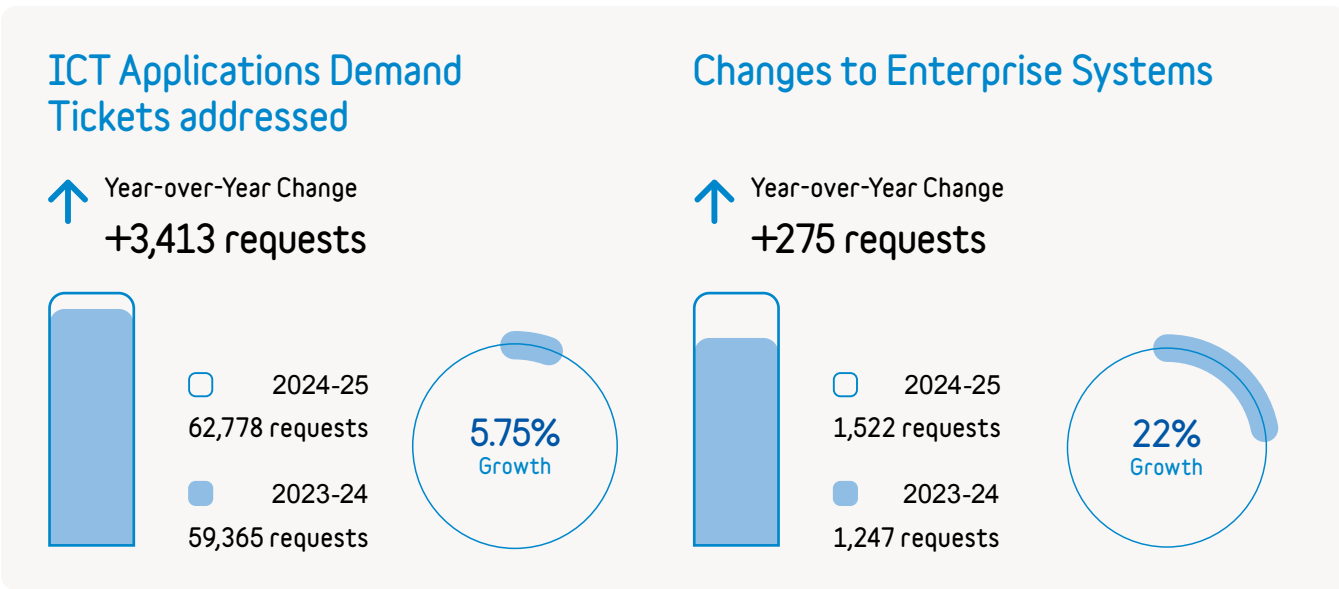
- improved standardisation
- reduced administrative burden
- faster recruitment times for external applicants and improved experience for existing employees and applicants

- The Recruitment, Selection and Appointment Policy was updated and implemented to allow the sharing of personal information between health entities, following employee consent. This has nearly halved the number of online forms for employees to complete.

A recommendation from the IGR stated that HSS is formally recognised as the central point for goods and services tendering and contracting in the WA public health system which drives value for money and improves customer experience.

Working together, the Department of Health and HSPs agreed the criteria for statewide and localised purchasing and a rapid review of existing local contracts is on track to embed the statewide versus local contract ownership process across the WA health system. The HSS review of the local contracts is complete, and some wins identified include:

- The CT (Computed Tomography) Supply, Install and Maintenance contract transitioned from NMHS to HSS on 31 January 2025. Two out of four related maintenance contracts have been absorbed into the CT Whole of Health (WoH) contract.
- The Pre-prepared Food (PPF) contract (approx. \$120 million) successfully transitioned from SMHS to HSS on 28 February 2025.
- The Linen contract (approx. \$330 million) transitioned to HSS in June 2025.
- The HSS component of the local contract review assessments has been completed with about 120 contracts determined as suitable to be statewide.
- Ten new WoH contracts have been identified for HSS to procure in the next five years and a further 30 contracts to be integrated into existing WoH contracts in the next five years (subject to funding and the recruitment of personnel).



Delivering our operational priorities

Throughout 2024-25, operational performance remained consistently strong, averaging 93.9 per cent across key performance indicators (KPIs), ensuring business-as-usual (BAU) delivery and maintaining essential services.

Significant cost avoidance of \$3.8 million was achieved through infrastructure rationalisation and efficient utilisation under the Atos contract, alongside improved cost recovery from HSPs.

HSS enhanced audit oversight through improved reporting and management processes, strengthening accountability and delivery assurance.

The implementation of the ICT Operational Risk Framework and Register enabled proactive risk identification and mitigation across WA Health.

HSS strengthened WA Health's cyber security posture by:

- Expanded geo-blocking to Office 365
- Enhanced user account protection through a new process
- Refreshed cyber security training to boost employee engagement and resilience
- Invoice validation processes were optimised, resulting in over \$230k credits from vendors
- The renewal of the annual Microsoft contract ensured continued access to essential tools and security across the WA health system.

Responding to system complexity

HSS is responding to an increasingly demanding ICT environment by refining its focus and aligning priorities with strategic themes, customer needs, and business requirements. The greatest challenge remains maintaining operational continuity across numerous complex and legacy systems while dedicating attention and support to an ambitious digital project portfolio.

HSS leans into this by:

- Striving for stronger alignment between systemwide and local priorities to reduce duplication and reactive spending
- Engaging in early and sustained engagement with customers to improve planning and governance
- Further investing in internal capability and flexible resourcing models to attract and retain skilled project employees
- Taking a proactive approach to identifying and addressing legacy system risks before they impact service delivery.

These considerations have informed a refreshed plan for 2025, which was launched at the ICT Town Hall in March 2025. Key priorities include improving cross-project clarity and alignment, removing silos to design 360-degree demand reviews, embedding a cyber-first mindset into all tasks and providing people in ICT with opportunity and capability to grow.

Lessons learnt: Early bird planning

An unprecedented amount of infrastructure projects are occurring across the WA health system. HSS is responsible for the delivery of shared services required to operate these facilities and provide support within the project lifecycle.

Early engagement, funding, and visibility will ensure that HSS is available and resourced to deliver the projects successfully from a shared service perspective. Early representation at Project Control Groups and Steering Committees to assist in decision making, ensures shared services are considered and planned for in the project's infancy stages.

HSS is also working to ensure the appropriate service delivery model is applied for the effective provision of shared services that supports HSPs, aligns to expectations and meets project timelines. HSS will review the operating model required to further support additional projects in 2025-26, as demand is expected to increase.



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Build our social, environmental and economic sustainability



Patrick Okoye led the recycling initiative ensuring none of HSS' ICT devices and accessories go into landfill



Environmental sustainability

In 2024-25 HSS made significant strides to improving our environmental sustainability, while supporting customers to achieve their sustainability aspirations.

HSS continues to prioritise its sustainability effort towards the whole-of-Government and WA Health target of an 80 per cent reduction in carbon emissions by 2029-30, compared to our baseline year (2020-21). Working towards the inaugural annual Sustainability Action Plan helped to guide HSS' focus and identify optimal pathways for sustainability improvements. This year's progress includes:

ICT reuse and recycle

A new program for recycling obsolete ICT devices for WA Health was implemented in October 2024. This was made possible through negotiations with an ICT recycling and disposal vendor who used secure data deletion processes allowing for the recycling or remarketing of the equipment. This approach ensures compliance within WA Health's strict data security requirements and prevents the equivalent of approximately 250kg of CO₂ emissions for every device recycled.

Medical waste-to-energy

In March 2025, HSS commenced the disposal of expired medical consumables via a licensed waste-to-energy facility. This initiative is expected to be completed in early 2025-26. It diverts consumables from landfill and is part of a broader HSS initiative to reduce and manage clinical waste more sustainably.

Improving supplier evaluations

Commencing in April 2025, HSS is improving criteria for the sustainability evaluation of potential suppliers, with input from sustainability teams across WA Health. This year HSS will pilot new evaluation criteria in two tenders for Whole of Health (WoH) supply contracts, so evaluation panels can better understand suppliers' commitment to, and progress on, reducing emissions and environmental impact and make more informed procurement decisions.

Building procurement capability

HSS created and shared a suite of sustainable procurement resources across the WA health system to support HSS employees and WA Health customers to act on sustainability, raise systemwide awareness and build procurement capability.

HSS made the Procure to Sustain the Environment e-learning masterclass available to all WA Health employees and promoted the more advanced Sustainability in Procurement training video and comprehensive Sustainability in the Supply Chain Guide.

Encouraging employee action

HSS developed "How can I get involved?" a guide that empowers employees to normalise talking about environmental sustainability, lead an action in their local area, and share their sustainability success stories.

HSS supported five employees to attend the Department of Health's Sustainability in Healthcare Scholarship program, certified by the UK's Carbon Literacy project, boosting the sustainability expertise across HSS.

Regular articles are also published on the HSS intranet encouraging employees to adopt green practices at work and at home and celebrate employees who are leading the way with sustainable choices.

Monitoring performance

HSS measured its Scope 1 and 2 greenhouse gas emissions for the first time (covering 2020-21 to 2023-24)

and set emissions reduction targets through to 2029-30. Progress will be reported to the HSS Board and WA Government annually, marking a significant milestone in environmental accountability.

HSS developed and promoted the HSS Carbonisation Dashboard which provides a comprehensive and transparent view of enterprise computing and storage carbon emissions across the WA health system. Built in 2024, it enables data-driven decision-making, supports sustainability targets, and empowers teams to track and reduce their environmental impact.

A Sustainable Purchasing Report has been developed for use across WA Health and aims to help expand sustainable purchasing projects. This data can be used to track sustainability and waste-reduction projects.

Recognition in sustainability

In November 2024, HSS was named a finalist in the Excellence in Sustainability category at the WA Health Excellence Awards. This recognition was due to initiatives targeting plastic waste reduction, sustainable disposal of medical equipment, and enhancing supply chain resilience.

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Economic sustainability

ICT

HSS has implemented targeted initiatives to reduce costs and improve efficiency across WA Health's ICT infrastructure by:

- Decommissioning 13 servers and databases, saving \$100k annually and reducing our infrastructure footprint.
- Adjusting non-production environment operating hours, saving \$75k annually without affecting service delivery.
- Recycling or repurposing obsolete ICT assets, cutting disposal costs by 20–40 per cent.
- Replacing outdated G-Core network with peer-to-peer architecture in October 2024, saving \$250k per month and improving efficiency.
- Streamlining telecom services across WA Health, saving \$300k for EMHS and \$700k overall with HSS and Department of Health.

Supply chain

The Supply Chain Resilience project catalogued critical and high-use items across WA Health to enhance spend visibility, with the ultimate objective of incorporating these items into contracts to minimise supply chain risk, improve efficiencies and value for money. During the project 794 non-contract catalogued products were added to the catalogue, and 151 items transitioned to contract, leading to a reduction in free text purchases.

Over the past year HSS worked with customers to use excess substitute Personal Protective Equipment (PPE) materials purchased during the COVID-19 pandemic. This ensured the items were not sent to landfill unused, and reduced the amount purchased in 2024.

Local procurement and storage

In 2024-25, HSS were able to find new efficiencies by streamlining and localising the systems procurement and storage options.

This involved issuing a Request for Information (RFI) in October 2024 to assess WA's current manufacturing and development market, focusing on healthcare-related medical goods, equipment, and technology. HSS received 17 responses from the market, and WA Health already engages 10 of these providers.

In May 2025, HSS also issued an Expression of Interest (EOI) for local manufacturers to develop and supply a range of medical products. Suppliers were asked to demonstrate their capability to manufacture specified products. The EOI could lead to local manufacturers being added to panel contract for the supply of medical goods with the intent to provide them a percentage market share as an incentive.

HSS streamlined supply operations through the removal of offsite storage in 2024-25, reducing associated costs.

Another move towards economic sustainability was awarding contracts in December 2024 for a range of metropolitan trade services, including breakdown repair, planned maintenance, and minor works for HSPs. Ninety per cent (86 contracts) of contracts were awarded to WA businesses. Sixty per cent of the contracts were awarded to WA-based small businesses with less than 20 employees. Further to this, two contracts were awarded to Aboriginal businesses. Negotiations with suppliers led to 56 suppliers agreeing to reduce their hourly rates, resulting in an overall cost reduction of 29 per cent compared to initially quoted rates.

Social sustainability

Social sustainability refers to creating a healthy, inclusive, and equitable society where individuals and communities can thrive. In the workforce, this means nurturing environments that support dignity, respect, opportunity, and wellbeing for all employees.

HSS' strategy supports social sustainability through its focus on six priority diversity cohorts:

- Aboriginal peoples
- People from culturally and linguistically diverse (CaLD) backgrounds
- People with disability

- People of diverse sexualities and genders (LGBTIQ+)
- Women
- Life Stage (youth and mature)

HSS expanded the graduate and cadet programs, enhancing diversity and inclusion while maturing succession planning and future capability.

By intentionally improving representation, access, and experience, HSS is creating a more equitable and resilient workforce.

Partnering for change →

HSS regularly partners with external providers and social initiatives to provide employees with the opportunity to participate in positive social actions. An example of this was the Department of Communities Children in Care drive which saw HSS employees provide gifts for over 100 children.

Another initiative was the Containers for Change collection, which saw a mass collection of aluminium cans worth 10c each, with the proceeds being donated to a worthy charity. As of June 2025, 4680 returned units have been collected across our locations, amounting to \$468.00, which was donated to Beyond Blue.



Sophie Decotter and Pauline Woods pose with a pile of gifts, destined for Department of Communities as part of the Children in Care drive.



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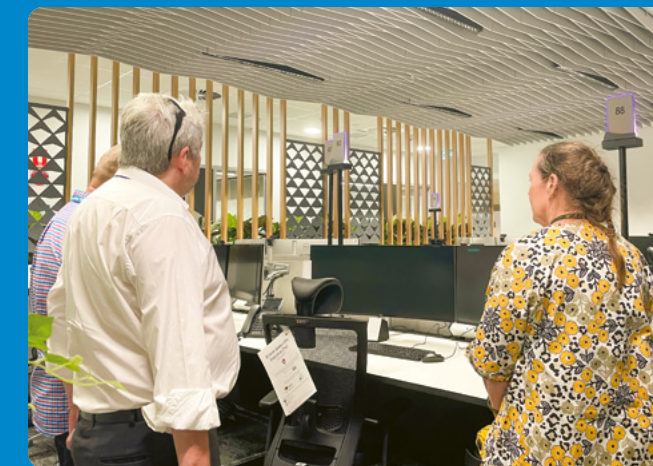
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Enhance our business performance



HSS team tours the new command centre at the State Health Operations Centre



HSS System Flow and Reform program

The HSS System Flow and Reform program (SF&R) encompasses several strategic projects that support WA Health in its patient journey transformation through the delivery of strategic, mature, sustainable and integrated systems.

The priority for HSS has been the delivery of key projects for the State Health Operations Centre (SHOC) including:

- Overseeing the technical setup for SHOC's full operation at its new facility, with the Level 3 Command Centre completed in October 2024 and Level 10 made operational in January 2025.
- Procurement and implementation of a Role Based Messaging (RBM) Platform is underway. This will

provide a single platform across all HSPs for secure messaging between clinical and operational roles, freeing up practitioners to focus on patient care.

- Delivery of the Virtual Care Connect (VCC) platform is further expanding the WA Virtual Emergency Department's (WAVED) capability. VCC is a patient management platform that enables clinicians to more efficiently oversee the patient care journey and allows them to manage tasks and view patient data in one place.
- Working collaboratively with SHOC to implement a clinical remote access solution that enables WAVED clinical practitioners to securely work and deliver consultation services using their own devices.

Enhanced process, enhanced solutions

In 2024-25, HSS established the Process Framework, Maturity Model, and Process Architecture to drive consistent service improvement, enhancing clarity, efficiency, coordination and accountability while speeding up access approvals and strengthening communication across HSS and HSPs.

HSS launched a new non-BAU process to manage customer ICT demand more effectively and escalate issues and support requirements through leadership.

This year the ICT Application Delivery Framework was initiated to help HSS better understand and manage demand for ICT application services, supporting the goals of the HSS Strategic Plan 2022-26. Over the coming 2025-26 year, this Framework will be expanded across more areas to become the ICT Delivery Framework.

Mirth project

HSS delivered the Mirth project, enabling parallel messaging between web-based Patient Administration System (webPAS) and the Health Integration Hub (HIH). This significantly reduced delays in patient information flow and removed message volume limitations.

Implementation has improved data availability for clinicians, especially in Emergency Departments, and supports faster and safer clinical decision-making.

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Enhance our business performance



HSS' Security and Risk Management team

Cyber security

HSS Essential 8 Maturity project

The Essential Eight Maturity project (E8MP) was mobilised to support the Department of Health-led program to improve cyber maturity across WA Health, thereby improving WA Health's cyber resilience and reducing the likelihood of cyber-attacks. E8MP has delivered controls relating to the implementation of macro restrictions, Multi Factor Authentication (MFA) and user application hardening. This limits an application's ability to be used in unintended ways that compromise security and has significantly lowered the risk of malicious macro attacks.

The project, completed in June 2025, balanced security with functionality ensuring the right level of restrictions are in place while guaranteeing the appropriate functionality is available for teams to work efficiently.

Cyber Advance

The Cyber Advance project continued to deliver cyber security products to reduce the number of cyber vulnerabilities, improve compliance with Government policy, and reduce systemwide risks. In 2024-25, HSS successfully delivered several important deployments including:

- Microsoft Defender for Endpoint was deployed to 33k endpoints connected to the WA Health Network enabling real-time protection where the antivirus responds to security threats as they arise.
- To enable greater security of identity monitoring across WA Health, Domain Controllers are being equipped with Microsoft Defender for Identity (MDI).

The HSS Cyber Advance project leveraged experiences from project and HSS BAU teams, to inform the approach to testing, piloting and evaluating Microsoft Defender for Endpoint as a replacement for Trend Micro. The team utilised its relationship with major hospitals to identify sensitive machines that would require supervised deployments. Building on this knowledge and working relationships, the team were able to replace 30k antivirus agents at a peak of 2k per night.



Critical Health ICT Infrastructure Program (CHIIP)

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

CHIIP has completed macro segregation activities for the Wide Area Network (WAN) and installed security firewalls at all Tier-1 major sites and over 450 non-Tier 1 sites. These sites now have the WAN network traffic monitored with standard threat detection measures applied which protects against threats originating from the WAN.

In addition, CHIIP has installed a comprehensive asset discovery service across the HSS-managed network, which means HSS can now identify more than 105k devices on the network which will enable the transition.

Securing critical partial funding in 2024-25 for CHIIP to support Stage 2 of the program allowed HSS to prepare for the roll out in pilot sites (Fremantle Hospital and Northam Health Service) which will continue into 2025-26. The program will also continue work to remediate facilities and install foundational infrastructure at North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, and Child and Adolescent Health Service.



HSS pilot team members undertaking a discovery at Fremantle Hospital's V block

Lessons learnt: Pilot sites

CHIIP is utilising pilot sites to test and refine the transition approach before implementing a full-scale roll out. These pilot sites will provide valuable insights into operational challenges and user feedback, allowing for real-time adjustments. By embedding these learnings into future transition plans, CHIIP can ensure a more seamless and efficient rollout across the WA health system.

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Enhance our business performance



WA Health Data Platform (previously Realtime Demand Data Platform)

This multi-year, strategic collaboration between the Department of Health and HSS is focused on improving patient flow and system capacity, while establishing a sustainable, enterprise-wide data platform for the health system.

The WA Health Data Platform program (WAHDP) empowers data professionals across the organisation and health system to make faster, better-informed decisions and collaborate more effectively, by providing secure and timely access to reliable data. With fewer data silos and greater transparency, teams can operate with increased confidence, supported by real-time insights that enhance their impact.

This year saw the implementation of a modern platform architecture, underpinned by Role Based Access Control (RBAC) - a key enabler to scaling platform access to broader user groups.

All scheduled data ingestion activities were successfully completed, covering key clinical and operational systems including Patient Transport Coordination Hub (PaTCH), Theatre Management System (TMS), Emergency Department Information System (EDIS) and more.

The program has partnered closely with the State Health Operations Centre (SHOC) to meet their data needs, directly enabling high-impact initiatives such as the WA Virtual Emergency Department (WAVED) and contributing to improved system coordination across WA Health.

A significant milestone has been the development of the WA Health Data Platform Governance Framework. Fundamental to the long-term success of the Platform it guarantees robust decision-making, proactive risk management, and alignment with WA Health's strategic objectives.

With the technical foundations now established, the program is entering its next phase - focused on developing statewide data models, expanding access to more business partners across WA Health, and transitioning the Platform into business-as-usual operations.

Broadening the supply chain

A contract was awarded in September 2024 for the supply of Prostheses and Associated Consumables for Orthopaedic Hip, Knee, Shoulder and Trauma surgeries. The contract expanded the range of products available under contract to over 66k line items, increased the range of suppliers to 19, provided opportunities to have equipment for free on loan, and by setting up options for HSPs to contract with preferred vendors on the panel, achieved price discounts from 20-60 per cent.



Upgrades and legacy solutions

Human Resource Management Information System

WA Health is progressing the development of the Human Resource Management Information System (HRMIS), which will replace legacy Human Resource, Payroll and Rostering technology currently used across our public health system.

A contemporary, systemwide HRMIS will have significant benefits for WA Health's 69,000+ employees.

The HRMIS program is currently testing and refining the HRMIS solution, HRplus.

HRplus is being comprehensively tested to ensure the WA health system can continue to roster and pay health care workers accurately and on time when HRplus is deployed.

Enterprise Vault

The WA health system has a long-standing reliance on an application and supporting ICT infrastructure known as Enterprise Vault (EV). This application archives all WA health system emails to comply with record keeping obligations and ensures that employees across the WA health system can access emails regardless of when they were received.



HSS worked with the EV vendor and Atos to stand up a contemporary EV solution in the cloud and migrate over 2.3 billion data objects. The new solution has full redundancy in place, mitigating the risk of data loss and delivered a \$800k per annum cost saving.

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Improve customer experience



Customer Advisory Committee

This year, the HSS Board appointed a Customer Advisory Committee (CAC) in response to the Independent Governance Review recommendations. The purpose of the Committee is to assist the Board in performing its functions with a focus on all aspects of customer engagement, service delivery performance and stakeholder engagement. The key functions of the Committee are to:

- Engage with HSS on strategic priorities and issues to enable collaboration for improving and maintaining their core suite of services.
- Build and sustain trust and collaboration between HSS and their customers, ensuring an understanding of HSS' operating environment, resources and how these influence the delivery of services.
- Build an understanding of the priorities, issues, and operating environments of HSS' customers, including any future priorities and plans, and ensure they can be factored into HSS' future planning and strategic direction.

Digital Medical Record program

The Digital Medical Record (DMR) is a web-based version of the traditional paper medical record which enables clinicians to have immediate access, from their computer to patients' medical records. The DMR leverages existing technology to provide early benefits while WA Health works to procure and implement an Electronic Medical Record (EMR).

The Digital Medical Record (DMR) Phase 1 was completed with the OPAL (DMR) product now available for use at 150 locations, which is 90 per cent of WA Health sites. Achievement of this milestone enables the upload of more than 3 million clinical documents per month, enhancing clinical access to patient records at the point of care.

Electronic Medical Record program

The Electronic Medical Record (EMR) will establish a unique, secure electronic medical record for every patient and a suite of capabilities that will modernise and improve the WA health system, making it safer and more patient centric.

HSS continues to advance delivery of key EMR components aligned with the Sustainable Health Review. With Digital Medical Record (DMR) implementation nearing completion, 96 per cent of WA Health sites are now live and final rollouts are scheduled for late August 2025. The Single Sign

On project is also on track for completion by 31 July 2025. HSS continues to lead the implementation of the Virtual Desktop Infrastructure (VDI) project at targeted hospital sites to enhance clinical mobility, system security, and patient care.

In parallel, HSS is providing ongoing support for the Department of Health-led EMR program through procurement, ICT, and contracting expertise, while contributing technical and delivery subject-matter input to Phase 2 projects.



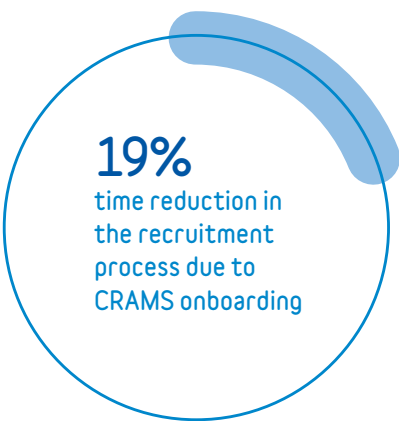
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Improve customer experience

Corporate Recruitment
Advertising Management System

In March 2025 HSS successfully completed the roll out of the Corporate Recruitment Advertising Management System (CRAMS) e-Recruitment module to support the reduction of recruitment timeframes and enhance workforce mobility across the health system.

In addition, the implementation of the CRAMS Onboarding module has further improved efficiency by supporting seamless employee transfers between health entities. The online portal significantly reduces the need for manual paper forms and enables employees to consent to sharing of previously supplied information, making internal mobility faster and more user-friendly.



Lessons learnt: Reducing call wait times

HSS introduced a new 'Live Call Wait Times' feature for the Contact Centre in 2025, aimed at improving transparency and customer satisfaction. This initiative allows customers to view real-time queue lengths before calling – helping them decide the most convenient time to get in touch.

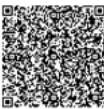
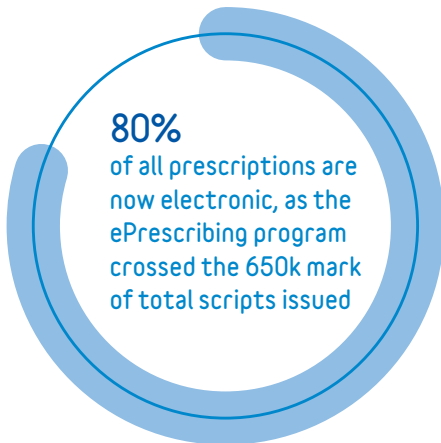
The concept was developed in response to feedback from Customer Satisfaction Surveys. By offering visibility into current call volumes, the tool empowers customers with greater control over their time and reduces frustration during peak periods.

ePrescriptions

In June 2025 a significant pilot was undertaken at Royal Perth Hospital (RPH), being the first public hospital nationally to dispense inpatient discharge medications using electronic prescriptions (eScripts). With support from HSS, the pilot places WA at the forefront of digital prescribing for inpatient settings.

The pilot is being delivered in partnership with RPH, HSS and the Australian Digital Health Agency (ADHA).

This innovation is expected to improve outpatient wait times for medication supply, inpatient discharge times and hospital bed flow, greatly enhance patient access to medications and improve medication safety.



HSS' award winning ePrescriptions team

My Health Record

Western Australia is the only state to have 'upload by default' for ePrescribing, Healthcare Provider Identifier Individual (HPID) Integration and Structured Pathology Uploads to MyHealthRecord. This enables safer clinical decisions, faster access to test results, and more complete patient records while positioning WA as a national leader in digital health.

The usage of My Health Record across the WA health system continues to grow significantly, up 30 per cent in the last 12 months. Clinicians now access My Health Record over 20k times per day, and it is embedded

as part of everyday practice. This year due to the integration work undertaken by HSS, WA became the first and only jurisdiction with the capability to upload National Healthcare Identifiers for Individuals – HPID's (unique identifiers for clinicians) in all documents uploaded to My Health Record and not require an exemption from the My Health Record Act.

Improving Fast Healthcare
Interoperability Resources
(FHIR) capability

This year, HSS has undertaken three interoperability projects, which are significant to WA and position the state as the leading jurisdiction for Fast Healthcare Interoperability Resources (FHIR) capability and adoption. FHIR is a standard developed for the secure electronic exchange of healthcare information. One of its goals is to facilitate interoperability between legacy health care systems, to simplify providing health care information to health care providers and individuals on a wide variety of devices.

The completion of the interoperability projects opens the door to further opportunities for HSS, such as leading the implementation of the National Shared Patient Summary and the development of electronic requesting (eRequesting) – the safe and secure exchange of pathology information between the requesting clinical system and the pathology laboratory information system.

Strengthening information security
and service consistency at HSS

In the past year, HSS reaffirmed its commitment to protecting employee information by applying the HSS Release of Information Policy across its operations. HSS Contact Centre reviewed and updated its procedures to ensure a secure and consistent experience for employees seeking assistance.

As a result of these updates, callers to the Contact Centre are required to answer their identification security questions before accessing their customer records. This quick and straightforward verification process enabled HSS to provide timely assistance while safeguarding sensitive employee information.

HSS Peel Health Campus Transition

HSS supported the successful transition of Peel Health Campus from the private operator Ramsay Health Care (RHC) to South Metropolitan Health Service (SMHS) on 13 August 2024. Peel Health Campus (PHC) Hospital is now part of WA Health and is under standard support arrangements.

As part of the project, HSS implemented WA Health systems and applications, provided new network infrastructure to support the technology, upgraded existing telephone and wi-fi services, deployed necessary end-user computing devices and provided robust support to enable a smooth transition. This included successfully deploying 300 new computers and 100 new managed printers with the majority deployed over one night.

There were approximately 900 employees transitioned to WA Health and more than 100 new employees recruited, due to the addition of services post-transition. HSS supported the transition and recruitment of these employees, by providing employment contracts, onboarding to human resources and payroll systems, rostering training and supporting recruitment of additional employees.

HSS also established new procurement and supply contracts, provided procurement system training, and transitioned the existing supply service to HSS in line with other WA Health hospitals.

Through extensive collaboration between HSS, RHC and SMHS, a safe and seamless transition for patients, employees, volunteers and the community was delivered, as was the continuation of safe and high-quality health care.

Lessons learnt: New needs,
new solutions

Some employees experienced challenges in adapting to new ICT systems, even with available training. A technology onboarding kiosk was stood up which enabled employees to reset passwords and set up their managed print swipe cards which proved beneficial to introduce employees to WA Health systems. Enhanced change management strategies, including ongoing support and early direct engagement with employees, is essential in future projects.

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Annual Report 2024-25

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Improve customer experience

Workflow and Legislation

HSS, in collaboration with System-Wide Industrial Relations (SWIR), oversee and maintain:



HSS have recently implemented new salary rates and clauses (for registered agreements) across all the high-volume areas of the WA health system, including:



Quality data, valuable insights

HSS have progressed with enhancing the quality of diversity data captured across WA Health.

Two key initiatives include:

- Collaboration with the Child and Adolescent Health Service (CAHS) to enhance the data collected within webPAS, WA Health's Patient Administration System. By including country of birth, ancestry and ethnicity, main languages spoken at home, and next of kin languages for patients under 18, HSPs can improve health service accessibility and design targeted health promotion, disease prevention, and control programs for diverse communities.
- Updates to Patient Administration and Notification Systems to introduce gender and pronoun fields. These enhancements support more inclusive and culturally safe care, reduce administrative errors, and improve the accuracy of patient identification. Additionally, the Medicare auto-matching update reduces false mismatches and streamlines patient registration workflows. These changes strengthen data integrity, improve patient experience and lay the groundwork for broader interoperability with external partners.

Lessons learnt: Data quality and clinical collaboration driving patient care

In October 2024, HSS were informed by the Australian Digital Health Agency of anomalies in data uploaded by WA Health to the national Prescription and Dispensing Service. The risk impact was reviewed, root cause identified, and impacts addressed within two days.

The software coding issue was identified and resolved quickly, and this has inspired ongoing monitoring requirements to prevent a future occurrence.

In response to the lessons learnt from the issue, HSS now:

- Engages with clinical teams at the earliest opportunity when issues are identified.
- Conducts ongoing reviews of clinical data for quality issues to prevent future occurrences.
- Has developed automated test scripts to enable identification of errors using regression testing of existing functionality with new changes.



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Managing complex, high-value agreements

Managing the Microsoft Enterprise Agreement (EA) remained a significant focus for HSS' ICT Service Operations in 2024-25. Valued at approximately \$60 million annually and supporting around 68k Microsoft 365 licences, the EA is critical to both clinical and non-clinical operations across WA Health. A key challenge was ensuring the agreement remained

efficient, compliant, and responsive to evolving business needs. To address this, ICT developed a new licence management model in collaboration with Microsoft and internal stakeholders. This model enhances visibility of licence usage, enables timely deployment and recovery, ensures compliance with contractual obligations, and maximises return on investment.

Enhancing customer experience: what's ahead

New Women's and Babies Hospital Digital Transformation Business Case

The Digital Transformation Business Case will define the digital infrastructure, clinical systems, and service transformation required to embed future-ready, patient-centred digital capabilities into the new hospital's design from the outset.

Microsoft Active Directory

Upgrading Microsoft Active Directory has been a major infrastructure initiative for HSS in 2024-25. This critical system, which manages access to all WA Health networks and applications, is being modernised from its 2012 version to the 2022 release to ensure continued Microsoft support, improved performance, and enhanced functionality. The project to manage the upgrade of 59 servers is on track for completion in late 2025.

Notifications and Clinical Summaries and meeting the needs of our customers

The Notifications and Clinical Summaries (NaCS) system is a web-based platform used across WA

public hospitals to generate discharge summaries and prescriptions. NaCS was enhanced for use within WA Health Emergency Departments in 2024-25 to generate 'lite' discharge summaries. These were rolled out across some of Perth's hospitals and enables a 'digital first' approach to securely sharing Emergency Department discharge information to a patient's general practitioner. This guarantees continuity of care with primary care, and patients also receive a hard copy of their discharge summary.

HSS is supporting the Department of Health's NaCS project. To improve the clinician user experience and better support frontline workers the project is focusing on six key priorities to reduce manual data entry and streamline the way in which clinical information is documented. Some changes include changes to clinical documentation templates, data pre-population, and improving the efficiency of pathology and radiology results entry.

The project will continue to develop and deliver changes over 2025-26 with comprehensive input from users through extensive workshops and collaborative discussions.

Customer Satisfaction

Proactive Customer Survey

Every three months HSS surveys customers to check how satisfied they are with the service HSS has provided. The customer satisfaction score is derived from the percentage of customers who indicate they are "satisfied" or "highly satisfied" with the service. The surveys also ask customers to let us know what went well and any opportunities for improvement.

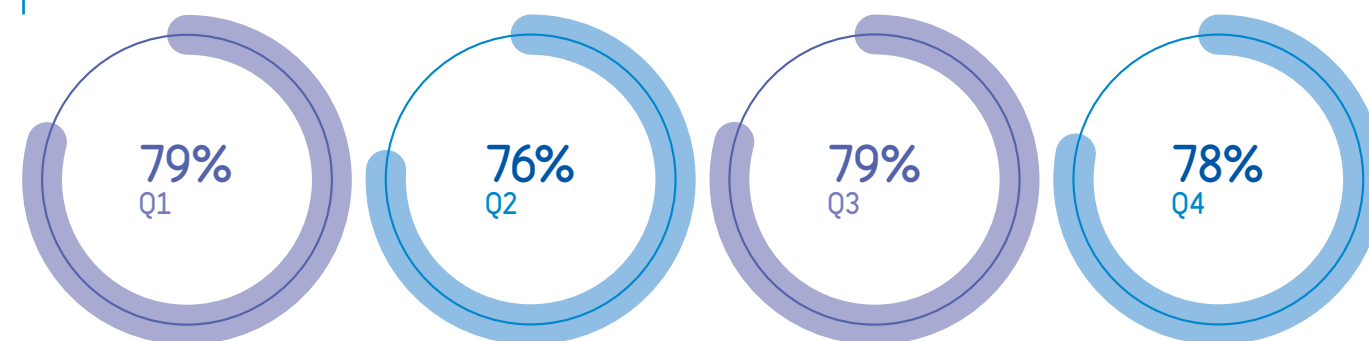
In 2024-25, customer satisfaction increased by an average of 6 per cent when compared to the previous financial year. Key highlights from the survey data tells us that HSS have been performing consistently, with little variation in customers who are satisfied, neutral or

dissatisfied. HSS achieved an average of 78 per cent satisfaction, with 9 per cent of customers expressing a neutral sentiment and 13 per cent of customers expressing a level of dissatisfaction, giving HSS the opportunity to look at how we improve services, or access to services, for 22 per cent of survey respondents.

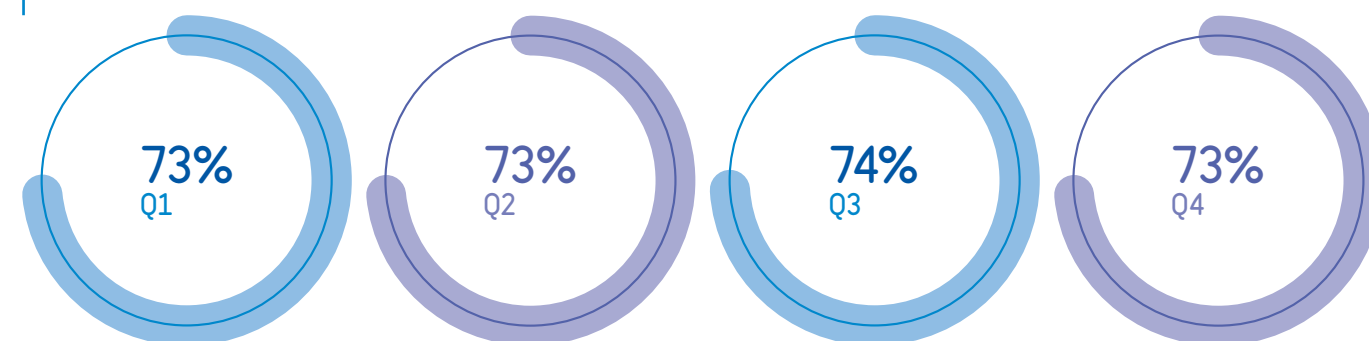
HSS also measure 'customer effort' by asking customers 'how easy is it to deal with HSS. HSS achieved a 4 per cent uplift in customer effort over the last four quarters. We know from survey feedback that reducing resolution timeframes and system complexity will reduce customer effort.



CSAT scores for each quarter 2024-25 (Target 70%):



Customer Effort scores for each quarter 2024-25 (Target 73%):



HSS Voice of Customer

Another customer satisfaction tool is HSS' Voice of Customer (VoC) program. This opt-in feedback and complaints process is promoted via the HSS Customer Hub (intranet) and encourages customers to raise issues with the services provided. Most complaints (79) related to pay issues, noting HSS process payroll for over 69k employees each fortnight.

In 2024-25 HSS sent 86,211 customer satisfaction surveys and received 152 compliments for HSS employees. HSS received 119 complaints, a decreased amount in comparison to the 169 complaints received the previous year.

VoC insights are shared across HSS quarterly and thanks to customer-driven changes and a focus on service, HSS has seen a rise in customer satisfaction.

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Empower our people



Culture, Diversity and Engagement

HSS remains committed to fostering a positive, customer-centric, inclusive and high-performing culture. As part of this commitment, HSS continues to monitor and enhance organisational culture and employee engagement through regular Culture Pulse surveys and targeted initiatives.

Culture and engagement surveys

In November 2024 and April 2025, HSS conducted Culture Pulse surveys. The results remained consistent across both periods, achieving a culture score of 74 per cent and an engagement score of 70 per cent. These scores reflect a stable and resilient organisational culture, with opportunities for growth and development.

This year, HSS introduced a new metric to assess how well the organisation live and demonstrate key values. This new measure received a strong initial score of 77 per cent, indicating that key values are well understood and embedded in daily work practices.

Support and strengthen culture and engagement

HSS have implemented several key initiatives to support and strengthen culture and engagement, including:

- Investing in the growth of employees by providing increased access to internal and external development opportunities aligned with the HSS Capability Framework.
- A pilot of a new Psychosocial Safety Assessment tool was completed. Full implementation is planned for mid-2025, reinforcing HSS' commitment to a safe and supportive work environment.
- A refreshed HSS Leadership Academy was launched in 2025 designed to better equip leaders to inspire, support and lead with impact, after a comprehensive review was conducted in 2024.
- A new onboarding program tailored for leaders is currently in development and being piloted. This initiative aims to provide new leaders with the tools and knowledge they need to succeed.
- Reviewing the broader employee onboarding experience to ensure it is aligned with organisational culture.

Feedback in action

Inspired by feedback from the Culture Pulse surveys, the Procurement and Supply teams visited key sites including Royal Perth Hospital, the State Distribution Centre, Jandakot Distribution Centre, and Fiona Stanley Hospital. These visits provided valuable insights into Customer Supply and Warehouse Distribution operations where employees gained a clearer understanding of how their day-to-day work fits into the larger WA Health supply chain. Seeing the end impact of their efforts helped reinforce a sense of purpose and alignment with HSS's strategic goals and face-to-face interactions with colleagues across sites strengthened relationships, trust, and communication.



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Diversity and Inclusion

HSS Diversity and Inclusion Strategy

HSS recognises that cultivating a truly diverse and inclusive workplace is not only a social imperative, but a strategic advantage that drives innovation, enhances employee engagement and improves service outcomes for the customers HSS supports.

HSS' Diversity and Inclusion Strategy takes a comprehensive and intentional approach to workforce equity. It focuses on improving representation, access and experience for six priority diversity cohorts:

1. Aboriginal peoples
2. Culturally and linguistically diverse (CaLD) peoples
3. People with disability
4. People of diverse sexualities and genders (LGBTQIA+)
5. Women
6. Life Stage (youth and mature)



The strategy reinforces HSS' aspiration to be an employer of choice - a workplace where individuals from all backgrounds are welcomed, respected and provided with equitable opportunities to thrive. This commitment is underpinned by a suite of cohort-specific action plans, each developed to deliver measurable and sustainable improvements in workforce outcomes.

By embedding equity, diversity and inclusion into HSS' corporate frameworks and operational processes, HSS is laying the foundations for a workplace culture defined by respect, accessibility and a genuine sense of belonging.

Over the last year, HSS has progressed a targeted Diversity and Inclusion Work Package aligned with the 2023-26 Strategy. This package has translated strategic objectives into practical initiatives that are now actively reshaping HSS' organisational culture and workforce composition. Notably, it has enabled the delivery of key commitments under both the Aboriginal Workforce Action Plan (AWAP) and the Disability Access and Inclusion Plan (DAIP).



HSS Celebrates International Women's Day



Harmony Week

Key achievements

Inclusive recruitment practices

A comprehensive review of HSS' recruitment and selection practices has been undertaken to identify systemic and behavioural barriers affecting participation across all diversity groups. Recommendations from this review are informing a redesigned recruitment approach aimed at promoting fairness, accessibility and inclusiveness from job design through to onboarding.

Aboriginal cultural capability

Cultural awareness and competency among leaders has been enhanced through tailored training programs and the development of a supporting guide. This work recognises the importance of culturally safe leadership in attracting, supporting, and retaining Aboriginal employees.

Supporting Aboriginal employees

Mentorship programs, peer support networks, and culturally safe spaces (such as yarning circles) have been established to support the wellbeing and professional development of HSS' Aboriginal workforce. These initiatives are fostering connection, confidence and career progression opportunities.

Disability inclusion initiatives

HSS launched the Disability and Inclusion Reference Group to provide ongoing employee-driven insights into accessibility and inclusion matters. In addition, the Workplace Adjustment Procedures were formalised to ensure employees with a disability are fully supported through reasonable accommodations, enabling equitable participation at all stages of employment.

Youth engagement

A dedicated Youth Action Plan has been developed to address barriers experienced by early-career professionals and to create entry-level pathways into the organisation. This plan is central to building a sustainable workforce and knowledge pipeline for the future.



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Empower our people

LGBTQIA+ and gender equity planning →

HSS have commenced development of the LGBTQIA+ Action Plan and a complementary strategy to promote gender equity. These will define targeted initiatives to address discrimination, enhance safety and promote full participation of people of diverse sexualities, genders and identities.



Perth Pride Parade

Leadership capability building

The Equity, Diversity and Inclusion (EDI) eLearning module is being promoted through the Diversity and Inclusion intranet page, awareness articles and the leadership onboarding program. This ensures that every new leader is equipped with the knowledge and skills to build inclusive teams and to champion inclusive decision-making in their areas of influence.

Standardising inclusive communication

HSS has successfully developed and implemented a suite of standardised diversity and inclusion collateral to ensure the key messages are consistently reflected across all communication platforms, including recruitment advertisements, webpages, LinkedIn content and candidate outreach emails. This strengthens HSS' external employer brand and signals the commitment to inclusive values.

Strategic alignment and governance

Each of these initiatives has been implemented with oversight from internal governance bodies and in consultation with employee reference groups. This ensures that each diversity and inclusion effort remain relevant, representative and responsive to the lived experiences of HSS' workforce.

As HSS moves forward, the organisation will continue to build on this momentum by embedding diversity and inclusion principles deeper into policy, systems and leadership practices. HSS is committed to:

- Monitoring and evaluating the impact of the action plans.
- Building internal diversity and inclusion capability at all levels of the organisation.
- Strengthening partnerships with community stakeholders and peak bodies.
- Driving transparency and accountability through regular reporting and employee feedback loops.

Advancing workforce equity and inclusion

As part of HSS' ongoing commitment to embedding diversity and inclusion at every level, HSS continues to implement and refine targeted action plans that support the unique needs and aspirations of key diversity cohorts. HSS has made significant progress this past year, across HSS' Disability Access and Inclusion, Aboriginal Workforce and Youth Action Plans, each of which contributes to building a culturally safe, accessible and future-ready organisation.

Disability Access and Inclusion Plan (DAIP) 2024-28

HSS continues to champion accessibility and inclusion across the organisation. Key achievements under the current DAIP include:

- Establishment of the Disability and Inclusion Reference Group, chaired by the Executive Director, Customer Experience. This group plays a critical advisory role in shaping disability inclusion strategy and implementation and provides peer support to people with disability.
- Review and formalisation of HSS' Workplace Adjustment Procedures to ensure all employees with disability are supported through tailored, consistent, and timely accommodations.
- Strengthened engagement with employees to inform continuous improvement of policies, practices, and inclusive service delivery.

These initiatives are crucial in ensuring that HSS remains a place where all individuals, regardless of ability, can fully participate and thrive.

Aboriginal Workforce Action Plan (2023-26)

Originally launched in 2019, HSS' inaugural Aboriginal Workforce Action Plan laid the foundation for a culturally responsive approach to Aboriginal employment, engagement and inclusion. In 2023, the plan was refreshed and extended through to 2026, reflecting the achievements to date and aligning with the broader Diversity and Inclusion Strategy.

- As of June 2025, Aboriginal employment at HSS has increased from 10 to 14 employees, demonstrating a strong upward trajectory. Five of these employees are also represented within HSS' youth cohort.

- The current Aboriginal workforce includes eight male and six female employees, showcasing balanced representation across genders.
- Detailed research into best practice inclusive recruitment was undertaken to inform policy and practice enhancements.
- HSS conducted a thorough review of delivery approaches and priorities to ensure alignment with organisational needs and community expectations.
- Cultural Awareness Training was attended by 122 leaders at HSS, receiving an overall satisfaction score of 93 per cent.
- HSS welcomed three Department of Health Aboriginal cadets and one Public Sector Commission (PSC) Solid Futures cadet and a business case has been submitted to support the onboarding of two Aboriginal ICT trainees in 2025.
- A partnership with TAFE North has been established, with an inaugural cultural session in May 2025 at the Koolark Centre.
- Sessions with some areas of HSS were held to identify entry-level roles suitable for attracting young Aboriginal talent.
- A comprehensive Manager's Guide has been launched on the Diversity and Inclusion intranet page to assist with culturally responsive leadership, unconscious bias mitigation and cross-cultural communication.
- Participation in a Health-wide Aboriginal Working Group supporting the redesign of Section 51 training and the provision of Section 51 training for recruitment panel members.
- Development of an Aboriginal Mentoring program.
- Introduction of an online Peer Support Yarning Circle to build cultural connection and mutual support.

These initiatives collectively advance HSS' goal of a culturally safe and inclusive workplace while contributing to systemic change and long-term workforce sustainability.

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HSS Multicultural Action Plan

The Culturally and Linguistically Diverse (CaLD) activities at HSS are guided and implemented in alignment with our Multicultural Action Plan (MAP) 2023-26. The Multicultural Reference Group (MRG), chaired by an Executive Director, oversees all activities and actions from the plan. The MAP is developed in conjunction with the Western Australian Multicultural Policy Framework (WAMPF), closely linking to the priorities identified within WAMPF.



Members of our Organisational Development and Communications teams attended the Ethnolink Summit, an event designed for networking and hearing from 'thought-leaders' on best practice and innovative multicultural communication.

Youth Action Plan

Recognising the importance of early-career engagement, workforce renewal, and generational inclusion, HSS has made considerable progress in the development of its Youth Action Plan. This plan is focused on removing employment barriers for younger people and creating meaningful entry points into the public sector.

Progress highlights:

- Conducted dedicated focus groups with young employees across the organisation to identify challenges and co-design targeted interventions.
- In coordination with HSS Business Units, entry-level roles were identified that are ideal for recruiting and developing youth talent, including Aboriginal youth.
- Drafted the inaugural Life Stage Youth Focus Action Plan.

Together, these efforts aim to position HSS as a workplace that nurtures emerging talent, supports learning and growth and builds a strong pipeline for future public sector leadership.

Employee Reference Group

The Employee Reference Group (ERG) has been a valuable resource when planning initiatives aimed at improving organisational culture and employee engagement. For example, their insights have helped to shape targeted strategies to address key themes raised by employees during engagement surveys.

They were also consulted, along with the Disability and Inclusion Reference Group, during development of the Disability Access and Inclusion Plan (DAIP), ensuring the plan reflected diverse perspectives and is inclusive of employee needs.

Positive representation of CaLD employees

HSS continues to highlight the achievements of individuals from CaLD backgrounds. Through HSS' fortnightly newsletter Yarning Nidjar we have featured employees from all over the world this year and continue to shine a spotlight not only on individuals but also on diverse teams that are delivering outstanding outcomes for our customers.

Engaging and consulting with the Multicultural Reference Group (MRG) to improve processes

This year, HSS developed a CaLD recruitment checklist, with one MRG member leading the project. This checklist will serve as an educational resource for hiring managers, providing a quick reference when recruiting and selecting individuals from CaLD backgrounds.

Celebrating significant Culturally and Linguistically Diverse (CaLD) events

HSS' Diversity and Inclusion calendar is dedicated to celebrating days of significance for all diversity cohorts recognised at HSS, including people from CaLD backgrounds. Through events and stories, HSS aims to positively impact workplace culture, employee engagement, morale and sense of belonging by facilitating connections, breaking down cultural barriers and fostering cultural empathy.



Amanda McKnight (HSS Board Member), Yaso Ponnuthurai (Board member) and Carolyn Peel (A/Executive Director, Customer Experience) celebrating Diwali.

- Diwali was celebrated for the third consecutive year in October 2024 at the HSS CBD office and the warehouses in Jandakot. The event brought together hundreds of employees who enjoyed authentic Indian cuisine, sweets, cultural traditions and Bollywood music and dance. Additionally, HSS raised \$800 through a hamper raffle draw, which was donated to the Multicultural Services Centre of Western Australia (MSCWA), aligning with the recurring Diwali theme "giving back to the community".
- HSS celebrated Harmony Week in March 2025 with three days of events, including a multicultural talent show, morning tea and themed trivia. These activities brought both CaLD and non-CaLD employees together giving them an opportunity to truly appreciate HSS' rich tapestry of diversity and to



Lunar New Year



Some of our warehouse employees in traditional Bhutanese dress in celebration of Losar.

- learn and have fun. To be inclusive of those observing Ramadan, HSS purposefully scheduled the events two weeks after the official Harmony Week dates, allowing for Eid celebrations to happen concurrently. A special Eid photobooth was available to capture memorable moments. Additionally, the warehouse team organised an international lunch to bring the team together and bond over food as part of the Harmony Week celebrations.
- The celebration of Losar, the Bhutanese New Year, was a significant event at HSS' Jandakot warehouse, given the considerable number of Bhutanese employees in the Logistics team. It was an immersive experience of Bhutanese culture, food, music and dance for those who attended.

HSS acknowledged culturally significant events such as Lunar New Year (Chinese New Year), Rosh Hashanah (Jewish New Year), Lent, and Ramadan through the newsletter. These articles featured HSS employees who celebrate these occasions, sharing what these events mean to them and how they would traditionally celebrate.



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Flexible working

HSS is committed to a work environment that facilitates employee access to flexible working arrangements allowing employees to balance work and life while continuing to meet business needs. This improves culture by improving employee satisfaction and retention while driving innovation and resilience across the organisation.



Employee development

MyPerformance

MyPerformance, HSS' performance and development program, drives ongoing feedback and support through regular and meaningful conversations between employees and their line leaders. This benefits all employees in understanding and achieving performance objectives, creating development goals and importantly, creating a connection to how employees' individual work contributes to the success of HSS.

The performance cycle is based on a financial year, from 1 July to 30 June. In 2024-25, 74 per cent of HSS employees had a MyPerformance plan in place. These plans are reviewed and updated regularly throughout the year.

Leadership Academy

HSS is committed to fostering and nurturing leadership development across all levels of the organisation. Through the Leadership Academy, HSS aim to equip leaders with the skills, knowledge and competencies required to lead effectively at HSS, which in turn will support culture, engagement, and achievement of team goals and the strategic plan.

The Leadership Academy model, content and structure has been updated based on best practices for leadership development and are also aligned with the WA Health LEADS leadership framework and the Public Sector Commission's 'Building Leadership Impact' (BLI) framework.

Updated in 2025, the refreshed Leadership Academy is now comprised of three key programs designed to support and develop leaders at various stages of their leadership journey:

- **Emerging Leaders program:** For individuals new to leadership or not yet in formal leadership roles but identified as high potential for future leadership positions.
- **Leading Others program:** For individuals in formal people leader roles responsible for motivating and enabling others to deliver high-quality work.
- **Leading Leaders program:** For individuals responsible for achieving results through other formal leaders and their teams within a business area/s, and for influencing other leaders in different business areas.

The programs recognise the most effective learning occurs through the practical application of concepts and theories in the workplace. By integrating formal workshops, experiential learning, and peer learning, the programs offer a rich, engaging, and effective approach to leadership development.

During 2024-25 HSS received 107 applications and endorsed 69 individuals to participate across the three programs.

Professional Development

HSS is committed to promoting a culture of continuous learning and professional growth. In 2024-25, HSS continued to offer a diverse range of development opportunities to support individual capability building and career progression.

These include:

- Role shadowing to build insight into different functions and leadership styles.
- Peer-to-peer learning to encourage knowledge sharing and collaboration.
- Acting opportunities in higher-level roles to support leadership readiness.
- Access to LinkedIn Learning for self-directed, on-demand learning.
- Targeted training programs aligned with organisational priorities and workforce needs.

Training delivered throughout 2024-25 included:

- Inclusive Leadership – Unconscious Bias
- Courageous Conversations

- Develop your Emotional Intelligence
- Masterclass in Collaboration
- Recruitment Panel Essentials
- First Aid for Mental Health
- Time Management
- Interview Training Skills
- Effective Writing
- Neurodiversity in the Workplace
- Decision Making Techniques
- PRINT Profiling Workshops
- Effective Communication
- Develop your Critical Thinking Skills
- Accountability: Building a Performance Culture
- Developing Resilience
- Systems Awareness and Leadership
- Coaching for Leaders

Health Support Services

Annual Report 2024-25



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Empower our people



Payroll Services, Culture Champion Award winners

Employee recognition

HSS Excellence Awards

To acknowledge and celebrate employees, the HSS Excellence Awards program recognises outstanding individuals and teams who exemplify HSS values and deliver exceptional service across the organisation.

In 2024-25 HSS received over 75 award nominations, a testament to HSS' engaged and committed workforce. In addition to HSS Values awards, HSS enhanced the awards with the introduction of two new award categories:

- Culture Champion Award – awarded to Payroll Services. This award was selected by the HSS

Board and recognises an individual or team who has made a significant contribution to shaping and strengthening the organisational culture through innovative initiatives or sustained efforts.

- Excellence in Leadership Award – Mitchell Jesson received this award in 2024-25 and was selected by the HSS Executive Team. This award honours an individual who has demonstrated exceptional leadership, strategic thinking, and a commitment to fostering a high-performance, values-driven culture.

Reason to celebrate

IPAA Awards

Medical Imaging Replacement Program (MIRP) team were winners at the Institute of Public Administration Australia WA (IPAA WA) WA Annual Achievement Awards in December 2024.

The MIRP team won in the category of Office of Digital Government Best Practice in Digital Transformation. This major ICT initiative, led by HSS with executive sponsorship from the Department of Health, introduced a contemporary Enterprise Medical Imaging Platform (EMIP) at all major metropolitan WA health system hospital sites.

Replacing existing systems across nine major hospitals has seen major improvements in efficiency, accuracy, patient safety, usability, cyber security and more.

WA Health Excellence Awards

The ePrescribing team were recognised for their brilliant work in November 2024, winning a WA Health Excellence Award in the 'Excellence in Safety and

Quality' category. A first for public health in Australia, the successful statewide roll out of ePrescribing at public hospitals has been well-received by patients, providers, and pharmacists.

HSS developed the ePrescribing application 'in house' and WA's program is the first, and continues to be the only, example of such a program to be used in public hospitals around Australia.

AusContact Association Excellence Awards

HSS Contact Centre was nationally recognised at the 2024 national AusContact Association Excellence Awards, winning 'Employee Experience Initiative of the Year – Engagement and Culture'. This followed their earlier win at the WA AusContact Awards.

Launched in 2020 during the COVID-19 pandemic, the Contact Centre faced early challenges with high demand and team disengagement. Through strategic changes which included improved leadership, flexible work options, and strategic communication the team transformed into a highly engaged, high-performing function.





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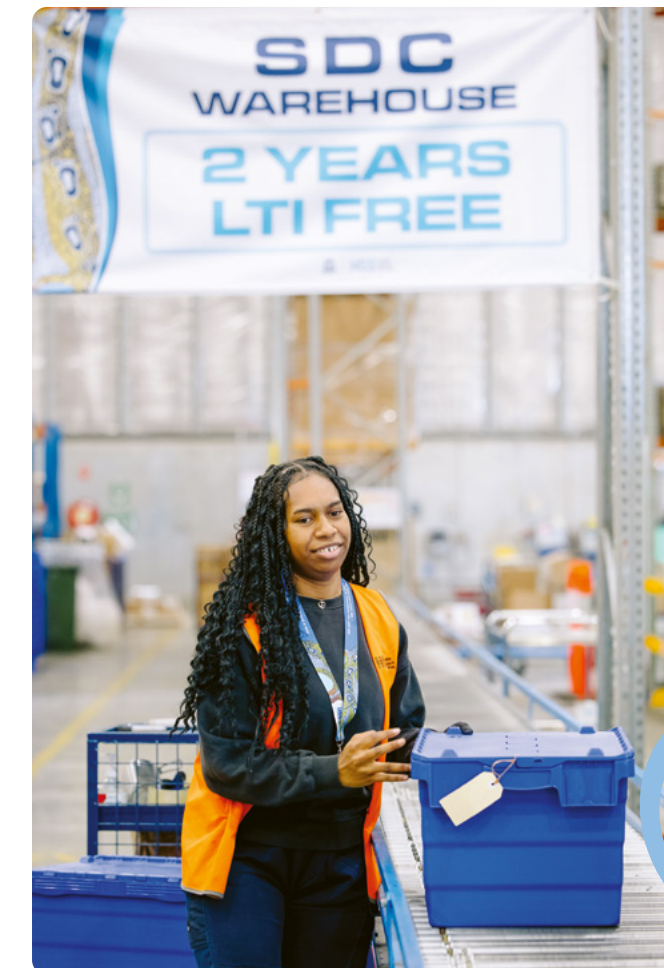
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Protecting our employees

Integrity – Safe2Say

Safe2Say is an anonymous reporting platform that provides HSS employees with another pathway to report suspected misconduct. Safe2Say is powered by Crime Stoppers, and is available to HSS employees on matters relating to HSS. Reports are reviewed by the HSS Integrity function to determine an appropriate course of action. During the 2024-25 financial year, HSS received 25 reports.

Work Health and Safety and injury management

Throughout 2024-25, HSS maintained a strong commitment to workplace health and safety (WHS) and injury management, reflecting the core value of “we value and care for each other.” This focus led to significant achievements including lowest Lost Time Injury (LTI) rates and most LTI free days records.

The HSS Board and Executive team remain very committed to, and involved in WHS matters, with a strong focus on all initiatives, including ensuring HSS continues to provide a workplace that manages psychosocial risk.

Hazard and incident management

Promoting the identification and reporting of hazards and minimising incidents remained a priority of HSS’ WHS culture and management practices. During 2024-25, a total of 81 hazards and 82 incidents were reported – a notable decrease from the previous year’s 101 incidents. The most frequently reported risks included manual handling, slips/trips/falls, chemical exposure, being struck by objects and oversized loads.

HSS improved on last year’s record low LTI rates. The overall rate improved slightly from 0.26 per cent to 0.24 per cent at the end of the reporting period. The office areas achieved a Lost Time Injuries (LTIs) rate of 0.0 per cent in January 2025 after reaching 12 months LTI free.

Warehouse teams matched last year’s record LTI rate of 1.35 per cent.

Risk management

Over the past year, HSS has continued to focus on the three major risks of injury – manual handling, ergonomics and psychosocial injuries. HSS have been working hard to eliminate and minimise these risks by providing:

- New manual handling equipment, tools, training and resources to the most impacted workers.
- Ergonomic Assessments to meet employees’ needs, ensuring fit for purpose equipment and online resources and supports were accessible.
- A new Psychosocial Safety Risk Management tool which included a new risk assessment process and incident reporting tools supported by training and awareness packages across the business.

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Injury management

HSS continues to provide comprehensive injury management and return-to-work support for all employees, regardless of whether injuries are work-related, in accordance with the Injury Management Policy and relevant legislation.

During the 2024-25 period, HSS supported seven employees through workers' compensation claims and injury management processes. Significant progress was made in closing out claims, with 15 claims closed through successful return-to-work or claim settlement processes.

Work Health and Safety (WHS) training

HSS provides mandatory online WHS Awareness training for all employees along with mandatory WHS for Managers training to all people leaders.

HSS exceeded the public sector target of 80 per cent with 92 per cent of employees completing the WHS Awareness training and 92 per cent of leaders completing the WHS for Managers training.

As part of HSS' focus on manual handling, HSS increased its capacity to provide manual handling training to team members most involved in manual tasks, with three warehouse and logistics employees competing 'train-the-trainer' courses. This is in addition to 16 manual handling sessions facilitated by an external training provider for ICT, Facilities and Warehouse and Logistics employees.

Monthly webinars on psychosocial safety topics were available for all employees along with presentations and resources related to best workplace ergonomic practices.

Health and Wellbeing

The HSS Health and Wellbeing program saw further enhancements in 2024-25. The Annual Wellbeing Calendar featured quarterly themes and monthly initiatives, offering employees a variety of opportunities to engage in health-focused activities. These included skin checks, influenza vaccinations, general health assessments, ergonomic evaluations, webinars and access to a discounted fitness program.

Interest and participation across all these programs has continued to grow every year.



Gabby receiving her free vaccination as part of HSS' Health and Wellbeing program.

WHS Committee

The HSS WHS Committee expanded its reach and impact in 2024-25, with over 25 members representing various areas of the organisation. Committee members played a key role in conducting WHS inspections, reviewing hazards and incidents, contributing to WHS planning and recommending improvements to enhance safety outcomes.

Employee Assistance Program (EAP)

In 2024-25, HSS increased employee interaction with the EAP provider by 7 per cent compared to the previous year. Notably, more than 75 per cent of the issues addressed through the EAP were personal rather than work-related.

Employee Support Officers

This year, HSS relaunched the Employee Support Officers program. Twelve volunteer Employee Support Officers provide peer-to-peer support to their HSS colleagues, helping them with personal or work-related challenges.

Safer workplace – Lost Time Injury (LTI) rates remain down

The Warehouse and Logistics team demonstrated outstanding WHS performance during 2024-25 including setting new benchmarks for lost time injuries. The State Distribution Centre (Boorda) is nearing 850 consecutive days without an LTI, while Jandakot Distribution Centre (Jin da Koort) has surpassed 950 LTI-free. The Warehouse and Logistics team's LTI rate achieved a rate of 0.66 per cent before ending the 2024-25 period at a rate of 1.35 per cent.

Workers' Compensation

The WA Workers' Compensation system was established by the Workers' Compensation and Injury Management Act 2023 (WA).

In 2024-25, a total of seven new workers' compensation claims were accepted.



Nature of the Injuries	2022-23	2023-24	2024-25
All Other Diseases	1	1	1
Burns	0	0	0
Contusion and Crushing	0	0	0
Fractures	0	0	0
Foreign Bodies	0	0	0
Sprains, Strains and Dislocations	2	3	2
Superficial Injury	0	0	0
Mental Disorders	6	2	1
Musculoskeletal System	7	1	3
Open Wound	0	0	0
Total Number of Workplace Injuries resulting in claims	16	7	7

Workplace health and safety targets

Measures	Results 2022-23	Results 2023-24	Results 2024-25 current reporting year	Targets	Measures
Number of fatalities	0	0	0	0	Target met
Lost time injury and disease incidence rate	0.8%	0.26%	0.24%	0 or 10% reduction in incidence rate	Target met
Lost time injury and severity rate	78%	50%	57%	0 or 10% reduction in severity rate	Target not met
Percentage of injured workers returned to work (i) within 13 weeks	45%	50%	75%	Greater than or equal to 80%	Target not met
Percentage of injured workers returned to work (ii) within 26 weeks	100%	50%	100%	Greater than or equal to 80%	Target met
Percentage of managers trained in work health and safety injury management responsibilities, including refresher training within 3 years	51%	82%	92%	Greater than or equal to 80%	Target not met

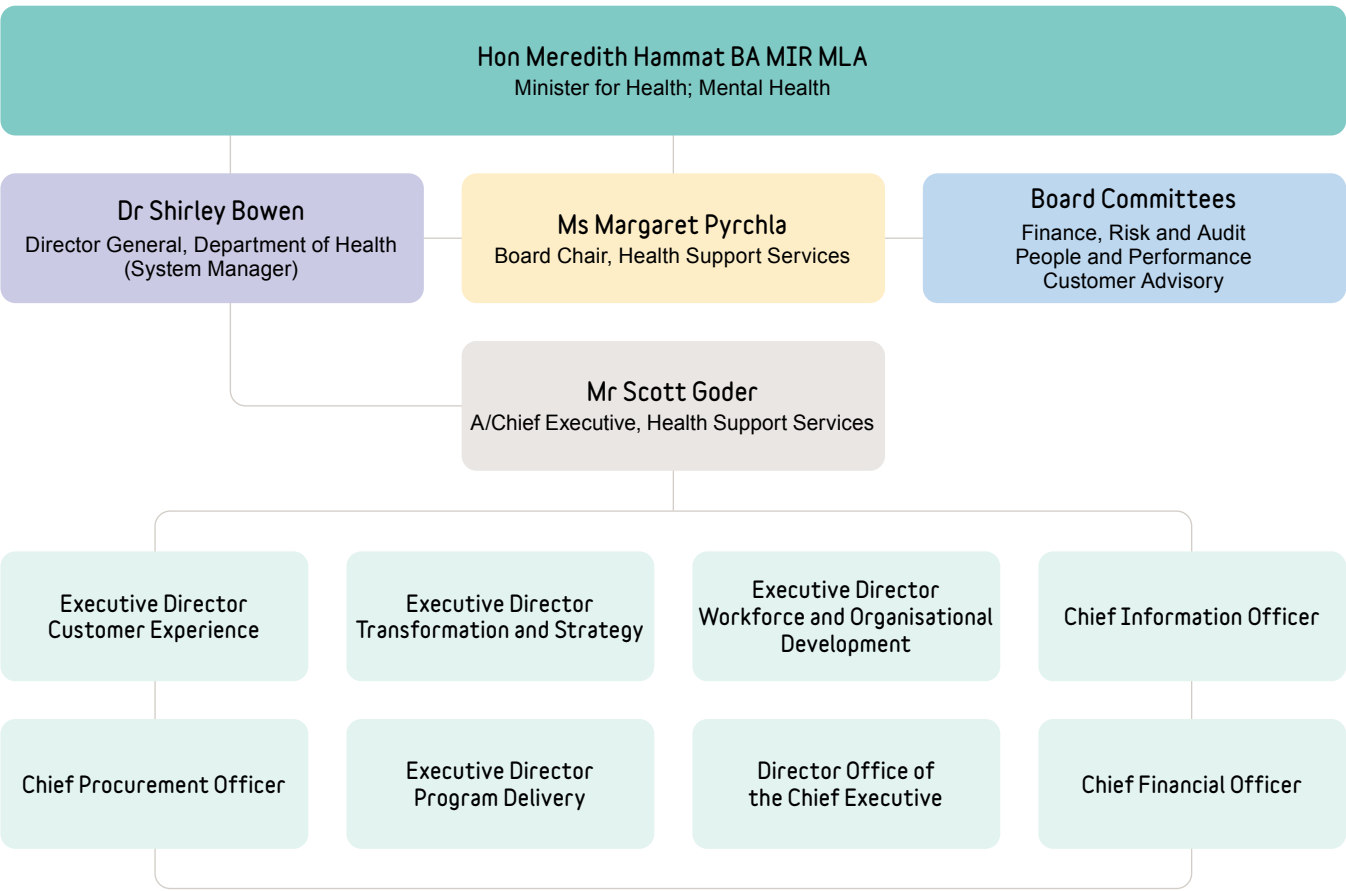
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Operational structure



HSS Organisational Structure

as at 30 June 2025



HSS Board

The HSS Board enables us to better deliver on what matters – supporting our customers to provide excellent health care so we can work to achieve our vision of ‘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.



Margaret Pyrchla

HSS Board Chair

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



Dr Con Phatouros

Deputy Board Chair | Chair, People and Performance Committee (Appointed to Chair in May 2025)

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

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HSS Board



Amanda McKnight
Board Member | A/Chair, Finance, Risk and Audit Committee
(A/Chair from June 2024 to February 2025)
“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.”



Cheryl Chan
Board Member | Chair, People and Performance Committee
(Resigned with effect 28 February 2025)
“If we look after our people, get the culture right, then we look after our customers, health care workers, and in turn, all Western Australians.”



Dr Paul Boyatzis
Board Member | Finance, Risk and Audit Committee Member
“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 compliment much needed structural reform. My focus has always been to provide the best environment for health providers to enable them to deliver the best health care for patients.”



Dr Rowan Ellis
Board Member | People and Performance Committee Member
(Leave of absence from 1 January to 30 June 2025)
“It is a privilege to serve on the HSS Board. In treating my patients, I always aim to provide safe, effective and efficient care – and I wouldn’t be able to do this without the team, supplies and tools I work with. 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 health care to the clinical frontlines.”



Yaso Ponnuthurai
Board Member | People and Performance Committee Member
“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.”



Peter Mott
HSS Board Member | Chair, Customer Advisory Committee, People and Performance Committee Member
“I am delighted to contribute to HSS’ role in providing technology-enabled efficient and effective services to front line and support teams, to better assist them in delivering excellent health care to the WA community.”



Giles Nunis
Board Member | Finance, Risk and Audit Committee Member
“I look forward to help shape one of the most significant digital health transformation journeys for health service professionals, that ultimately benefits all West Australian consumers.”



Dr Aron Chakera
Board Member (Term from 1 January to 30 June 2025)
“In my role on the HSS Board, I aim to contribute the perspective of the end-user experience within WA Health. My commitment extends beyond the technology, as I advocate for enhanced access to data by clinicians and closer links between HSS staff and front-line clinicians. Together with my colleagues, I hope to empower health care professionals with the information they need, fostering collaboration and innovation that ultimately leads to improved health outcomes for our community.”



Pina Caffarelli
Board Member | Chair, Finance, Risk and Audit Committee
(Appointment 9 December 2024, FRAC Chair from 20 February 2025)
“With our ever-growing population and advancement in technology, it is a priority that HSS stay ahead of the game to provide the best possible resources to enable the WA health system to deliver the best care to the members of our community in the most efficient manner. As a Board member, I am committed to this goal and bring many years of experience in the finance, audit and business sector.”

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Senior Officers

The HSS Executive structure displays all members of the HSS Executive as of 30 June 2025.

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

HSS roles and responsibilities

Chief Executive



Robert Toms
Chief Executive
(July 2024 – November 2024)



Scott Goder
A/Chief Executive
(November 2024 – June 30 2025)

Human Resource Management Information System program



Ralph Bates
Executive Director HRMIS Delivery



Emily Pestell
Executive Director HRMIS Operational



Julie Mount
Executive Director HRMIS Technical

Electronic Medical Record program



Judith Stewart
Executive Director EMR
(July 2024 - March 2025)

Office of the Chief Executive



Sam Matyear
A/Director, Office of the Chief Executive
(Alison Mann from July 2024 - December 2024)

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

- **Governance, Risk and Compliance** provides oversight of corporate risk and business continuity management, integrity, policy development and review, Freedom of Information (FOI), information management, 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.
- **Audit** 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 ensures continuous process improvements are implemented in a timely manner.
- **Communications** play a pivotal role in delivering strategic internal and external communications across HSS, supporting both corporate and program-specific initiatives. By encouraging and building strong engagement throughout the organisation, the team ensures that key messages are delivered to employees and customers with clarity, consistency, and timeliness. Media liaison capability ensures HSS can provide proactive content and appropriate responses when required.
- **Board Liaison and Coordination** is responsible for supporting the operations and management of the HSS Governing Board and its subcommittees to fulfil their functions under relevant legislative and policy requirements.

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Program Delivery



Julie Mount
A/Executive Director, Program Delivery

The Program Delivery business unit supports WA Health's strategic digital objectives by leading the delivery of key initiatives outlined in the WA Health Digital Strategy 2020-30. The portfolio is high-value, diverse and complex. The portfolio delivers benefits and outcomes that impact WA Health employees across a range of clinical and corporate groups, ultimately to improve customer experience and patient care.

This portfolio is driving digital innovation and transformation across the WA health system. Major programs within the portfolio include:

- Critical Health ICT Infrastructure Program (CHIIP)
- WA Health Data Platform (WA HDP) program
- System Flow & Reform (SF&R) HSS ICT program.

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

- The Australian Digital Health Agency projects
- TRIM Upgrade project
- Cyber Advance project.

Program Delivery have recently concluded the following programs and projects:

- HSS Peel Health Campus Transition and Commissioning Project (PHCTCP)
- Essential 8 Maturity project.

Information and Communication Technology



Anthony Lenzarini
A/Chief Information Officer
(Jonathan Smith – Chief Information Officer
July 2024 - December 2024)

The HSS Information and Communication Technology (ICT) business unit comprises six functions working 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 key ICT services to HSS customers. ICT also provides network and system security, as well as solution design services for digital innovation across WA Health.

The ICT business unit consists of six functions:

- **Planning and Architecture** provides innovative, strategic advice to support WA Health efforts in working towards a modern and digitally enabled healthcare system.
- **Applications** supports 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** supports all WA 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.
- **Cyber Security and Risk Management** maintains and improves cyber security across the WA health system.
- **ICT Infrastructure** underpins all HSS ICT services by ensuring network and telephony support to over 540 sites across WA, as well as platform support for the servers across WA Health sites.
- **Technology Performance and Governance** leads ICT's operational planning, including end-to-end performance, demand and capacity, and ICT governance and communications.

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Workforce and Organisational Development



Siobhán Mulvey
Executive Director, 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 provides support for leaders within HSS, as well as advocates for a customer-focused and values-based culture.

Workforce and Organisational Development consists of five functions:

- **HR and Capability** provides human resource and industrial relations consultancy services to HSS managers and employees. They provide oversight and support for strategic workforce planning, structural change and organisational design, technical, leadership and personal capability development as well as the management of HSS Work Health and Safety and Wellbeing. HR and Capability also lead the implementation of the organisation's culture and employee engagement strategies.
- **Payroll Services** ensures that more than 69k WA Health employees are paid accurately and on time each fortnight. The Payroll Services team assists HSS customers, whether it relates to their payroll details, superannuation information, claiming deductions, leave bookings, or providing specialist payroll advice.
- **Employee Services** provides customer focused end-to-end recruitment and appointment services and manages workforce and establishment data. This team assists customers to fill vacancies, onboard new employees, make changes to existing contracts and manages position establishment.
- **NurseWest** provides a statewide centralised casual pool of nurses, midwives, enrolled nurses and assistants-in nursing (AINs) to fill temporary nursing shifts across both metropolitan and regional areas, supporting essential WA Health services.
- **Assurance, Compliance and Analytics** supports the Employee Services and Payroll Services functions to deliver reliable and consistent service to HSS 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. The team provides data and analytics support to the W&OD function and, where appropriate, to the broader WA health system.

Customer Experience



Carolyn Peel
A/Executive Director, 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 the customers evolving needs.

Customer Experience consists of three functions:

- **Customer Relationships** provides relationship management services across the WA health system, ensures HSS is delivering services in line with Service Level Agreements, 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 team lead and deliver the HSS Voice of the Customer Program and link customer feedback and insights to performance objectives and service improvements, delivering an improved customer experience.
- The **Contact Centre** offers a simple, responsive, and reliable service for 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 triaging and handling queries or processing forms to meet customer expectations.
- The **Corporate Development** function is the interface for infrastructure projects and new/additional service requests, to make it simpler to engage with HSS by providing a central point of contact and escalation within the organisation. The function provides support and input into project planning, delivery activities and assists the Health Service Providers with their operational readiness tasks.

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Finance and Operations



Sash Tomson
Chief Financial Officer
(Carrie Wilson A/Chief Financial Officer
July 2024 - October 2024)

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

Finance and Operations consists of three functions:

- **Accounts Payable** is responsible for managing consolidated accounts payable services across the WA health system.
- **Finance and Business Services** is responsible for HSS' internal accounting, budgeting, program accounting, 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** is responsible for monitoring and reporting on HSS' performance against agreed measures while providing a central analytics capability for HSS performance data.

Procurement and Supply



Mark Thompson
Chief Procurement Officer

The Procurement and Supply (P&S) business unit are responsible for providing procurement and supply chain services across the WA health system. This includes clinical and medical equipment, ICT and other health-related contracts. This unit leverages the buying power of the WA health system to achieve the best outcomes for customers and all West Australians.

Procurement and Supply guides WA Health's strategic procurement decisions and assists its customers to monitor, manage and report on its overall annual spend. They manage a suite of contracts and identify opportunities to establish the cost-effective Whole of Health goods and services contracts, that can service customer requirements and meet the needs of the public.

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

Procurement and Supply consists of six functions:

- The **Office of the Chief Procurement Officer (OCPO)** is responsible for the management of the procurement policy environment across the WA health system, including governance structures, systems and processes, and reporting for procurement activities. It also provides education and guidance on procurement policies and practices to address identified training needs and support ongoing development of employee capability development. Furthermore, the OCPO serves as a source of procurement expertise for the WA health system, providing advice on a range of procurement matters ranging from policy-related matters, to practice-related issues.
- **Category Management Clinical** oversees category procurement, contract management and sourcing for a range of WA health system
- **Category Management ICT** oversees category procurement and contract management of critical ICT goods and services to support the ICT operations within HSS and across WA Health including the management of Whole of Health contracts.
- **Category Management Major Programs** provide dedicated procurement support for key digital transformation programs, including the Electronic Medical Record (EMR), HR Management Information Systems (HRMIS), Critical Health ICT Infrastructure Program (CHIIP), and System Flow and Reform (SF&R) programs.
- **Supply** function is responsible for the end-to-end supply chain management and coordination of medical consumables to the WA health system, including everything from sourcing suppliers to inventory and warehouse operations to delivery of products to hospital wards.
- **Purchasing, Systems and Analytics** is responsible for managing procurement data, advising on and processing purchase orders, maintaining supplier records, and delivering spend analysis and procurement insights to support informed business decisions. This includes delivering purchasing support through compliance checks, streamlined order processing, and employee training across WA Health.

panel contracts covering inventory (held at HSS distribution centres), medical consumables, prothesis, pharmaceuticals, medical equipment and services. Category management recognises the importance of minimising the social and environmental impact in relation to procurement process for Whole of Health contracts, whilst seeking value-for-money outcomes for the State.

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Transformation and Strategy



Chad Martino
A/Executive Director,
Transformation and Strategy

The Transformation and Strategy business unit oversees HSS-wide strategy, as well as management, reporting and oversight of programs to transform HSS' business. This work defines HSS' service offerings, spearheads improvements to business performance, applies strategic enhancements to improve customer experience, empowers HSS employees, and provides value-for-money for the WA health system.

The Transformation and Strategy Business Unit consists of four functions:

- **The Strategy** function works with the HSS Board and Executive team to develop, implement, and review progress against the HSS Strategic Plan, and ensure the Plan remains relevant and effective. Additionally, the Strategy function's Sustainability area collaborates across HSS to improve environmental outcomes for HSS and WA Health more broadly.
- **The Transformation** function uses program and project management expertise to work alongside each business unit to deliver the Transformation program, known as Joornanginy (Joor-nung-in). 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 Enterprise Program Management Office (EPMO)** supports all HSS program and project delivery teams with frameworks, processes, project management tools, advice and assurance. The team has a strong focus on continuous improvement, using technology to build new capabilities with the goal of providing greater visibility and insight to support informed and effective decision making across HSS.
- **The Change Management** function provides support to HSS-run programs and projects from a strategic planning and delivery perspective. The function maintains and provides a consistent framework, methodology and toolset for implementing change. This is designed to maintain a consistent approach and make effective, sustainable change. The function is also responsible for collating and providing visibility of change impacts across HSS to inform strategic decision making.

Key legislation impacting on HSS activities

Auditor General Act 2006	Long Service Leave Act 1958
Civil Liability Act 2002	Minimum Conditions of Employment Act 1993
Construction Contracts (Former Provisions) Act 2004	Procurement Act 2020
Contaminated Sites Act 2003	Public Health Act 2016
Criminal Code Act Compilation Act 1913	Public Sector Management Act 199
Dangerous Goods Safety Act 2004	Public Works Act 1902
Disability Services Act 1993	Salaries and Allowances Act 1975
Electronic Transactions Act 2011	State Records Act 2000
Equal Opportunity Act 1984	State Superannuation Act 2000
Evidence Act 1906	State Trading Concerns Act 1916
Financial Management Act 2006	Unclaimed Money Act 1990
Freedom of Information Act 1992	Western Australian Jobs Act 2017
Government Financial Responsibility Act 2000	Work Health and Safety Act 2020
Health (Miscellaneous Provisions) Act 1911	Workers' Compensation and Injury Management Act 1981
Health Legislation Administration Act 1984	Working with Children (Screening) Act 2004
Health Practitioner Regulation National Law (Western Australia)	Administered legislation
Health Services Act 2016	Nil
Industrial Relations Act 1979	

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The HSS Board and Dr Shirley Bowen, Director General visiting HSS' Jandakot Distribution Centre



Performance Management Framework

Shared responsibilities with other agencies

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

Outcome Based Management framework

To comply with its legislative obligation as a Western Australian Government agency, HSS operates under the Outcome Based Management (OBM) performance management framework determined by the Western Australian Department of Health.

This framework describes how outcomes, services and 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 2024-25 OBM KPIs measure the effectiveness and efficiency of HSS in achieving the outcome(s) of:

- Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system.

HSS' performance against these services and outcomes are summarised in the Summary of Key Performance Indicators section (see page 65) and described in detail in the Key Performance Indicators section (refer to pages 108 to 114).

Changes to Outcome Based Management framework

HSS' Outcome Based Management framework did not change during 2024-25.

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Agency performance

Report on operations

The total cost of providing services to the WA health system in 2024-25 was \$462.029 million.

Results for 2024-25 against agreed financial targets (based on Budget Statements) with full details of HSS' financial performance during 2024-25, are presented in the Financial Statements section of this report.

	2024-25 Target (\$'000')	2024-25 Actual (\$'000')	2024-25 Variation ^(a) (\$'000')
Total cost of services	428,810	462,029	33,219
Net cost of services	427,525	460,802	33,277
Total Equity	848,137	778,043	(70,093)
Net increase/decrease in cash held	(2,130)	13,166	15,296
Approved Full time equivalent staff level (salary associated with FTE) ^(b)	1,407	1,760	353
(a) Please refer to the explanatory statement for more details. (b) Largely attributed to growth in capital FTE.			

Summary of key performance indicators

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

A summary of HSS Key Performance Indicators for the 2024-25 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.

	2024-25 Target	2024-25 Actual (\$'000')
Efficiency Indicators		
Average cost of Accounts Payable services per transaction	\$6.00	\$6.54
Average cost of Payroll and support services to Health Support Services clients	\$1,863.00	\$994.50
Average cost of Supply Services by purchasing transaction	\$41.00	\$66.08
Average cost of providing ICT services to Health Support Services clients	\$5,479.00	\$5,700.23
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	66.00	70.00

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Disclosure and Compliance

Ministerial Directions

In 2024–25, HSS did not receive any ministerial directions relevant to the setting or achievement of desired outcomes or operational objectives, investment activities and financing activities.

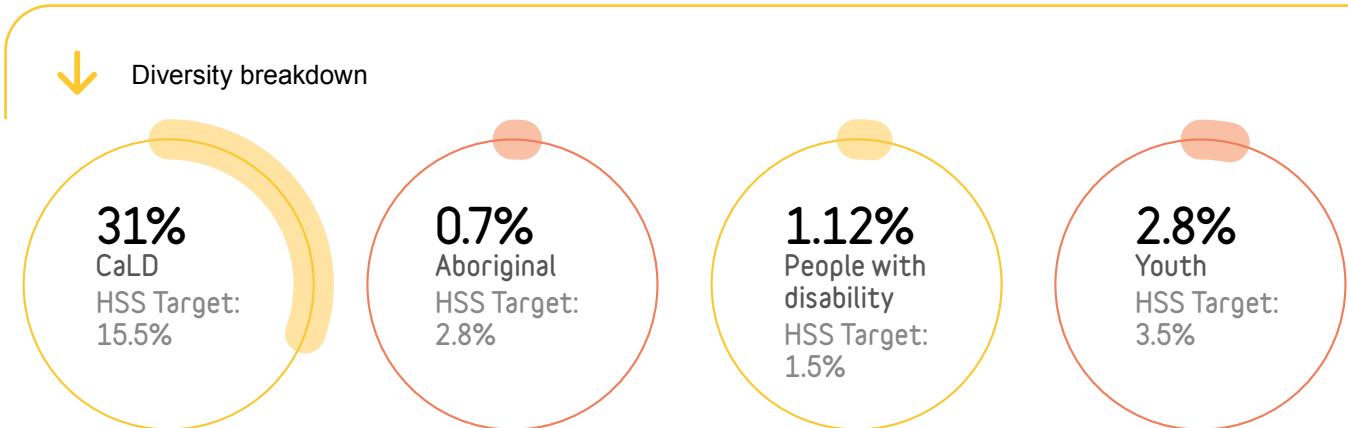
The Minister for Health provided a Statement of Expectation in May 2025, which outlined the Minister’s expectation for the functions and responsibilities of HSS, as well as some areas of priority action. The Statement of Expectations and the Statement of Intent is available on the [Health Support Services website](#).

www.hss.health.wa.gov.au

Employee Profile

Employee profile (FTE)	FY 2023-24	FY 2024-25
Full-time permanent	905	945
Full-time contract	551	619
Part-time measured on an FTE basis	137	155
On secondment	43	41
Total	1636	1760

Total number of individual employees (not including NurseWest (NW) casuals) at HSS	Total FTE (not including NW casuals)	Total part time employees (not including NW casuals)	Total number of NW casual staff
1781	1760	208	2202





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Industrial Relations

There is an integrated team of industrial relations (IR) specialists within the HR and Capability Team, led by the Principal Industrial Relations Consultant. The IR team provide industrial relations consultancy services to all HSS leaders on a range of workplace relations issues, employment policies and regulations. The IR team also represents HSS in Industrial Tribunals and actively engages with relevant unions and stakeholders to ensure constructive relationships.



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 decision making at HSS is transparent, capable of review and able to withstand scrutiny.

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

Key activities for 2024-25 included:

- Engaging with internal stakeholders and System-wide Industrial Relations regarding replacement Industrial Agreements that apply to HSS, which have now been registered by the Western Australian Industrial Relations Commission.
- Liaising with the Corruption and Crime Commission on misconduct case matters managed by the IR team and HR and Capability, to ensure compliance with the *Corruption, Crime and Misconduct Act 2003*.
- Providing advice and case review to HR and Capability regarding case management to ensure compliance with policies, procedures and legal requirements.
- Engaging with HSS Business Units and unions to facilitate understanding and compliance with all Industrial Agreements and IR regulations and legislative compliance matters, including meeting preferred modes of employment, ratios of casual and agency employee utilisation to direct employment, fixed-term contract and higher duties review.

Processes are in place to ensure Breach of Standard claims are reported to the PSC as required and complainants are provided with advice should they wish to lodge a claim. Where a Breach of Standard claim has been lodged, an internal assessment is undertaken, consistent with the Public Sector Commissions' Breach of Standard Claims – Agency Guide.

In 2024-25, HSS managed five Breach of Standards claims, all against the Employment Standard. HSS was able to resolve one of these claims internally. The remaining four could not be resolved and accordingly, were escalated to the Public Sector Commission for their review. In all four of these Breach of Standards claims, HSS processes subject to the claims were deemed to have complied with the Employment Standard and all four claims were dismissed. During 2024-25, HSS formally identified and managed eighteen issues of compliance with the WA Health Code of Conduct and finalised matters carried forward from 2023-24.

Risk Management

Risk is a natural part of business and of day-to-day activities throughout HSS. By having a standardised process for attending to risk, HSS can effectively deal with uncertainties and realise opportunities to provide the most cost-effective and beneficial outcomes to HSS, and the WA health system.

The HSS Board has overall accountability for risk management. The HSS Chief Executive and the Executive leadership team are responsible for the identification and management of strategic and operational risks.

In April 2025, the HSS Board and Executive took part in a risk workshop which included an update of HSS' Risk Appetite Statement, review of extreme-rated strategic risks, and emerging risks and issues. As an action from this workshop, the Governance Risk and Compliance team will also be reviewing the HSS Risk Management Framework and Guidelines in 2025.

Compliance

HSS is committed to managing its compliance obligations. This includes identifying and communicating compliance obligations, providing appropriate guidance and training to HSS employees to enable them to comply, and manage the risk of non-compliance.

The HSS compliance process entails providing assurance to the HSS Board that HSS complies with key obligations for WA State Government Agencies, WA Health Mandatory Policies and applicable legislation. Where partial or non-compliances are identified, action plans are in place to rectify.

A quarterly review is carried out in conjunction with the Executive team to update the action plan progress, which is then reported to the Finance, Risk and Audit sub-committee. Using information from the quarterly reviews, HSS prepares an annual Compliance Attestation Statement which is tabled for Board approval, then submitted to the Director General, Department of Health and the Minister for Health.

Freedom of Information

The Freedom of Information Act 1992 (WA) creates a general right of access to documents held by all state and local government agencies.

HSS are required to make available details about the types of documents that the organisation hold and assist the public to ensure personal information HSS hold about them is accurate, complete, and up to date.

Details about the freedom of information process are in the HSS Information Statement, available on [HSS' website](#).

Recordkeeping Plan

All new HSS employees and contractors are required to undertake mandatory WA Health Recordkeeping Awareness training as part of their induction, which outlines the recordkeeping obligations of employees.

In addition to the mandatory Recordkeeping Awareness training, an online recordkeeping course is available for HSS employees and contractors, which provides training in the use of Objective and recordkeeping specific to HSS.

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

The HSS Electronic Document Management Records System (Objective) requires upgrading to utilise new features and contract negotiations are underway.

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Auditor General

INDEPENDENT AUDITOR’S REPORT

2025

Health Support Services

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Health Support Services (the Authority) which comprise:

- the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended
- notes comprising a summary of material accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Authority for the year ended 30 June 2025 and the financial position as at the end of that period
- in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), the *Financial Management Act 2006* and the Treasurer’s Instructions.

Basis for opinion

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the financial statements section of my report.

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

Responsibilities of the Chief Executive for the financial statements

The Chief Executive is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (applicable to Tier 2 Entities), the *Financial Management Act 2006* and the Treasurer’s Instructions
- such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive is responsible for:

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

Auditor’s responsibilities for the audit of the financial statements

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

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

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

Report on the audit of controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Authority. The controls exercised by the Authority are those policies and procedures established to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with the State’s financial reporting framework (the overall control objectives).

In my opinion, in all material respects, the controls exercised by the Authority are sufficiently adequate to provide reasonable assurance that the controls within the system were suitably designed to achieve the overall control objectives identified as at 30 June 2025, and the controls were implemented as designed as at 30 June 2025.

Other Matter

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

While this is not a primary pathway for expenditure for the Authority, we have identified weaknesses in how this pathway is used and the types of transactions processed using this pathway, which increases the risk of fraud.

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

My opinion is not modified in respect of this matter.

The Chief Executive’s responsibilities

The Chief Executive is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer’s Instructions and other relevant written law.

Auditor General’s responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and were implemented as designed.

An assurance engagement involves performing procedures to obtain evidence about the suitability of the controls design to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including an assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

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

Limitations of controls

Because of the inherent limitations of any internal control structure, it is possible that, even if the controls are suitably designed and implemented as designed, once in operation, the overall control objectives may not be achieved so that fraud, error or non-compliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Authority for the year ended 30 June 2025 reported in accordance with the *Financial Management Act 2006* and the Treasurer’s Instructions (legislative requirements). The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators report of the Authority for the year ended 30 June 2025 is in accordance with the legislative requirements, and the key performance indicators are relevant and appropriate to assist users to assess the Authority’s performance and fairly represent indicated performance for the year ended 30 June 2025.

The Chief Executive’s responsibilities for the key performance indicators

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

In preparing the key performance indicators, the Chief Executive is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer’s Instruction 3 Financial Sustainability – Requirement 5: Key Performance Indicators.

Auditor General’s responsibilities

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

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer’s Instruction 3 - Requirement 5 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments, I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

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

My independence and quality management relating to the report on financial statements, controls and key performance indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements*, the Office of the Auditor General maintains a comprehensive system of quality management including

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documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Other information

The Board is responsible for the other information. The other information is the information in the entity’s annual report for the year ended 30 June 2025, but not the financial statements, key performance indicators and my auditor’s report.

My opinions on the financial statements, controls and key performance indicators do not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, controls and key performance indicators my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and key performance indicators or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I did not receive the other information prior to the date of this auditor’s report. When I do receive it, I will read it and if I conclude that there is a material misstatement in this information, I am required to communicate the matter to those charged with governance and request them to correct the misstated information. If the misstated information is not corrected, I may need to retract this auditor’s report and re-issue an amended report.

Matters relating to the electronic publication of the audited financial statements and key performance indicators

This auditor’s report relates to the financial statements and key performance indicators of the Health Support Services for the year ended 30 June 2025 included in the annual report on the Authority’s website. The Authority’s management is responsible for the integrity of the Authority’s website. This audit does not provide assurance on the integrity of the Authority’s website. The auditor’s report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from the annual report. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version.



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

Certification of financial statements

Health Support Services

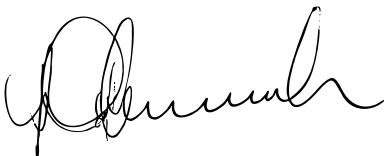
Certification of Financial Statements for the year ended 30 June 2025

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 2025 and the financial position as at 30 June 2025.

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



Margaret Pyrchla
Board Chair
Health Support Services
20 August 2025



Pina Caffarelli
Finance, Risk and Audit Committee Chair
Health Support Services
20 August 2025



Sash Tomson
Chief Financial Officer
Health Support Services
20 August 2025

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Statement of Comprehensive Income

For the year ended 30 June 2025

	Notes	2025 (\$000)	2024 (\$000)
COST OF SERVICES			
Expenses			
Employee benefits expense	3.1(a)	199,279	172,943
Contracts for services	3.2	2,796	3,412
Supplies and services	3.2	161,273	146,684
Finance costs	7.2	227	216
Depreciation and amortisation expense	5.1.2, 5.2.1, 5.3.1	31,122	30,474
Loss on disposal of non-current assets	5.3	11	-
Repairs, maintenance and consumable equipment	3.2	3,133	9,283
Other expenses	3.2	64,188	75,400
Total cost of services		462,029	438,412
INCOME			
Revenue			
Fees for services	4.2	11	3
Grants and contributions	4.3	658	384
Donation revenue	4.4	-	5,499
Other revenue	4.5	558	89
Total revenue		1,227	5,975
Total income other than income from State Government		1,227	5,975
NET COST OF SERVICES		460,802	432,437
INCOME FROM STATE GOVERNMENT			
Department of Health - Service Agreement	4.1	373,050	345,358
Income from other public sector entities	4.1	22,695	27,966
Services received free of charge	4.1	282	265
Total income from State Government		396,027	373,589
SURPLUS/(DEFICIT) FOR THE PERIOD		(64,775)	(58,848)
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		(64,775)	(58,848)
<i>The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.</i>			

Statement of Financial Position

For the year ended 30 June 2025

	Notes	2025 (\$000)	2024 (\$000)
ASSETS			
Current Assets			
Cash and cash equivalents	7.3.1	51,369	40,649
Restricted cash and cash equivalents	7.3.1	4,129	1,683
Receivables	6.1	6,900	10,516
Inventories	6.2	49,873	76,009
Other current assets	6.4	14,565	12,349
Total Current Assets		126,836	141,206
Non-Current Assets			
Amounts receivable for services	6.3	392,793	358,096
Receivables	6.1	7,962	4,962
Property, plant and equipment	5.1	34,096	13,747
Right-of-use assets	5.2	3,546	5,484
Intangible assets	5.3	346,469	321,788
Other non-current assets	6.4	93	39
Total Non-Current Assets		784,959	704,115
Total Assets		911,795	845,322
LIABILITIES			
Current Liabilities			
Payables	6.5	69,355	72,538
Lease Liabilities	7.1	2,274	2,048
Employee benefit provision	3.1(b)	46,980	41,747
Other current liabilities	6.6	1,599	1,238
Total Current Liabilities		120,208	117,571
Non-Current Liabilities			
Lease Liabilities	7.1	1,505	3,565
Employee benefit provision	3.1(b)	12,039	10,903
Total Non-Current Liabilities		13,544	14,468
Total Liabilities		133,752	132,039
NET ASSETS		778,043	713,283
EQUITY			
Contributed equity	9.7	748,555	619,020
Accumulated surplus	9.7	29,488	94,263
TOTAL EQUITY		778,043	713,283
<i>The Statement of Financial Position should be read in conjunction with the accompanying notes.</i>			

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Statement of Changes in Equity

For the year ended 30 June 2025

	Notes	2025 (\$000)	2024 (\$000)
CONTRIBUTED EQUITY			
9.7			
Balance at start of period		619,020	519,564
Transactions with owners in their capacity as owners:			
Contribution by owners - Capital appropriation administered by Department of Health		92,741	79,406
Other contributions by owners		36,794	20,050
Balance at end of period		748,555	619,020
ACCUMULATED SURPLUS/(DEFICIT)			
9.7			
Balance at start of period		94,263	153,111
Surplus for the period		(64,775)	(58,848)
Balance at end of period		29,488	94,263
TOTAL EQUITY			
Balance at start of period		713,283	672,675
Total comprehensive income for the period		(64,775)	(58,848)
Transactions with owners in their capacity as owners		129,535	99,456
TOTAL EQUITY		778,043	713,283
<i>The Statement of Changes in Equity should be read in conjunction with the accompanying notes.</i>			

Statement of Cash Flows

For the year ended 30 June 2025

	Notes	2025 (\$000)	2024 (\$000)
CASH FLOWS FROM STATE GOVERNMENT			
Department of Health - Service Agreement		338,353	314,532
Income from other public sector entities		23,588	29,638
Contribution by owners - Capital appropriation administered by Department of Health		129,534	99,456
		491,475	443,626
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(193,369)	(167,700)
Supplies and services		(155,403)	(159,228)
Finance costs		-	(204)
Other payments		(42,995)	(40,338)
Receipts			
Other grants and contributions		658	384
Other receipts		1,493	1,111
Net cash used in operating activities		(389,616)	(365,975)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Payment for purchase of non-current physical and intangible assets		(85,998)	(79,178)
Net cash used in investing activities		(85,998)	(79,178)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease payments		(2,695)	(1,718)
Net cash used in financing activities		(2,695)	(1,718)
Net increase in cash and cash equivalents		13,166	(3,245)
Cash and cash equivalents at the beginning of the period		42,332	45,577
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	7.3.1	55,498	42,332
<i>The Statement of Cash Flows should be read in conjunction with the accompanying notes.</i>			

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Notes to the Financial Statements

For the year ended 30 June 2025

1 Basis of preparation

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

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

These annual financial statements were authorised for issue by the accountable authority of the Authority on the 20th August 2025.

Statement of compliance

The financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures, the Conceptual Framework and other authoritative pronouncements issued by the Australian Accounting Standards Board (AASB) as modified by Treasurer’s instructions. Some of these pronouncements are modified to vary their application and disclosure. The Financial Management Act 2006 and Treasurer’s instructions, which are legislative provisions governing the preparation of financial statements for agencies, take precedence over AASB pronouncements. Where an AASB pronouncement is modified and has had a significant financial effect on the reported results, details of the modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of Preparation

These financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis).

Where this is the case the different measurement basis is disclosed in the associated note. All values are rounded to the nearest thousand dollars (\$'000).

Accounting for Goods and Services Tax (GST)

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

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

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

Contributed equity

Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, as designated as contributions by owners (at the time of, or prior to, transfer) be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by TI 8 – Requirement 8.1(i) and have been credited directly to Contributed Equity.

Comparative information

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

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

Judgement and estimates

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

2 Agency outputs

Expenses incurred in the delivery of services

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

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

Agency objectives

Purpose

We support our customers to provide excellent health care.

Services

The Authority provides the following services:

Service 1: Health Support Services

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

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.

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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	2025 (\$000)	2024 (\$000)
Employee benefits expense	3.1(a)	199,279	172,943
Employee benefits provision	3.1(b)	59,019	52,650
Other expenses	3.2	231,390	234,779

3.1 a) Employee benefits expense

	2025 (\$000)	2024 (\$000)
Employee benefits	180,432	156,061
Termination benefits	45	693
Superannuation - defined contribution plans	18,802	16,163
Total employee benefits expenses	199,279	172,917
Add: AASB 16 Non-monetary benefits	48	49
Less: Employee Contributions	(30)	(23)
Net employee benefits	199,297	172,943

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

Superannuation is the amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the WSS, the GESBs, or other superannuation funds.

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

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

3.1 b) Employee benefits provision

	2025 (\$000)	2024 (\$000)
Current		
Annual leave	27,457	24,268
Time off in lieu leave	618	544
Long service leave	18,726	16,717
Deferred salary scheme	179	218
	46,980	41,747
Non-current		
Employee benefits provision		
Long service leave	12,039	10,903
	12,039	10,903
Total employee related provisions	59,019	52,650

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

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

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

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

The provision for long service leave is calculated at present value as the Authority does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to services provided by employees up to the reporting date. These payments are estimated using the remuneration rate expected to apply at the time of settlement, discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

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

Key sources of estimation uncertainty – long service leave

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

Several estimates and assumptions are used in calculating the Authority's long service leave provision. These include:

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

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

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3.2 Other Expenditure

	2025 (\$000)	2024 (\$000)
Contracts for services		
Australian Digital Health Agency - Member Contribution	2,796	3,412
Total contracts for services	2,796	3,412
Supplies and Services		
Computer services	154,723	142,186
Domestic charges and consumables	1,062	422
Utility costs	339	379
Subsidy spectacle scheme	2,356	2,169
Sanitisation and waste removal services	1,869	593
Administration and management services	601	683
Security services	187	151
Other	136	101
Total supplies and services expense	161,273	146,684
Repairs, maintenance and consumable equipment		
Repairs and maintenance	1,802	5,702
Consumable equipment	1,331	3,581
Total repairs, maintenance and consumable equipment	3,133	9,283
Other expenses		
Telecommunication expenses	10,845	10,132
Workers compensation insurance	1,633	682
Operating lease expenses	17,056	16,681
Other insurances	465	386
Other employee related expenses	933	1,472
Printing and stationery	119	149
Doubtful debts expense	2	4
Motor vehicle expenses	58	53
Inventory write down (a)	21,182	12,113
Expired Inventory	862	927
Rapid antigen testing kits (b)	-	26,295
Freight costs	1,018	1,434
Project Management and contractor costs	9,456	4,894
Other	560	178
Total other expenses	64,188	75,400
Total other expenditure	231,390	234,779

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 and employment on-costs.

- a. Following the approval of the new inventory strategy HSS had written down \$21.2M of Personal Protective Equipment inventory during the 2024-25 financial year.
- b. No Rapid Antigen Testing Kits have been issued free of charge during the 2024-25 financial year.

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	2025 (\$000)	2024 (\$000)
Income from State Government	4.1	396,027	373,589
Fees for services	4.2	11	3
Grants and contributions	4.3	658	384
Donation revenue	4.4	-	5,499
Other revenue	4.5	558	89

4.1 Income from State Government

	2025 (\$000)	2024 (\$000)
Service agreement revenue received during the period:		
Department of Health - Service Agreement	373,050	345,358
Total service agreement revenue	373,050	345,358
Income received from other public sector entities during the period:		
Service provided to the Department of Health	16,915	19,529
Telecommunication recoups	5,501	4,814
Other recoups	279	1,099
RiskCover claims	-	2,524
Total income from other public sector entities	22,695	27,966
Services received free of charge from other State government agencies during the period:		
State Solicitors Office	42	-
Department of Finance - Government Accommodation - Leasing	240	265
Total services received	282	265
Total Income from State Government	396,027	373,589

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4.1 Income from State Government (continued)

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.

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

	2025 (\$000)	2024 (\$000)
Non clinical services to other health organisations	11	3
	11	3

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

	2025 (\$000)	2024 (\$000)
Australian Digital Health Agency - My Health Records rollout	658	384
	658	384

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

4.4 Donation revenue

	2025 (\$000)	2024 (\$000)
Donated goods	-	5,499
	-	5,499

HSS recognised donation revenue \$5.497M in 2023-24 for inventory items received from the Commonwealth National stockpile following the finalisation by the Department of Health for the National Partnership agreement with the Commonwealth. No donations were received in 2024-25.

4.5 Other Revenue

	2025 (\$000)	2024 (\$000)
Other	558	89
	558	89

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

5 Key assets

This section includes information regarding the key assets the Authority utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets:

	Notes	2025 (\$000)	2024 (\$000)
Property, plant and equipment	5.1	34,096	13,747
Right-of-use assets	5.2	3,546	5,484
Intangibles	5.3	346,469	321,788
Total key assets		384,111	341,019

5.1 Property, plant and equipment

Year ended 30 June 2025	Computer equipment (\$000)	Furniture and fittings (\$000)	Medical equipment (\$000)	Other plant and equipment (\$000)	Work in progress (\$000)	Total (\$000)
Gross carrying amount	6,774	4,194	81	3,022	8,952	23,023
Accumulated depreciation	(5,290)	(2,166)	(34)	(1,786)	-	(9,276)
Carrying amount at start 1 July 2024	1,484	2,028	47	1,236	8,952	13,747
	-	-	-	-	-	-
Additions	-	-	-	134	22,065	22,199
Disposals	-	-	-	-	-	-
Depreciation	(1,194)	(452)	(8)	(196)	-	(1,850)
Carrying amount at 30 June 2025	290	1,576	39	1,174	31,017	34,096
	-	-	-	-	-	-
Gross carrying amount	6,499	4,195	82	3,005	31,017	44,798
Accumulated depreciation	(6,210)	(2,619)	(42)	(1,831)	-	(10,702)

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.

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5.1.2 Depreciation and Impairment

	2025 (\$000)	2024 (\$000)
Depreciation		
Computer equipment	1,194	1,295
Furniture and fittings	452	454
Medical equipment	8	8
Other plant and equipment	196	311
Total Depreciation for the period	1,850	2,068

As at 30 June 2025 there was no indication of impairment to property plant and equipment.

Finite useful lives

All infrastructure, property, plant and equipment having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits. The exceptions to this rule include assets held for sale, land and investment properties.

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

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

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

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

Year ended 30 June 2025	Buildings (\$000)	Vehicles (\$000)	ICT Equipment (\$000)	Plant Equipment (\$000)	Total (\$000)
Carrying amount at start 1 July 2024	5,119	65	282	18	5,484
Additions	-	225	-	-	225
Depreciation	(2,039)	(49)	(64)	(11)	(2,163)
Carrying amount at 30 June 2025	3,080	241	218	7	3,546

Initial recognition

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

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

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

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

Subsequent Measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

5.2.1 Depreciation charge of right-of-use assets

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

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

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

	2025 (\$000)	2024 (\$000)
Buildings	2,039	1,715
Vehicles	49	38
ICT Equipment	64	66
Plant Equipment	11	10
Total right-of-use asset depreciation	2,163	1,829
Lease interest expense (included in Finance cost)	227	216
Short-term leases (included in Other expenditure)	16	52
Total amount recognised in the statement of comprehensive income	2,406	2,097

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The total cash outflow for leases in the 2024-25 financial year was \$2.4M.

The Authority has leases for vehicles and buildings.

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.

5.3 Intangible assets

Year ended 30 June 2025	Computer Software (\$000)	Work in Progress (\$000)	Total (\$000)
1 July 2024			
Gross carrying amount	323,118	167,037	490,155
Accumulated depreciation	(168,367)	-	(168,367)
Carrying amount at 1 July 2024	154,751	167,037	321,788
Additions	3,044	48,757	51,801
Transfers	11,509	(11,509)	-
Disposals	(11)	-	(11)
Amortisation expense	(27,109)	-	(27,109)
Carrying amount at 30 June 2025	142,184	204,285	346,469

Initial recognition

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

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

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

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

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

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

Subsequent measurement

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

5.3.1 Amortisation and impairment

Charge for the period	2025 (\$000)	2024 (\$000)
Amortisation		
Computer software	27,109	26,577
	27,109	26,577

As at 30 June 2025 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 2024-25 financial year the Authority has revised the useful life of Computer software assets under the useful life review, the impact on amortisation is as follows:

	2025 (\$000)	2026 (\$000)	2027 (\$000)	Future years (\$000)
(Decrease) Increase in amortisation	44	88	88	(219)

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.

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	2025 (\$000)	2024 (\$000)
Receivables	6.1	14,862	15,478
Inventories	6.2	49,873	76,009
Amounts receivable for services	6.3	392,793	358,096
Other assets	6.4	14,658	12,388
Payables	6.5	69,355	72,538
Other liabilities	6.6	1,599	1,238

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6.1 Receivables

	2025 (\$000)	2024 (\$000)
Current		
Other receivables	239	200
Less: Allowance for impairment of receivables	(2)	(15)
Accrued revenue	2,342	5,485
GST Receivable	4,321	4,846
Total current	6,900	10,516
Non-Current		
Accrued salaries account ^a	7,962	4,962
Total non-current	7,962	4,962
Total receivables	14,862	15,478

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

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

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

6.2 Inventories

	2025 (\$000)	2024 (\$000)
Current		
State Distribution Centre - supply stores (at cost)	49,873	76,009
Total current inventories	49,873	76,009

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

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

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

6.3 Amounts receivable for services (Holding Account)

	2025 (\$000)	2024 (\$000)
Non-current	392,793	358,096
Balance at end of period	392,793	358,096

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

	2025 (\$000)	2024 (\$000)
Current		
Prepayments	14,565	12,349
Total current	14,565	12,349
Non-current		
Prepayments	93	39
Total non-current	93	39
Balance at end of period	14,658	12,388

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

	2025 (\$000)	2024 (\$000)
Current		
Trade creditors	7,264	7,211
Other creditors	4	2
Accrued expenses	52,435	58,504
Accrued salaries	9,652	6,821
Total current payables	69,355	72,538
Balance at end of period	69,355	72,538

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

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

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

6.6 Other liabilities

	2025 (\$000)	2024 (\$000)
Current		
Income received in advance	1,025	336
Paid parental leave scheme	44	44
Patient receipts on behalf of WA Health	461	449
Other	69	409
Total current	1,599	1,238
Balance at end of period	1,599	1,238

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7 Financing

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

	Notes
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

7.1 Lease liabilities

	2025 (\$000)	2024 (\$000)
Current	2,274	2,048
Non-current	1,505	3,565
	3,779	5,613

Initial Measurement

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

Lease payments included by the Authority as part of the present value calculation of lease liability include:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date
- amounts expected to be payable by the lessee under residual value guarantees;
- the exercise of purchase options (where these are reasonably certain to be exercised);
- payments for penalties for terminating a lease, where the lease term reflects the Authority exercising an option to terminate the lease;
- periods covered by extension or termination options are only included in the lease term by the Agency if the lease is reasonably certain to be extended (or not terminated).

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

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales are recognised by the Authority in profit or loss in the period in which the condition that triggers those payments occurs.

This section should be read in conjunction with Note 5.2.

Subsequent Measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

7.2 Finance costs

	2025 (\$000)	2024 (\$000)
Lease interest expense	227	216
Finance costs expensed	227	216

Finance cost includes the interest component of lease liability repayments.

7.3 Cash and cash equivalents

7.3.1 Reconciliation of cash

	2025 (\$000)	2024 (\$000)
Cash and cash equivalents	51,369	40,649
Restricted cash and cash equivalents	4,129	1,683
Balance at end of period	55,498	42,332

Restricted cash and cash equivalents

	2025 (\$000)	2024 (\$000)
Current		
Funds held on behalf of WA Health entities	461	449
Funds on hand from the Digital Capability fund	3,668	1,234
	4,129	1,683

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:

	2025 (\$000)	2024 (\$000)
Within 1 year	40,731	20,957
Later than 1 year and not later than 5 years	1,848	11,086
Later than 5 years	396	-
	42,975	32,043

The totals presented for capital commitments are GST inclusive.

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7.4.2 Other expenditure commitments:

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

	2025 (\$000)	2024 (\$000)
Within 1 year	211,488	188,604
Later than 1 year and not later than 5 years	318,781	373,322
Later than 5 years	31,012	12,663
	561,281	574,589

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.

	Notes
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:

	2025 (\$000)	2024 (\$000)
Financial assets		
Cash and cash equivalents	51,369	40,649
Restricted cash and cash equivalents	4,129	1,683
Loans and receivables ^(a)	403,334	368,727
Total financial assets	458,831	411,059
Financial liabilities		
Payables	69,355	72,538
Total financial liability	69,355	72,538

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

8.2 Contingent assets and liabilities

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

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

8.2.1 Contingent assets

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

8.2.2 Contingent liabilities

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

9 Other disclosures

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

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

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

9.2 Compensation of key management personnel

Remuneration of members of the Accountable Authority

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

Compensation of members of the accountable authority:

Compensation Band (\$)	2025	2024
\$0 - \$10,000	-	1
\$10,001 - \$20,000	1	-
\$20,001 - \$30,000	-	1
\$30,001 - \$40,000	1	2
\$40,001 - \$50,000	5	5
\$80,001 - \$90,000	1	-
Total	8	9

	2025 (\$000)	2024 (\$000)
Total remuneration of members of the accountable authority:	369	327

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Compensation of senior officers:

Compensation Band (\$)	2025	2024
\$50,001 - \$100,000	-	-
\$100,001 - \$150,000	2	1
\$150,001 - \$200,000	4	1
\$200,001 - \$250,000	2	1
\$250,001 - \$300,000	5	6
\$300,001 - \$350,000	2	1
\$350,001 - \$400,000	-	-
\$400,001 - \$450,000	1	-
\$450,001 - \$500,000	-	1
Total	16	11

	2025 (\$000)	2024 (\$000)
Total remuneration of senior officers	3,794	2,945

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

9.3 Transactions with related parties

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

Related parties of the Authority include:

- all Ministers and their close family members, and their controlled or jointly controlled entities;
- all board members, senior officers and their close family members, and their controlled or jointly controlled entities;
- other statutory authorities and public sector entities, including related bodies included in the whole of government consolidated financial statements;
- associated and joint ventures, that are included in the whole of government consolidated financial statements; and
- the Government Employees Superannuation Board (GESB).

Significant transactions with government related entities

Significant transactions include:

- Department of Health Service Agreement (note 4.1)
- total income from other public sector entities (note 4.1)
- services received free of charge (note 4.1)
- superannuation payments to GESB (note 3.1(a))
- insurance premium payments to Insurance Commisions Western Australia and RiskCover Fund (note 3.2)
- telecommunication recoups (note 4.1)
- services provided free of charge (note 9.8)

During the year, the Authority paid \$7,484,280 in employee superannuation contributions to the Government Employees Superannuation Board.

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

9.4 Related bodies

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

The Authority had no related bodies during the financial year.

9.5 Affiliated bodies

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

The Authority had no affiliated bodies during the financial year.

9.6 Remuneration of auditors

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

	2025 (\$000)	2024 (\$000)
Auditing the accounts, financial statements and key performance indicators	545	500

9.7 Equity

	2025 (\$000)	2024 (\$000)
Contributed equity		
Balance at start of period	619,020	519,564
Contributions by owners		
Contribution by owners - Capital appropriation administered by Department of Health	92,741	79,406
Contribution by owners - Digital Capability fund administered by Department of Health	36,794	20,050
	129,535	99,456
Balance at end of period	748,555	619,020
Accumulated surplus		
Balance at start of period	94,263	153,111
Result for the period	(64,775)	(58,848)
Balance at end of period	29,488	94,263

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9.8 Supplementary financial information

a) Write – offs		
Revenue and debts written off under the authority of the Accountable Authority	4	40
Public and other property written off under the authority of the Accountable Authority	-	-
	4	40
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:		
North Metropolitan Health Services	89,974	82,256
South Metropolitan Health Services	103,004	86,580
East Metropolitan Health Services	71,534	64,869
Child and Adolescent Health Services	55,216	53,134
WA Country Health Services	66,671	62,700
PathWest	19,375	17,388
The Queen Elizabeth II Medical Centre Trust	124	120
Quadriplegic Centre Board	3	2
Mental Health Commission	2,927	3,032
Health and Disability Services Complaints Office	104	91
	408,931	370,171
Rapid Antigen Tests procured on behalf of WA Health provided free of Charge:		
WA Health	-	2,489
Government Departments	-	877
External Agencies	-	22,923
Total	-	26,289

9.9 Explanatory statement

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

Estimate and actual results for the current year:

- estimate of the Total Cost of Services for the Statement of comprehensive income and Statement of cash flows (\$4.288M), and
- estimate of the Total Assets for the Statement of financial position (\$9.742M).

Actual results for the current year and the prior year actual:

- Total Cost of Services for the previous year for the Statement of comprehensive income and Statement of cash flows (\$4.384M), and
- Total Assets for the Statement of financial position (\$8.453M).

Statement of Comprehensive Income	Note	2025 Estimates (\$000)	2025 Actual (\$000)	2024 Actual (\$000)	Variance between actual and estimate (\$000)	Variance between actual 2025 and 2024 (\$000)
COST OF SERVICES						
Expenses						
Employee benefits expense	a	186,761	199,279	172,943	12,518	26,336
Contracts for services		4,228	2,796	3,412	(1,432)	(616)
Supplies and services	1	145,442	161,273	146,684	15,831	14,590
Finance costs		31	227	216	196	10
Depreciation and amortisation expense		34,697	31,122	30,474	(3,575)	648
Loss on disposal of non-current assets		-	11	-	11	11
Repairs, maintenance and consumable equipment	2,b	12,021	3,133	9,283	(8,888)	(6,149)
Other supplies and services		2,834	-	-	(2,834)	-
Other expenses	3,c	42,796	64,188	75,400	21,392	(11,211)
Total cost of services		428,810	462,029	438,412	33,219	23,618
INCOME						
Revenue						
Fees for services		-	11	3	11	8
Grants and contributions		1,189	658	384	(532)	274
Donation revenue	d	-	-	5,499	-	(5,499)
Other revenue		96	558	89	463	469
Total Revenue		1,285	1,227	5,975	(58)	(4,748)
Total income other than income from State Government		1,285	1,227	5,975	(58)	(4,748)
NET COST OF SERVICES		427,525	460,802	432,437	33,277	28,366
INCOME FROM STATE GOVERNMENT						
Department of Health - Service Agreement		381,180	373,050	345,358	(8,130)	27,692
Income from other public sector entities	4,e	4,973	22,695	27,966	17,722	(5,271)
Services received free of charge		248	282	265	34	16
Total income from State Government		386,401	396,027	373,589	9,626	22,437
SURPLUS/(DEFICIT) FOR THE PERIOD		(41,124)	(64,775)	(58,848)	(23,652)	(5,930)
TOTAL COMPREHENSIVE INCOME/ (LOSS) FOR THE PERIOD		(41,124)	(64,775)	(58,848)	(23,652)	(5,930)

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Significant variances between estimated and actual for 2025

1. Supplies and services

Variance of \$15.83m (11%) is largely due to increased demand for services within the WA health system.

2. Repairs, maintenance and consumable equipment

The balance was \$8.89m (74%) lower than the estimate largely due to a reduction in cyclical ICT expenditure and equipment driven by some ICT Programs and Core Services.

3. Other expenses

Other expenses were \$21.4m (50%) higher as a result of the write down of \$21.2m of Personal Protective Equipment (PPE) due to the new inventory strategy.

4. Income from other public sector entities

This is \$17.72m (356%) higher than the estimate due to the classification of revenue from Department of Health - Service Agreement.

Significant variances between actual for 2024 and 2025

a. Employee benefits expense

Increase of the \$26.34m (15%) is largely due to wages escalation and increase in demand for services within the WA health system.

b. Repairs, maintenance and consumable equipment

Please refer to note 2 for further details.

c. Other expenses

Decrease of \$11.21m (15%) is largely driven by a reduction of Rapid Antigen Testing Kits issued in financial year 2024-25 in comparison to 2023-24. This is partially offset by the increase in inventory written down.

d. Donation revenue

Decrease of \$5.5m (100%) is driven by HSS recognised donation revenue \$5.497M in 2023-24 for inventory items received from the Commonwealth National stockpile. No donations were received in financial year 2024-25.

e. Income from other public sector entities

Decrease of \$5.27m (19%) is largely due the recoveries for the services provided to Public sector entities and insurance recoveries in financial year 2023-24.

Statement of Financial Position	Note	2025 Estimates (\$000)	2025 Actual (\$000)	2024 Actual (\$000)	Variance between actual and estimate (\$000)	Variance between actual 2025 and 2024 (\$000)
ASSETS						
Current Assets						
Cash and cash equivalents		48,008	51,369	40,649	3,361	10,720
Restricted cash and cash equivalents		-	4,129	1,683	4,129	2,446
Receivables		1,837	6,900	10,516	5,064	(3,615)
Inventories	5,f	76,089	49,873	76,009	(26,216)	(26,136)
Other current assets		11,216	14,565	12,349	3,349	2,217
Total Current Assets		137,150	126,836	141,206	(10,314)	(14,369)
Non-Current Assets						
Amounts receivable for services		390,224	392,793	358,096	2,569	34,697
Receivables		4,962	7,962	4,962	3,000	3,000
Property, plant and equipment	6,g	54,227	34,096	13,747	(20,131)	20,348
Right-of-use assets		3,500	3,546	5,484	46	(1,938)
Intangible assets		384,158	346,469	321,788	(37,689)	24,681
Other non-current assets		-	93	39	93	55
Total Non-Current Assets		837,071	784,959	704,116	(52,113)	80,844
Total Assets		974,221	911,795	845,323	(62,426)	66,475
LIABILITIES						
Current Liabilities						
Payables		68,748	69,355	72,538	607	(3,182)
Lease Liabilities		417	2,274	2,048	1,856	224
Employee benefit provision		40,678	46,980	41,747	6,302	5,234
Other current liabilities		856	1,599	1,238	743	361
Total Current Liabilities		110,699	120,208	117,571	9,508	2,637
Non-Current Liabilities						
Lease Liabilities		4,612	1,505	3,565	(3,107)	(2,060)
Employee benefit provision		10,757	12,039	10,903	1,283	1,137
Other non-current liabilities		16	-	-	(16)	-
Total Non-Current Liabilities		15,385	13,544	14,468	118,367	119,284
Total Liabilities		126,084	133,752	132,039	127,876	121,922
NET ASSETS		848,137	778,043	713,283	(190,301)	(55,446)
EQUITY						
Contributed equity		800,703	748,555	619,020	(52,148)	129,535
Accumulated surplus		47,434	29,488	94,263	(17,946)	(64,775)
TOTAL EQUITY		848,137	778,043	713,283	(70,093)	64,761

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Significant variances between estimated and actual for 2025

5 Inventories

Variance of \$26.22m (34%) is largely attributed to \$21.2m write down of Personal Protective Equipment (PPE) stock. This is due to the WA health inventory strategy.

6 Property, plant and equipment

This was \$20.13m (-37%) lower than the estimate by which is largely related to timing of ICT capital works projects, specifically the Critical Health ICT Infrastructure Program.

Significant variances between actual for 2024 and 2025

f Inventories

Please refer to note 5 Inventories for further details.

g Property, plant and equipment

Increase of \$20.35m (148%) is largely related to ICT capital works projects, specifically the Critical Health ICT Infrastructure Program.

Statement of Cash Flows	Note	2025 Estimates (\$000)	2025 Actual (\$000)	2024 Actual (\$000)	Variance between actual and estimate (\$000)	Variance between actual 2025 and 2024 (\$000)
CASH FLOWS FROM STATE GOVERNMENT						
Department of Health - Service Agreement		328,318	338,353	314,532	10,035	23,821
Income from other public sector entities	h	23,138	23,588	29,638	450	(6,050)
Contribution by owners - Capital appropriation administered by Department of Health	7,i	189,065	129,534	99,456	(59,531)	30,079
Net cash provided by State Government		540,521	491,475	443,626	(49,046)	47,850
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits	j	(186,761)	(193,369)	(167,700)	(6,608)	(25,669)
Supplies and services		(164,277)	(155,403)	(159,228)	8,874	3,825
Finance costs		(31)	-	(204)	31	204
Other payments		(42,796)	(42,995)	(40,338)	(199)	(2,657)
Receipts						
Other grants and contributions		-	658	384	658	274
Other receipts		1,285	1,493	1,111	208	382
Net cash used in operating activities		(392,580)	(389,616)	(365,975)	2,965	(23,642)
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Payment for purchase of non-current physical and intangible assets	8	(149,324)	(85,998)	(79,178)	63,326	(6,821)
Net cash used in investing activities		(149,324)	(85,998)	(79,178)	63,326	(6,821)
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Repayment of lease payments		(747)	(2,695)	(1,718)	(1,948)	(978)
Net cash used in financing activities		(747)	(2,695)	(1,718)	(1,948)	(978)
Net increase / (decrease) in cash and cash equivalents		(2,130)	13,166	(3,245)	15,296	16,409
Cash and cash equivalents at the beginning of the period		50,138	42,332	45,577	(7,807)	(3,246)
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD		48,008	55,498	42,332	7,490	13,166

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Significant variances between estimated and actual for 2025

7 Contribution by owners - Capital appropriation administered by Department of Health

Variance of \$59.53m (31%) which is largely due to timing of capital payments for ICT capital works projects, specifically the Human Resource Management Information System and Critical Health ICT Infrastructure Program.

8 Payment for purchase of non-current physical and intangible assets

Please refer to note 6 for physical assets. Increase in intangible assets due to ICT capital works projects, such as Human Resource Management Information System.

Significant variances between actual for 2024 and 2025

h Income from other public sector entities

Please refer to note e Income from other public sector entities for further details.

i Contribution by owners - Capital appropriation administered by Department of Health

There is an increase of \$30.08m (30%) which can be largely attributed to funding for ICT projects.

j Employee benefits

Please refer to note a Employee benefits expense for further details.

Certification of Key Performance Indicators

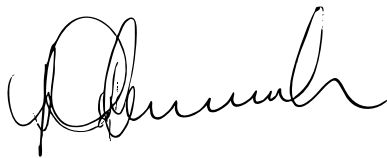
Health Support Services

Certification of key performance indicators for the year ended 30 June 2025

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 2025.



Margaret Pyrchla
Board Chair
Health Support Services
20 August 2025



Pina Caffarelli
Finance, Risk and Audit Committee Chair
Health Support Services
20 August 2025

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Outcome 3

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

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

Average cost of Accounts Payable services per transaction

Rationale

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

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

2024-25 Budget Target

The target average cost of accounts payable services per transaction for HSS for the 2024-25 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 2024-25 financial year was \$6.54. This represents a variance of \$0.54 or 9% above target.

Performance Measure	Result 2021/22 (\$)	Result 2022/23 (\$)	Result 2023/24 (\$)	Result 2024/25 (\$)	Target 2024/25 (\$)
Average cost of accounts payable services per transaction	6.17	7.06	6.60	6.54	6.00

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

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

Rationale

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

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

2024-25 Budget Target

The target average cost of payroll and support services per average FTE to HSS customers for the 2024-25 financial year was \$1,863.00. A result below the target is desirable.

Results

The average cost of payroll and Support services to HSS clients for the 2024-25 financial year was \$994.50. This represents a variance of \$868.50 or 47% below target. The variance is primarily attributable to the timing of expected project-specific costs that didn’t materialise and were included in the target.

Performance Measure	Result 2021/22 (\$)	Result 2022/23 (\$)	Result 2023/24 (\$)	Result 2024/25 (\$)	Target 2024/25 (\$)
Average cost of payroll and support services to HSS’ clients	887.59	1,001.39	1,037.74	994.50	1,863.00

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

Average cost of Supply services by purchasing transaction

Rationale

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

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

2024-25 Budget Target

The target average cost of supply services per transaction to HSS for the 2024-25 financial year was \$41.00. A result below the target is desirable.

Results

The average cost of supply services to HSS’ customers for the 2024-25 financial year was \$66.08. This represents a variance of \$25.08 or 61% above target. The primary driver for the increase in cost against target is due to the write down of medical related consumables procured in prior financial years.

Performance Measure	Result 2021/22 (\$)	Result 2022/23 (\$)	Result 2023/24 (\$)	Result 2024/25 (\$)	Target 2024/25 (\$)
Average cost of Supply services by purchasing transaction	247.50	555.68	113.98	66.08	41.00

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

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Average cost of providing ICT services to HSS’ clients

Rationale

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

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

2024-25 Budget Target

The target average cost of providing ICT services to HSS customers for the 2024-25 financial year was \$5,479.00. A result below the target is desirable.

Results

The average cost of ICT services to HSS clients for the 2024-25 financial year was \$5,700.23. This represents a variance of \$221.23 or 4% above target.

Performance Measure	Result 2021/22 (\$)	Result 2022/23 (\$)	Result 2023/24 (\$)	Result 2024/25 (\$)	Target 2024/25 (\$)
Average cost of providing ICT services to HSS’ clients	5,566.68	5,268.68	5,335.06	5,700.23	5,479.00

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

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

Rationale

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

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

2024-25 Budget Target

The 2024-25 target is set at 66.00 per cent customer satisfaction. A result above the target is desirable.

Results

HSS has achieved its target with a result of 70 per cent for the 2024-25 financial year.

Performance Measure	Result 2020/21 (%)	Result 2021/22 (%)	Result 2022/23 (%)	Result 2023/24 (%)	Result 2024/25 (%)	Target 2024/25 (%)
Highly Satisfied	22.22	22.22	20.00	30.00	0.00	
Satisfied	66.67	44.44	60.00	50.00	70.00	
Total Percentage Satisfied	88.89	66.67	80.00	80.00	70.00	66.00

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

Please note: HSS was able to obtain responses from 100 per cent of our customers in the 2024-25 financial year.

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Major Capital Projects

Project Name	Expected Year of Completion	Estimated cost to complete (\$'000')	Estimated Total cost of Project (\$'000')	Variance from previous financial year (\$'000')
Human Resource Management Information System	2026	\$36,964	\$235,588	\$11,741
Replacement of Medical Imaging System Picture Archiving and Communication System - Radiology Information System	Completed	\$1,449	\$38,030	-\$1,747
Critical Health ICT Infrastructure Program	2027	\$19,327	\$53,610	-\$43,595

Notes:
The above information is based upon: The 2024-25 and 2025-26 budget papers, including estimated completion timeframes based upon existing funding.

Only capital projects that were administered by HSS are included in the above table.

Other financial disclosures

Pricing policy of services provided

HSS receives state appropriation from the Department of Health. HSS does not invoice Health Services Providers or clients for the services provided.

Currently HSS provides resources free of charge to each of the following reporting entities:

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

Pecuniary Interests

In 2024-25, all HSS Executives and Board Members submitted annual declarations regarding this requirement. No perceived, potential or actual conflicts of interest, or interests in any contracts that may provide a financial benefit, were identified.

Acts of Grace Payments

HSS did not make any act of grace payments In the 2024-25 financial year.

Unauthorised use of Purchase Cards

Purchasing Card Personal Use Expenditure	2024-25	Instances
Aggregate amount of personal use expenditure for the reporting period	\$56.87	1
Aggregate amount of personal use expenditure settled by the due date (five working days)	-	-
Aggregate amount of personal use expenditure settled after the period (after five working days)	\$56.87	1
Aggregate amount of personal use expenditure outstanding at balance date	-	-

HSS Board Remuneration

Position	Member name	Type of remuneration	Period of membership months 2024-25	Term of appointment / tenure	Base salary / sitting fee (per annum)	Gross / actual remuneration
Chair	Margaret Pyrchla	Annual	12	1 July 2023 to 30 June 2026	\$84,996	\$84,849
Board member	Peter R Mott	Annual	12	6 November 2023 to 30 June 2025	\$46,748	\$46,780
Board member	Cheryl Chan	Annual	8	1 July 2023 to 28 February 2025	\$46,748	\$33,155
Board member	Yasotha Ponnuthurai	Annual	12	1 July 2022 to 30 June 2025	\$46,748	\$18,180
Board member	Amanda C Mcknight	Annual	12	1 July 2023 to 30 June 2026	\$46,748	\$46,596
Board member	Dr Paul C Boyatzis	Annual	12	1 July 2023 to 30 June 2026	\$46,748	\$46,596
Board member	Pina Caffarelli	Annual	7	9 December 2024 to 30 June 2027	\$46,748	\$46,596
Board member	Giles M Nunis	Annual	12	4 December 2023 to 30 June 2025	\$46,748	\$46,619
Total					\$412,232	\$369,369

Notes
1. Gross /actual remuneration includes Superannuation.

Expenditure Advertising costs

Expenditure on advertising

In 2024-25, in accordance with section 175ZE of the Electoral Act 1907 (WA), HSS incurred the following expenditure in advertising.

Total expenditure for 2024-25 was \$31,994 and was incurred in the following areas:

Expenditure	Organisation	Amount (\$)
Advertising	Initiative Media Australia	\$8,444
Advertising	LinkedIn	\$23,500
Grand total		\$31,994

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Acronyms

AWAP Aboriginal Workforce Action Plan	EPMO Enterprise Program Management Office	MFA Multi Factor Authentication	SF&R System Flow & Reform
AIN Assistant in nursing	EV Enterprise Vault	MAP Multicultural Action Plan	SWIR System-Wide Industrial Relations
ACIC Australian Criminal Intelligence Commission	EDI Equity, Diversity and Inclusion	MRG Multicultural Reference Group	TMS Theatre Management System
ADHA Australian Digital Health Agency	E8MP Essential Eight Maturity project	MSCWA Multicultural Services Centre of Western Australia	VCC Virtual Care Connect
AMA Australian Medical Association	EOI Expression of Interest	NMHS North Metropolitan Health Service	VDI Virtual Desktop Infrastructure
ANF Australian Nursing Federation	FHIR Fast Healthcare Interoperability Resources	NaCS Notifications and Clinical Summaries	VoC Voice of Customer
BLI Building Leadership Impact	FRAC Finance, Risk and Audit Committee	NW NurseWest	WACHS WA Country Health Service
BAU Business-as-usual	FOI Freedom of Information	OCE Office of the Chief Executive	WA HDP WA Health Data Platform
CAHS Child and Adolescent Health Service	FTE Full-time equivalent	OCPO Office of the Chief Procurement Officer	WAVED WA Virtual Emergency Department
CT Computed Tomography	HIH Health Integration Hub	PaTCH Patient Transport Coordination Hub	WebPAS Web based Patient Administration System
CRAMS Corporate Recruitment Advertising Management System	HSPs Health Service Providers	PHC Peel Health Campus	WAMPF Western Australian Multicultural Policy Framework
CHIIP Critical Health ICT Infrastructure Program	HSU Health Services Union	PHCTCP Peel Health Campus Transition and Commissioning Project	WoH Whole of Health
CaLD Culturally and Linguistically Diverse	HSS Health Support Services	PPE Personal Protective Equipment	WAN Wide Area Network
CAC Customer Advisory Committee	HPII Healthcare Provider Identifier Individual	PPF Pre-prepared Food	W&OD Workforce and Organisational Development
CSAT Customer Satisfaction	HRMIS Human Resource Management Information System	P&S Procurement and Supply	WHS Workplace Health and Safety
DMR Digital Medical Record	HR Human resources	PSOLIS Psychiatric Services Online Information System	
DAIP Disability Access and Inclusion Plan	IGR Independent Review of WA Health System Governance Report	PSC Public Sector Commission	
EMHS East Metropolitan Health Service	ISA Independent Statutory Authorities	RHC Ramsay Health Care	
EMR Electronic Medical Record	IR Industrial relations	RFI Request for Information	
eScripts Electronic prescriptions	ICT Information Communication Technology	RBAC Role Based Access Control	
eRequesting Electronic requesting	IPAA Institute of Public Administration Australia WA	RBM Role Based Messaging	
EDIS Emergency Department Information System	KPIs Key performance indicators	RPH Royal Perth Hospital	
EAP Employee Assistance Program	LAN Local Area Network	SLA Service Level Agreement	
ERG Employee Reference Group	LTI Lost Time Injury	SMHS South Metropolitan Health Service	
EA Enterprise Agreement	MIRP Medical Imaging Replacement Program	SHOC State Health Operations Centre	
EMIP Enterprise Medical Imaging Platform	MDI Microsoft Defender for Identity		

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Health Support Services
ABN: 76 887 543 297

Registered Offices

81 St Georges Terrace
Perth WA 6000
Ph: 13 44 77

Level 14, 16 and 18
140 William Street
Perth WA 6000

Level 2
GPO Building
3 Forrest Chase
Perth WA 6000

Postal address

GPO Box 854
Perth Business Centre WA 6849

Boorda State Distribution Centre

632 Karel Avenue
Jandakot WA 6164
Ph: 08 6145 4600

Jin Da Koort Warehouse

6 Marriott Road
Jandakot WA 6164

www.hss.health.wa.gov.au

The Health Support Services Annual Report 2024-25 was published by Health Support Services in September 2025 and is also available at www.hss.health.wa.gov.au

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